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TOTAL JOINT REPLACEMENT INTERDISCIPLINARY PATIENT EDUCATION & PLAN OF CARE

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PATIENT IDENTIFICATION

SPECIAL LEARNING NEEDS: Language Barrier Emotional State Cultural / Religious Differences
 Hearing / Visual Impairments Ability to Comprehend None

EDUCATION GOALS:

Patient will be prepared for the following level of self-care: Minimal Moderate High

Patient will describe his / her disease process: (State diagnosis) _____

Patient Teaching Manual issued: Yes No

Plan of care discussed with patient: Yes No with family: Yes No _____ Initial / Date

Learning Needs	Knowledge Level *	CONTENT / FOCUS	Method ***	Response *****	Date / Dept Initial	Need Met Date / Init'l
1. Admit Orientation		A. Call light, bed controls, telephone, bathroom, meal times, no smoking policy, personal hygiene (including oral), valuables B. Patient Rights (see board): >> right to choose medical treatment >> right to make decisions about their care >> right to expect confidentiality & privacy C. Patient Responsibilities: >> providing accurate history >> treatment compliance >> accepting non-compliance responsibility >> asking Tx & Rehab Plan questions >> understanding financial obligation				
2. Disease / Condition		Signs/Symptoms and Treatments, * Falls Precautions				
3. Pre and Post-OP Care		A. Procedure				
		B. Pre-OP Routine				
		C. Activity / Exercise				
		D. TCDB				
		E. Diet / Activity				
		F. Wound Management				

*** CODE FOR KNOWLEDGE LEVEL**

G = Good
F = Fair
P = Poor

***** CODE FOR METHOD**

V = Video
R = Role Play
E = Explain
D = Demonstration
H = Handout / Manual
TV = Closed Circuit
P = Poster / Flip Chart

******* RESPONSE CODES**

PT = PATIENT TAUGHT
FT = FAMILY TAUGHT

1. Poor Attention Span
2. Refusal
3. Asked Questions
4. Partial Comprehension

5. Verbalized Recall of New Knowledge
6. Demonstrated Ability / Recall
7. Anxious
8. Needs Follow-Up Reinforcement

Learning Needs	Knowledge Level *	CONTENT Teaching Material Used	Method ***	Response ****	Date / Dept Initial	Need Met Date / Init'l	
4. Activity		Bed rest with foot elevated & knee gatched; encourage cough, deep breathing exercises; use of trapeze; out of bed to chair; transfer and ambulation with assistive devices.					
5. Nutrition		Encourage fluid intake. Encourage high fiber diet as tolerated.					
6. Medications		A. Currently ordered medications, including dosages, administration times and actions; side effects.					
		B. Drug / Food interactions					
		C. Discharge Medication Review					
		D. Anti - thrombolytic Therapy					
		1. Lovenox					
		2. Coumadin					
		3. Heparin					
		E. Stool softner / Bowel Regimen					
		F. Antiemetic					
		G. Antibiotics					
	Other:						
7. Pain Management		IM / PO Medication names, side effects, dosage, actions, administration times and effectiveness evaluation.					
		A. Epidural / PCA (see Acute Pain Services Flow Sheet)					
		B. Other methods of Pain Control (i.e., deep breathing, proper positioning)					
Initial	Clinician's Signature / Title		Date	Initial	Clinician's Signature / Title		Date

Learning Needs	Knowledge Level *	CONTENT Teaching Material Used	Method ***	Response *****	Date / Dept Initial	Need Met Date / Init'l
8. Treatments / Equipment		IV fluids / blood (if needed); incentive spirometry; antiembolitic hose; pneumatic compression devices -or- foot pumps; use of trapeze; abduction pillow; hemovac; wound drains; foley catheter; ice packs; kneed immobilizer; assistive gait device; elevated commode seat; dressing changes.				
9. Exercises		Reinforce use of ROM exercises to unaffected joints (to promote venous flow).				
		Reinforce use of CPM machine to minimize stiffness & enhance remobilization of knee.				
		Flexion and extension exercises of feet & ankles, as prescribed.				
		Reinforce need for PT 1-2 days after surgery to improve muscle strength and for gain training / walking.				
10. Positioning		Do NOT bend hip beyond 90 degrees; do NOT sit upright in bed to keep hip in position.				
		An abduction spint / pillow (placed between pt's legs) to prevent legs from rotating inward. Do NOT allow legs to cross.				
		Out of bed with surgical support, with minimal hip flexion.				
		Slouch sitting in chair with minimal flexion of surgical hip (as ordered by physician).				
		Placement of pillows on wheelchair seat & between knees to prevent new hip from turning beyond 90 degrees.				
		Turning in bed to unoperated side with pillows between legs.				

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Learning Needs	Knowledge Level *	CONTENT Teaching Material Used	Method ***	Response *****	Date / Dept Initial	Need Met Date / Init'l
11. Hip / Knee Precautions		Reinforce need for elevated commode seat to prevent acute hip flexion.				
		Reinforce need for patient to avoid bending from waste.				
		Reinforce symptoms of hip prosthesis dislocation; sudden onset severe hip / groin pain; shortening of involved extremity with internal / external rotation; patient hears popping sound & feels popping sensation in affected joint; difficulty or inability to ambulate.				
		When seated, keep knees below hips.				
		When seated, let the foot of the surgical leg slide forward.				
		Sit with knees apart and feet close together.				
		Avoid crossing legs while lying down & sitting.				
		Keep legs apart and pivot entire body when getting into / out of bed. Do not twist leg.				
		Reinforce need to avoid prolonged flexion of knee to prevent flexion contraction.				
		Reinforce need for patient to avoid kneeling, squatting, or jumping with / on involved leg.				
		Reinforce need for patient to wear knee immobilizer at all times, unless ordered otherwise by physician.				

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