

Your
Hospital's
Logo
Here

CLINICAL PATHWAY

Total Hip Arthroplasty

PATIENT IDENTIFICATION

| Diagnosis: | | Initiating UNIT: | | Initiating DATE: | | Initiating TIME: | | DRG NO: 209 | | LENGTH OF STAY: 5.0 | |
|-----------------------|--|---|--|-------------------------|--|---|---|--|--|--|--|
| | DAY 1 Pre-Op | DAY 1 or / PACU | DAY 1 on UNIT: _____ | Post-Op | DAY 2 POD #1 | DAY 3 POD #2 | DAY 4 POD #3 | DAY 5 POD #4 | | | |
| ACTIVITY | | <input type="checkbox"/> Bed rest | <input type="checkbox"/> Bed rest | | <input type="checkbox"/> OOB in Chair (BID) | <input type="checkbox"/> OOB in Chair (BID) <input type="checkbox"/> Ambulation / Transfer with assistive devices as tolerated | <input type="checkbox"/> OOB in Chair (BID) <input type="checkbox"/> Demonstration of ADL's <input type="checkbox"/> Ambulation in room w/ assistive devices | <input type="checkbox"/> OOB in Chair (BID) <input type="checkbox"/> Demonstration of ADL's <input type="checkbox"/> Ambulation in room w/ assistive devices | | <input type="checkbox"/> OOB in Chair (BID) <input type="checkbox"/> Demonstration of ADL's <input type="checkbox"/> Ambulation in room w/ assistive devices | |
| TEST SPECIMENS | <input type="checkbox"/> SMA7 <input type="checkbox"/> CBC <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> U/A <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> PREAL-BUMIN | <input type="checkbox"/> CBC (Post-Op in PACU) [Call H.O. if H&H < 8&26] <input type="checkbox"/> Radiographs of hip | <input type="checkbox"/> Review results of CBC [Call H.O. if H&H < 8&26] | | <input type="checkbox"/> CBC [Call H.O. if H&H < 8&26] <input type="checkbox"/> PT / INR (1-2 goal INR) if on Coumadin | <input type="checkbox"/> CBC [Call H.O. if H&H < 8&26] <input type="checkbox"/> PT / INR (1-2 goal INR) if on Coumadin <input type="checkbox"/> Stool for guaiac if on Lovenex | <input type="checkbox"/> CBC [Call H.O. if H&H < 8&26] <input type="checkbox"/> PT / INR (1-2 goal INR) if on Coumadin <input type="checkbox"/> Stool for guaiac if on Lovenex | <input type="checkbox"/> CBC [Call H.O. if H&H < 8&26] <input type="checkbox"/> PT / INR (1-2 goal INR) if on Coumadin <input type="checkbox"/> Stool for guaiac if on Lovenex | | <input type="checkbox"/> PT / INR (1-2 normal INR) if on Coumadin <input type="checkbox"/> Stool for guaiac if on Lovenex | |
| DIET | <input type="checkbox"/> NPO | <input type="checkbox"/> NPO | <input type="checkbox"/> Advance Diet as tolerated | | <input type="checkbox"/> Advance Diet as tolerated | <input type="checkbox"/> Advance Diet as tolerated | <input type="checkbox"/> Diet as tolerated | <input type="checkbox"/> Diet as tolerated | | <input type="checkbox"/> Diet as tolerated | |
| MEDS | <input type="checkbox"/> Maintenance meds as per anesthesiologist and/or physician. <input type="checkbox"/> Prophylactic antibiotics as prescribed | <input type="checkbox"/> As per Anesthesia | <input type="checkbox"/> Coumadin at 1800 Hours if prescribed. (Notify Anesthesia before giving Coumadin). <input type="checkbox"/> Maintenance drugs as prescribed. <input type="checkbox"/> Antiemetic prn <input type="checkbox"/> Laxative/Stool softener PAIN MANAGEMENT: <input type="checkbox"/> As per Anesthesia if epidural catheter -OR- <input type="checkbox"/> As per MD order | | <input type="checkbox"/> Coumadin at 1800 Hours if prescribed. (Notify Anesthesia before giving Coumadin). <input type="checkbox"/> Lovenex BID if prescribed and no Epidural <input type="checkbox"/> Maintenance drugs as prescribed. <input type="checkbox"/> Antiemetic prn <input type="checkbox"/> Laxative/Stool softener PAIN MANAGEMENT: <input type="checkbox"/> As per Anesthesia if epidural catheter -OR- <input type="checkbox"/> As per MD order | <input type="checkbox"/> Coumadin at 1800 Hours if prescribed. (Notify Anesthesia before giving Coumadin). <input type="checkbox"/> Lovenex BID if prescribed and no Epidural <input type="checkbox"/> Maintenance drugs as prescribed. <input type="checkbox"/> Antiemetic prn <input type="checkbox"/> Laxative/Stool softener PAIN MANAGEMENT: <input type="checkbox"/> Consider d/c epidural catheter and initiate PO pain management (Notify surgeon if epidural not D/C) | <input type="checkbox"/> Coumadin at 1800 Hours if prescribed. (Notify Anesthesia before giving Coumadin). <input type="checkbox"/> Lovenex BID if prescribed <input type="checkbox"/> Maintenance drugs as prescribed. <input type="checkbox"/> Antiemetic prn <input type="checkbox"/> Laxative/Stool softener PAIN MANAGEMENT: <input type="checkbox"/> D/C epidural catheter + initiate PO pain management | <input type="checkbox"/> Coumadin at 1800 Hours if prescribed. (Notify Anesthesia before giving Coumadin). <input type="checkbox"/> Lovenex BID if prescribed <input type="checkbox"/> Maintenance drugs as prescribed. <input type="checkbox"/> Antiemetic prn <input type="checkbox"/> Laxative/Stool softener PAIN MANAGEMENT: <input type="checkbox"/> PO pain management | | <input type="checkbox"/> Coumadin at 1800 Hours if prescribed. <input type="checkbox"/> Lovenex BID if prescribed <input type="checkbox"/> Maintenance drugs as prescribed. <input type="checkbox"/> Antiemetic prn <input type="checkbox"/> Laxative/Stool softener PAIN MANAGEMENT: <input type="checkbox"/> PO pain management | |

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

PART OF THE MEDICAL RECORD

Your
Hospital's
Logo
Here

CLINICAL PATHWAY

Total Hip Arthroplasty

DRG NO 209

PATIENT IDENTIFICATION

| | DAY 1 Pre-Op | DAY 1 or / PACU | DAY 1 Post-Op on UNIT: _____ | DAY 2 POD #1 | DAY 3 POD #2 | DAY 4 POD #3 | DAY 5 POD #4 |
|--------------------|--|---|---|--|---|--|--|
| TREATMENTS | | <input type="checkbox"/> I & O <input type="checkbox"/> Cough & deep breathe <input type="checkbox"/> Turn + reposition q 2 hr <input type="checkbox"/> Place foot of bed and knee gatched <input type="checkbox"/> Ice to operative site <input type="checkbox"/> Drsg to operative site <input type="checkbox"/> Pneumatic compression device <input type="checkbox"/> TEDS <input type="checkbox"/> Abduction pillow <input type="checkbox"/> Auto transfusion as per order <input type="checkbox"/> Call MD for Temp > 101 F <input type="checkbox"/> Maintain hip precautions | <input type="checkbox"/> I & O <input type="checkbox"/> Cough & deep breath <input type="checkbox"/> Turn + reposition q 2 hr <input type="checkbox"/> Place foot of bed and knee gatched <input type="checkbox"/> Ice to operative site <input type="checkbox"/> Drsg to operative site <input type="checkbox"/> Pneumatic compression device <input type="checkbox"/> TEDS <input type="checkbox"/> Abduction pillow <input type="checkbox"/> Auto transfusion as per order and convert to Hemovac post transfusion <input type="checkbox"/> Incentive Spirometry q 1 hour while awake <input type="checkbox"/> Foley (indwelling) if unable to void within 8 hrs <input type="checkbox"/> Call MD for Temp > 101F <input type="checkbox"/> Maintain hip precautions | <input type="checkbox"/> I & O <input type="checkbox"/> Cough & deep breath <input type="checkbox"/> Turn + reposition q 2 hr <input type="checkbox"/> Place foot of bed and knee gatched <input type="checkbox"/> Ice to operative site <input type="checkbox"/> Drsg to operative site <input type="checkbox"/> Pneumatic compression device <input type="checkbox"/> TEDS <input type="checkbox"/> Hemovac <input type="checkbox"/> Abduction pillow <input type="checkbox"/> Incentive Spirometry q 1 hour while awake <input type="checkbox"/> Consider discontinue of Foley if appropriate <input type="checkbox"/> Call MD for Temp > 101F <input type="checkbox"/> Maintain hip precautions | <input type="checkbox"/> I & O <input type="checkbox"/> Cough & deep breath <input type="checkbox"/> Turn + reposition q 2 hr <input type="checkbox"/> Place foot of bed and knee gatched <input type="checkbox"/> Ice to operative site <input type="checkbox"/> Pneumatic compression device <input type="checkbox"/> TEDS <input type="checkbox"/> Abduction pillow <input type="checkbox"/> Dressing change <input type="checkbox"/> D/C Hemovac <input type="checkbox"/> D/C Foley <input type="checkbox"/> Evaluate need for laxative <input type="checkbox"/> Call MD for Temp > 101F <input type="checkbox"/> Maintain hip precautions | <input type="checkbox"/> Cough & deep breath <input type="checkbox"/> Place foot of bed and knee gatched <input type="checkbox"/> Pneumatic compression device <input type="checkbox"/> TEDS <input type="checkbox"/> Abduction pillow <input type="checkbox"/> Evaluate need for laxative <input type="checkbox"/> Call MD for Temp > 101F <input type="checkbox"/> Maintain hip precautions | <input type="checkbox"/> Cough & deep breath <input type="checkbox"/> Place foot of bed and knee gatched <input type="checkbox"/> Pneumatic compression device <input type="checkbox"/> TEDS <input type="checkbox"/> Abduction pillow <input type="checkbox"/> Evaluate need for laxative <input type="checkbox"/> Call MD for Temp > 101F <input type="checkbox"/> Maintain hip precautions |
| IVS | <input type="checkbox"/> As per Anesthesia | <input type="checkbox"/> IV as per order | <input type="checkbox"/> IV as per order & convert to saline lock once tolerating PO | <input type="checkbox"/> IV as per order & convert to saline lock once tolerating PO | <input type="checkbox"/> DC saline lock if appropriate | | |
| VITAL SIGNS | <input type="checkbox"/> Per protocol | <input type="checkbox"/> Per protocol | <input type="checkbox"/> As ordered | <input type="checkbox"/> As ordered | <input type="checkbox"/> As ordered | <input type="checkbox"/> As ordered | <input type="checkbox"/> As ordered |

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

PART OF THE MEDICAL RECORD

Your
Hospital's
Logo
Here

CLINICAL PATHWAY

Total Hip Arthroplasty

DRG NO 209

PATIENT IDENTIFICATION

| | DAY 1 Pre-Op | DAY 1 or / PACU | DAY 1 Post-Op on UNIT: _____ | DAY 2 POD #1 | DAY 3 POD #2 | DAY 4 POD #3 | DAY 5 POD #4 |
|--|---|---|--|--|--|--|--|
| PHYSICAL & OCCUPATIONAL THERAPY | | | <input type="checkbox"/> Physical & Occupational Therapy consult requested | <input type="checkbox"/> PT - Initiate bedside exercises (quadriceps, sets, gluteal sets, ankle pumps and SLR) <input type="checkbox"/> Reinforce hip precautions <input type="checkbox"/> OOB to chair with transfer training <input type="checkbox"/> OT - ADL Training. Assess adaptive equipment needs, and functional training with progression to highest functional level. | <input type="checkbox"/> PT - initiate gait training, with appropriate device & level of assistance, transfer training, and exercises (quadriceps, sets, gluteal sets, ankle pumps and SLR, AROM /AAROM, knee flexion + terminal knee extension) <input type="checkbox"/> OT - ADL Training, progress to highest functional level <input type="checkbox"/> Ambulation with standard walker with appropriate level of assistance. Progress level of assistance and distance as appropriate. | <input type="checkbox"/> PT - Gait training, transfer training, and exercises (quadriceps, sets, gluteal sets, ankle pumps and SLR, AROM /AAROM, knee flexion + terminal knee extension) <input type="checkbox"/> OT - ADL Training, progress to highest functional level <input type="checkbox"/> Ambulation with standard walker with appropriate level of assistance. Progress level of assistance and distance as appropriate. | <input type="checkbox"/> PT - Gait training, transfer training, and exercises (quadriceps, sets, gluteal sets, ankle pumps and SLR, AROM /AAROM, knee flexion + terminal knee extension, stairs). <input type="checkbox"/> OT - ADL Training, progress to highest functional level <input type="checkbox"/> Ambulation with standard walker with appropriate level of assistance. Progress level of assistance and distance as appropriate. P.T.-PT will demonstrate the following: <input type="checkbox"/> AROM/AAROM knee flexion (60-80 degrees or according to MD) <input type="checkbox"/> Independence in functional transfer and activities <input type="checkbox"/> Independence in ambulation and std walker on level surfaces (100ft) and stairs |
| TEACHING | <input type="checkbox"/> Encourage Pre-Op TJA class attendance <input type="checkbox"/> Did Pt attend Pre-op TJA class? ___Y ___N <input type="checkbox"/> Pre-Op & Post-Op care | <input type="checkbox"/> Discuss pain management (pain scale) & side effects <input type="checkbox"/> Teach ankle pumps <input type="checkbox"/> Explain treatments | <input type="checkbox"/> Discuss pain mgmnt (pain scale) & side effects <input type="checkbox"/> Teach ankle pumps <input type="checkbox"/> Explain treatments | <input type="checkbox"/> Reinforce education from DAY 1 <input type="checkbox"/> Explain rationale for physical therapy + need for patient participation <input type="checkbox"/> Teach fall prevention (Hospital based + home based precautions). | <input type="checkbox"/> Continue to reinforce education from DAY 1 + DAY 2. <input type="checkbox"/> Teach signs + symptoms to report (signs of wound infection, DVT, Temp>101F, unrelieved knee pain, neurovascular changes). <input type="checkbox"/> Teach PO pain mgmnt | <input type="checkbox"/> Reinforce education from DAYS 1, 2 & 3. <input type="checkbox"/> Teach methods to prevent infection of prosthesis (prophylactic antibiotics prior to dental work or out patient surgery, and prompt treatment of systemic infections) | <input type="checkbox"/> Reinforce education from DAYS 1, 2, 3 & 4. <input type="checkbox"/> Discharge instructions |

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

PART OF THE MEDICAL RECORD

Your
Hospital's
Logo
Here

CLINICAL PATHWAY

Total Hip Arthroplasty

DRG NO 209

PATIENT IDENTIFICATION

| | DAY 1 Pre-Op | DAY 1 or / PACU | DAY 1 Post-Op on UNIT: _____ | DAY 2 POD #1 | DAY 3 POD #2 | DAY 4 POD #3 | DAY 5 POD #4 |
|---------------------------|--|------------------------------|--|--|--|---|---|
| DISCHARGE PLANNING | <input type="checkbox"/> Assess Living Situation 1. Functional & Clinical Status 2. Supportive Systems 3. Community Services | | <input type="checkbox"/> Assess Living Situation 1. Functional & Clinical Status 2. Supportive Systems 3. Community Services | <input type="checkbox"/> Assess Living Situation 1. Functional & Clinical Status 2. Supportive Systems 3. Community Services DISCHARGE DISPOSITION 1. Assisted Living or OTHER REHAB FACILITY <input type="checkbox"/> Input Rehab Benefits <input type="checkbox"/> Initiate Medicaid Application (if appropriate) <input type="checkbox"/> Complete Referral <input type="checkbox"/> Target D/C date completed <input type="checkbox"/> Rehab assessment completed <input type="checkbox"/> Assisted Living decision completed, or: 2. HOME <input type="checkbox"/> Input Home Care Benefits <input type="checkbox"/> Initiate Referrals <input type="checkbox"/> Confirm target D/C date <input type="checkbox"/> Coordinate Discharge Arrangements | <input type="checkbox"/> Assess Living Situation 1. Functional & Clinical Status 2. Supportive Systems 3. Community Services DISCHARGE DISPOSITION 1. Assisted Living or OTHER REHAB FACILITY <input type="checkbox"/> Input Rehab Benefits <input type="checkbox"/> Initiate Medicaid Application (if appropriate) <input type="checkbox"/> Complete Referral <input type="checkbox"/> Target D/C date completed <input type="checkbox"/> Rehab assessment completed <input type="checkbox"/> Assisted Living decision completed, or: 2. HOME <input type="checkbox"/> Input Home Care Benefits <input type="checkbox"/> Initiate Referrals <input type="checkbox"/> Confirm target D/C date <input type="checkbox"/> Coordinate Discharge Arrangements | <input type="checkbox"/> Assess the following: 1. Review / Rehab Clinical Progress 2. Adjust / Update Plans as appropriate 3. Finalize Discharge Arrangements DISCHARGE DISPOSITION 1. Assisted Living or OTHER REHAB FACILITY <input type="checkbox"/> Assisted Living Forms on Chart <input type="checkbox"/> Nursing Transfer Form Completed <input type="checkbox"/> MIMR Screen <input type="checkbox"/> Medical Record copied or: 2. HOME <input type="checkbox"/> Home Care Form completed (MD,CN,CM) <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Services <input type="checkbox"/> Agencies <input type="checkbox"/> Medications <input type="checkbox"/> Transportation arranged <input type="checkbox"/> Discharge order obtained <input type="checkbox"/> Discharge Instruction Form completed (MD, CN, CM) | <input type="checkbox"/> Assess the following: 1. Review / Rehab Clinical Progress 2. Adjust / Update Plans as appropriate 3. Finalize Discharge Arrangements DISCHARGE DISPOSITION 1. Assisted Living or OTHER REHAB FACILITY <input type="checkbox"/> Assisted Living Forms on Chart <input type="checkbox"/> Nursing Transfer Form Completed <input type="checkbox"/> MIMR Screen <input type="checkbox"/> Medical Record copied <input type="checkbox"/> Medical Record dictated <input type="checkbox"/> DC summary completed (before 1500) <input type="checkbox"/> Discharge order obtained <input type="checkbox"/> Transportation arranged <input type="checkbox"/> Report to CM by Clinical Nurse, or: 2. HOME <input type="checkbox"/> Home Care Form completed (MD,CN,CM) <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Services <input type="checkbox"/> Agencies <input type="checkbox"/> Medications <input type="checkbox"/> Transportation arranged <input type="checkbox"/> Discharge order obtained <input type="checkbox"/> Discharge Instruction Form completed (MD, CN, CM) |
| EVALUATION | _____ Init'l's _____ Unit | _____ Init'l's _____ Unit | _____ Initials _____ Unit | _____ Initials _____ Unit | _____ Initials _____ Unit | _____ Initials _____ Unit | _____ Initials _____ Unit |

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

PART OF THE MEDICAL RECORD