University of North Carolina Hospitals
Chapel Hill, NC 27514
MIM# Pilot

Total Hip & Knee Replacement/Revision Pathway

Anticipated Length of Stay- 4 Days

This pathway is a general guideline and is not intended to establish a professional care standard governing provider's obligation to patients. Care is provided to meet individual patient needs.

Patient Profile

Admit Date: __/__/__ Diagnosis: ____________________ Service: __________________________

Isolation Precautions: Type: ____________ Start Date: __________ End Date: ______________

Other Precautions: ☐ Falls ☐ Skin ☐ Other: ____

Allergies: ☐ NKDA If yes, list____

Advanced Directives: ☐ Yes ☐ No DNR: ☐ Yes ☐ No

History of Present Illness:	**Interdisciplinary Problem List**	**Date Identified/Initial**	**Date Resolved/Initial**
	1. Impaired physical mobility		
	2. Pain management		
	3. Potential for post-operative complications		
	4. Knowledge deficit re: disease process and post-op routines		
Past Medical History:	**5. Knowledge deficit re: home and follow-up care**		
Past Surgical History:	**Consults/Tests/Procedures/ Labs**	**Date/Initial**	**Results (if appropriate) /Initial**
	1. SW (POD 1)		
	2. PT (POD 1)		
	3. OT (POD 1)		
	4. Hgb/Hct		
Patient lives with:			
Relationship:			
Phone #:			
Contact Person:			
Phone #: ( ) -			
Phone #: ( ) -			
Anticipated Discharge Disposition: **(Social Work to complete)**			
☐ **Home w/ Self-Care**			
☐ **Home Health**			
☐ **Acute Rehab**			
☐ **SNF**			
☐ **Other** **(e.g. Hospice)** ________________			
Special Needs (i.e hearing aid, crutches):			
Initiated by: Date:			
(signature page on back)			

Revised 1/2005

Interdisciplinary Signature Page

Initials	Printed Name & Title	Date

Total Hip & Knee Replacement/Revision Pathway

INTERDISCIPLINARY PATIENT & FAMILY EDUCATION RECORD

Readiness to Learn	Participants	Materials/Methods
W=willing to learn **N**= needs encouragement **R**= refused **D**= disoriented **A**= anxious **L**= LOC inadequate	**P**= patient **F**= family **O**= other* **I**= interpreter* *identify	**AV**= audio/visual **D**= demonstration **V**= verbal **W**= written **P**= phone call

Date / Time	Initials / Discipline	Readiness To Learn	Participants	Methods / Materials	Educational Outcomes	Met	Unmet	Needs Reinforce-ment
					1. The patient verbalizes understanding of: unit orientation; including falls prevention/safety; introduction to interdisciplinary team; advance directives; pt. handbook and pt. rights and responsibilities. (POD 0 & 1) • Handout- *Hip & Knee Patient Pathway*			
					2. The patient verbalizes understanding of medications including action, dosage, potential side effects, administration, route, contraindications and, if applicable, potential drug/food/herb interactions. (POD 0 & 1)			
					3. The patient verbalizes understanding of pain scale and importance of effective pain management. (POD 0 & 1)			
					5. The patient will verbalize plan of care upon discharge including home care, medications and follow up care. (POD 3)			
					6. The patient will verbalize joint replacement precautions. (POD 1)			

Refer to Patient Discharge Instruction form for additional transition education

Total Hip & Knee Replacement/Revision Pathway
Post-Op Day 0

Date____/____/____ ☐ **Goals entered in database ________________ (HUC initial)**

Day 0 Goals- Complete at end of pathway day. (*Any outcomes "not met" require documentation in Progress Notes)								
OUTCOME	**Met**	**Not met**	**N/A**		**OUTCOME**	**Met**	**Not met**	**N/A**
1. The pt. is verbalizing pain level <5 on scale of 0-10.					**4.**			
2. The pt. is receiving DVT prophylaxis by end of post-op day 0.					**5.**			
3.					**6.**			

		Intervention	**Outcome** N=Nursing SW= Social Work PT=Physical Therapy OT= Occupational Therapy	7a–3p	3p-7p	7-11p	11- 7a
				Initial shift where outcome is met. Circle initials if outcome is not met.			
ASSESSMENT	**MONITORING** **Call HO for**: **T** > 38.5 C **P** >120 or <50 **Resp** >30 or <10 **SBP**>190 or < 90 **DBP**> 90 or < 50 **O_2 sat** <90% & begin O_2 at 2L NC **Drain**> 100ml/h X 2hrs.	VS per post op routine	**N-** The pt. is hemodynamically stable.				
		I & O q ___ hrs Neurovascular checks q ___hrs					
		Foley to gravity					
		HV drain to bulb suction - empty q 4hrs or more frequently prn					
	TESTS/CONSULTS	Hgb / Hct 4 a.m.					
PLAN	**TREATMENTS**	I/S 10x / hr. while awake					
		Knee high support hose bilaterally					
		Venaflow (Aircast)					
		SCD sleeves & pump					
	MEDICATION/ IV FLUIDS	IVFs:___________________					
		Medlock IV when po > 400ml q 8hr					
		DVT prophylaxis as ordered (mechanical or pharmacological)	**N-The pt. is receiving DVT prophylaxis by end of post-op day 0.**				
	COMFORT	Maintain pain scale of < 5/10	**N-The pt. verbalizes pain level <5 on scale of 0-10.**				
	DIET	Diet as ordered: _______					
	SAFETY/ ACTIVITY	BR. **TKR**-elevate foot w/o knee support. CPM to room.					
		THR- order hip chair. Place pt. on hip precautions					
	TEACHING	Educate pt. re: unit orientation, meds, pain management & DVT prophylaxis.	**Review & Record ALL Educational Outcomes on the Interdisciplinary Patient and Family Education Record**				
	PROTOCOLS	Initiate Falls, Post Op & Pain					
		Management Protocols					
		Consider Skin Integrity & Wound Protocols if appropriate					
	DISCHARGE PLANNING	Begin assessment of discharge needs within first 24 hours of hospitalization					
		.					

Total Hip & Knee Replacement/Revision Pathway
Post-Op Day 1

Date____/____/____ ☐ **Goals entered in database ________________ (HUC initial)**

Day 1 Goals- Complete at end of pathway day. (*Any outcomes "not met" require documentation in Progress Notes)							
OUTCOME	**Met**	**Not met**	**N/A**	**OUTCOME**	**Met**	**Not met**	**N/A**
1. The pt. is verbalizing pain level <5 on scale of 0-10.				**4.** The pt. had a SW assessment initiated today.			
2. The pt. has tolerated use of the CPM machine 3 times today.				**5.** The pt. was evaluated & treated by OT today.			
3. The pt. has ambulated w/ PT twice today.				**6.** The pt's discharge needs and anticipated LOS were discussed w/ pt and/or family.			

		Intervention	**Outcome** **N**=Nursing **SW**= Social Work **PT**=Physical Therapy **OT**=Occupational Therapy	**7a–3p**	**3p-7p**	**7-11p**	**11- 7a**
				Initial shift where outcome is met. Circle initials if outcome is not met.			
ASSESSMENT	**MONITORING** **Call HO for**: **T** > 38.5 C **P** >120 or <50 **Resp** >30 or <10 **SBP**>190 or < 90 **DBP**> 90 or < 50 **O_2 sat** <90% & begin O_2 at 2L NC **Drain**> 100ml/h X 2hrs..	VS q ___hrs					
		I & O, Neurovascular checks q ___hrs.					
		Foley to gravity. Consider removal of foley POD1.					
		HV drain to bulb suction - empty q 4hrs/prn					
	TESTS/CONSULTS	Hgb / Hct 4 a.m.					
		OT: eval for THR or TKR					
		PT: therapy BID					
		SW: d/c planning/rehab referral	**SW-The pt. had a SW assessment initiated today.**				
PLAN	**TREATMENTS**	I/S 10x / hr. while awake.					
		6 am- begin CPM as ordered TID.	**N-The pt. is tolerating use of the CPM machine 3 times today.**				
		Continue Venaflow (Aircast)					
		Support hose bilaterally					
	MEDICATION/ IV FLUIDS	IVFs: ________________					
		Medlock IV when po > 400ml q 8hr					
		DVT prophylaxis continued					
	COMFORT	Maintain pain scale of < 5/10	**N-The pt. verbalizes pain level <5 on scale of 0-10.**				
	DIET	Diet as ordered: ___________					
	SAFETY/ ACTIVITY	BR. TKR-elevate foot w/o knee support. Ambulate BID w/ PT	**PT-The pt. has ambulated w/ PT twice today.**				
		THR- maintain hip precautions	**OT- The pt. reviewed ADL precautions & adaptive equipment available.**				
	TEACHING	Educate pt. re: unit orientation, meds, pain management & DVT prophylaxis	**Review & Record ALL Educational Outcomes on the Interdisciplinary Patient and Family Education Record**				
	PROTOCOLS	Continue Falls, Post- Op & Pain Management Protocols					
		Consider Skin Integrity & Wound Protocols if appropriate					
	DISCHARGE PLANNING	Identify avoidable causes of discharge delay.	**N/SW - The pt's discharge needs and anticipated LOS were discussed w/ pt and/or family.**				

Total Hip & Knee Replacement/Revision Pathway
Post-Op Day 2

Date____/____/____ ☐ **Goals entered in database ________________ (HUC initial)**

Day 2 Goals-Complete at end of pathway day. (*Any outcomes "not met" require documentation in Progress Notes)

OUTCOME	Met	Not met	N/A		OUTCOME	Met	Not met	N/A
1. The pt. is verbalizing pain level <5 on scale of 0-10.					**4. The pt. is voiding without difficulty after foley removal.**			
2. The pt. has tolerated use of the CPM machine 3 times today.					**5.**			
3. The pt. has ambulated w/ PT twice today.					**6.**			

		Intervention	Outcome N=Nursing SW= Social Work PT=Physical Therapy OT=Occupational Therapy	7a–3p	3p-7p	7-11p	11- 7a
				Initial shift where outcome is met. Circle initials if outcome is not met.			
ASSESSMENT	**MONITORING** **Call HO for**: **T** > 38.5 C **P** >120 or <50 **Resp** >30 or <10 **SBP**>190 or < 90 **DBP**> 90 or < 50 **O_2 sat** <90% & begin O_2 at 2L NC **Drain**> 100ml/h X 2hrs.	VS q ___ hrs I & O q ___ hrs					
		Remove foley at 6 am- scan bladder if no void after 6h In & out cath q 4hrs. if residual > 350ml	**N-The pt. is voiding without difficulty after foley removal.**				
	TESTS/CONSULTS	Hgb / Hct 4 a.m.					
PLAN	**TREATMENTS**	I/S 10x / hr. while awake					
		CPM as ordered TID	**N-The pt. is tolerating use of the CPM machine 3 times today.**				
		Continue Venaflow (Aircast)					
		Support hose bilaterally					
	MEDICATION/ IV FLUIDS	IVF: ________________					
		Medlock IV					
		DVT prophylaxis maintained					
		Consider Biscodyl suppository for constipation					
	COMFORT	Maintain pain scale of < 5/10	**N-The pt. verbalizes pain level <5 on scale of 0-10.**				
	DIET	Diet as ordered: _________					
	SAFETY/ ACTIVITY	Ambulate BID w/ PT	**PT-The pt. has ambulated w/ PT twice today.**				
		THR- maintain hip precautions	**OT-** The pt. has demonstrated toilet transfer.				
	TEACHING	OT to discuss & demonstrate proper use of adaptive devices.	**Review & Record ALL Educational Outcomes on the Interdisciplinary Patient and Family Education Record**				
	PROTOCOLS	Continue Falls, Post Op & Pain Management Protocols					
		Consider Skin Integrity & Wound Protocols if appropriate					
	DISCHARGE PLANNING	Evaluate progress toward goal of discharge. Consider discharge tomorrow if criteria met.					

Total Hip & Knee Replacement/Revision Pathway
Post-Op Day 3

Date____/____/____ ☐ **Goals entered in database ________________ (HUC initial)**

Day 3 Goals-Complete at end of pathway day. (*Any outcomes "not met" require documentation in Progress Notes)							
OUTCOME	**Met**	**Not met**	**N/A**	**OUTCOME**	**Met**	**Not met**	**N/A**
1. The pt. verbalizing pain level <5 on scale of 0-10.				**4.** If ordered, the pt. had a negative duplex scan today. (N/A if not ordered)			
2. The pt. has tolerated use of the CPM machine 3 times today.				**5.**			
3. The pt. has ambulated w/ PT twice today.				**6.**			

		Intervention	Outcome N=Nursing SW= Social Work PT=Physical Therapy OT= Occupational Therapy	7a–3p	3p-7p	7-11p	11- 7a
				Initial shift where outcome is met. Circle initials if outcome is not met.			
ASSESSMENT	**MONITORING** **Call HO for**: **T** > 38.5 C **P** >120 or <50 **Resp** >30 or <10 **SBP**>190 or < 90 **DBP**> 90 or < 50 **O_2 sat** <90% & begin O_2 at 2L NC **Drain**> 100ml/h X 2hrs.	VS q ___hrs					
		Assess need for continuing I & O q 8hrs					
	TESTS/CONSULTS	Hgb / Hct 4 a.m.					
		Possible duplex scan today	**N-If ordered today, the pt. had a negative duplex scan**. (N/A if not ordered)				
PLAN	**TREATMENTS**	CPM TID	**N-The pt. is tolerating use of the CPM machine 3 times today.**				
		Venaflow (Aircast)					
		Support hose bilaterally					
	MEDICATION/ IV FLUIDS	Medlock IV					
		DVT prophylaxis maintained					
		Consider Bisacodyl suppository if no BM today					
	COMFORT	Maintain pain scale of < 5/10	**N-The pt. verbalizes pain level <5 on scale of 0-10.**				
	DIET	Diet as ordered: ________					
	SAFETY/ ACTIVITY	Ambulate BID w/ PT	**PT-The pt. has ambulated w/ PT twice today.**				
		THR- maintain hip precautions	**OT-** The pt. has demonstrated use of adaptive equipment for dressing and ADL safety.				
	TEACHING	Discuss & demonstrate proper use of adaptive devices	**Review & Record ALL Educational Outcomes on the Interdisciplinary Patient and Family Education Record**				
		Discuss home & follow up care					
	PROTOCOLS	Continue Falls, Post Op & Pain Management Protocols					
		Consider Skin Integrity & Wound Protocols if appropriate					
	DISCHARGE PLANNING	Consider discharge today if criteria met.					

Total Hip & Knee Replacement/Revision Pathway
Post-Op Day 4

Date____/____/____ ☐ **Goals entered in database ________________ (HUC initial)**

Day 4 Goals-Complete at end of pathway day. (*Any outcomes "not met" require documentation in Progress Notes)							
OUTCOME	**Met**	**Not met**	**N/A**	**OUTCOME**	**Met**	**Not met**	**N/A**
1. The pt. is verbalizing pain level <5 on scale of 0-10.				**4.** If ordered, the pt. had a negative duplex scan today. (N/A if not ordered)			
2. The pt. has tolerated use of the CPM machine 3 times today.				**5.**			
3. The pt. has ambulated w/ PT twice today.				**6.**			

		Intervention	**Outcome** N=Nursing SW= Social Work PT=Physical Therapy OT= Occupational Therapy	7a–3p	3p-7p	7-11p	11- 7a
				Initial shift where outcome is met. Circle initials if outcome is not met.			
ASSESSMENT	**MONITORING** **Call HO for**: **T** > 38.5 C **P** >120 or <50 **Resp** >30 or <10 **SBP**>190 or < 90 **DBP**> 90 or < 50 **O_2 sat** <90% & begin O_2 at 2L NC **Drain**> 100ml/h X 2hrs.	VS q ___ hrs					
	TESTS/CONSULTS	Possible Duplex scan today	**N-If ordered today, the patient had a negative duplex scan.** (N/A if not ordered).				
PLAN	**TREATMENTS**	CPM as ordered	**N-The pt. is tolerating use of the CPM machine 3 times today.**				
		Venaflow (Aircast)					
		Support hose bilaterally					
	MEDICATION/ IV FLUIDS	Medlock IV					
		DVT prophylaxis maintained					
	COMFORT	Maintain pain scale of < 5/10	**N-The pt. verbalizes pain level <5 on scale of 0-10.**				
		Assess for constipation					
	DIET	Diet as ordered: __________					
	SAFETY/ ACTIVITY	Ambulate BID w/ PT	**PT-The pt. has ambulated w/ PT twice today.**				
		Dress & bathe w/ OT	**OT-** The pt. has demonstrated light bathing, commode transfer & dressing in room.				
	TEACHING	Discuss home & follow up care	**Review & Record ALL Educational Outcomes on the Interdisciplinary Patient and Family Education Record**				
	PROTOCOLS	Continue Falls, Post Op & Pain Management Protocols					
	DISCHARGE PLANNING	Consider discharge today if criteria met.					

Total Hip & Knee Replacement/Revision Pathway
Post-Op Day 5

Date____/____/____ ☐ **Goals entered in database ________________ (HUC initial)**

Day 5 Goals-Complete at end of pathway day. (*Any outcomes "not met" require documentation in Progress Notes)

OUTCOME	Met	Not met	N/A	OUTCOME	Met	Not met	N/A
1. The pt. is verbalizing pain level <5 on scale of 0-10.				**4. If ordered, the pt. had a negative duplex scan today. (N/A if not ordered)**			
2. The pt. has tolerated use of the CPM machine 3 times today.				**5.**			
3. The pt. has ambulated w/ PT twice today.				**6.**			

		Intervention	Outcome N=Nursing SW= Social Work PT=Physical Therapy OT=Occupational Therapy	7a–3p	3p-7p	7-11p	11- 7a
				Initial shift where outcome is met. Circle initials if outcome is not met.			
ASSESSMENT	**MONITORING** **Call HO for**: **T** > 38.5 C **P** >120 or <50 **Resp** >30 or <10 **SBP**>190 or < 90 **DBP**> 90 or < 50 **O_2 sat** <90% & begin O_2 at 2L NC **Drain**> 100ml/h X 2hrs.	VS q ___ hrs					
	TESTS/CONSULTS	Possible Duplex scan today	**N-If ordered today, the patient had a negative duplex scan**. (N/A if not ordered)				
PLAN	**TREATMENTS**	CPM as ordered	**N-The pt. has tolerated use of the CPM machine 3 times today.**				
		Venaflow (Aircast)					
		Support hose bilaterally					
	MEDICATION/ IV FLUIDS	Medlock IV					
		DVT prophylaxis maintained					
	COMFORT	Maintain pain scale of < 5/10.	**N-Pt. verbalizes pain level <5 on scale of 0-10.**				
		Assess for constipation					
	DIET	Diet as ordered:					
	SAFETY/ ACTIVITY	Ambulate BID w/ PT	**PT-Pt. has ambulated w/ PT twice today.**				
			OT- The pt. has demonstrated light bathing, commode transfer & dressing in room.				
	TEACHING		**Review & Record ALL Educational Outcomes on the Interdisciplinary Patient and Family Education Record**				
	PROTOCOLS	Continue Falls, Post Op & Pain Management Protocols					
	DISCHARGE PLANNING	Consider discharge today if criteria met.					

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Total Hip & Knee Replacement/Revision Patient Pathway

This pathway is a general guideline and is not intended to establish a professional care standard governing provider's obligation to patients. Care is provided to meet individual patient needs.	
BLOOD DRAWING	Your blood may be drawn every day for laboratory tests. Your physician will order these tests.
TESTS	Additional tests may be required and ordered by your physician. For example, some patients may have a duplex scan before they leave the hospital to check for blood clots in the legs.
TREATMENTS	A member of your healthcare team will insert an intravenous line (IV). Your blood pressure, temperature, breathing and heart rate will be monitored. They will also check your circulation and skin. Inflatable cuffs will be placed around your legs to help the circulation. A tube may be placed in your bladder to drain urine. This will be removed after surgery.
MEDICATIONS	You will be given medication to control your pain. Your pain medication will be based on your needs. Inform your nurse or doctor of any pain you experience. Your doctor may also order antibiotics.
DIET	Your doctor will order the appropriate diet to meet your needs. Please let us know if you have a diet or food request or if you'd like to speak with a nutritionist.
ACTIVITY	Your activity level will increase every day. A physical therapist will work with you to assist with walking the first day after surgery. An occupational therapist will be consulted if you need any assistive devices.
TEAM ACTIVITIES	Members of the health care team will discuss your plan of care with you and answer any questions you or your family may have.
EDUCATION	You will learn about your surgery and treatment plan. You will learn how to use the pain scale. This helps the staff know how much pain you have and the effect of the medications prescribed for it. You will also learn about safety precautions. Call for help before getting out of bed. If you feel dizzy or weak, sit or lie down and call for help. You will learn about your medications you are taking including possible side effects. You will be given information on stopping smoking as needed.
DISCHARGE PLANNING	Your discharge plan will be based on your needs. If you need help at home or have had home care services, please tell your nurse. A social worker or nurse may visit you to talk about discharge planning. Your nurse will review your discharge instructions with you and/or your family before you go home. Most patients go home in 4 days.

Patient Copy

UNC HEALTH CARE

Restitución Total de Cadera y Rodilla/Revisión de Curso de Acción

Curso de Acción Amigable al Paciente

El siguiente curso de acción es una guía general que no tiene por intención establecer un parámetro profesional de cuidado que gobierna la obligación que tienen los proveedores de salud hacia sus pacientes. El cuidado se presta para satisfacer las necesidades individuales de los pacientes.	
Colección de sangre	De acuerdo a la orden de su doctor, es probable que un miembro del equipo médico le saque sangre diariamente.
Exámenes	Si es necesario se pedirán exámenes adicionales, tales como un escán duplex de sus piernas para asegurar que no tiene coágulos de sangre.
Tratamientos	Un miembro del equipo médico le colocará una línea intravenosa. Ellos van a monitorear su presión arterial, temperatura, ritmos respiratorios y cardíacos. También examinarán su circulación y piel. Se le colocarán medias compresivas inflables alrededor de las piernas para ayudar con la circulación. Puede ser que le coloquen un tubo en su vejiga para recoger su orina. Se lo quitarán no mucho después de su cirugía.
Medicinas	Le darán medicinas para controlar su dolor. Estas medicinas se las darán de acuerdo a sus necesidades. Déjele saber a su enfermera o doctor si siente cualquier dolor. Puede ser que su doctor también recete antibióticos.
Dieta	El doctor decidirá la dieta apropiada según sus necesidades. Por favor déjenos saber si tiene alguna preferencia en cuanto a su dieta o si quisiera hablar con un nutricionista.
Actividad	Su nivel de actividad aumentará diariamente. Usted trabajará con un fisioterapeuta que lo ayudará a caminar. Si necesita algún tipo de equipo, se consultará a un terapeuta ocupacional.
Actividades de grupo	Miembros del equipo médico discutirán su plan de cuidado y contestarán cualquier pregunta que usted o su familia pueda tener.
Educación	Se le dará educación sobre su cirugía y plan de tratamiento. Se le enseñará cómo usar la escala para medir el dolor. Esto ayudará al personal médico saber cuánto dolor tiene y la efectividad de las medicinas recetadas para aliviarlo. También se le enseñarán medidas de seguridad. Pida ayuda para levantarse. Si se siente débil o mareado, siéntese o acuéstese y pida ayuda. Se le enseñará acerca de las medicinas que está tomando, incluyendo los posibles efectos secundarios. Si es pertinente, se le dará información acerca de cómo dejar de fumar.
Plan de cuidado	Su plan de cuidado en casa se basará en sus necesidades. Por favor hágale saber a su enfermera si necesita ayuda en casa o si recibía servicios de cuidado a domicilio. Puede ser que una trabajadora social le hable acerca de su plan de cuidado en casa. Su enfermera revisará sus instrucciones de cuidado en casa con usted o con un familiar suyo antes de darle de alta. A la mayoría de los pacientes se les da de alta en 4 días.