




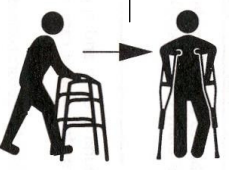












HIP REPLACEMENT PATIENT CARE PLAN

Care	Day of Surgery	Day 1 Post-Op	Day 2 Post-Op	Days 3-4 Post-Op	Discharge Goals	Patient Pathway					
	Day of Surgery	Day 1 Post-Op	Day 2 Post-Op	Day 3 Post-Op	Day of Discharge						
Nutrition	⇒ Intravenous (IV) started for fluids & medications ⇒ Catheter may be inserted in bladder. Urine output monitored for 24 hrs ⇒ Diet as tolerated	⇒ Fluids taken as tolerated ⇒ Sit up for meals if able ⇒ IV as needed ⇒ Catheter removed ⇒ Start bowel routine ⇒ Go to bathroom by commode chair/walker with help	⇒ Sit up in chair for all meals ⇒ Discontinue IV if no nausea and no IV medications needed	⇒ Sit up in chair for all meals ⇒ Enema or suppository given if no bowel movement	⇒ Eating and bowel movements returning to normal	Diet	 Begin food & drink as tolerated	 Sit up for meals if able			
Hygiene	⇒ Assisted mouth & skin care as needed	⇒ Wash at sink or basin		⇒ Shower if able	⇒ Patient can manage personal hygiene without help						
Wound Care	⇒ Dressing checked & changed or reinforced as needed	⇒ Wound checked daily ⇒ Dressing removed & wound redressed if draining	⇒ Dressing removed & wound redressed if draining	⇒ Incision exposed when wound is dry	⇒ Surgical wound is clean & dry, or wound care management arranged for home ⇒ Removal of staples or stitches arranged	Activity					
Pain Control/ Medication	⇒ IV or oral medications for pain control once spinal wears off ⇒ May have epidural (local anaesthetic)	⇒ IV or oral pain medication continued ⇒ Patient asks for pain medication when needed	⇒ Pain medication taken as needed & coordinated with activity or rehabilitation schedule	⇒ Pain control medication taken prior to exercise ⇒ Patient reviews home instructions for giving self anti-coagulant to help prevent blood clotting	⇒ Pain management discussed with & understood by patient ⇒ Required prescriptions provided to patient						
Activity/ Rehab	⇒ Every hour when awake patient does: • Deep breathing & coughing • Foot & ankle exercises ⇒ Place pillow between legs to keep knees apart ⇒ Sit up on side of bed & stand with help ⇒ Walk if able & as requested by doctor	⇒ Deep breathing & coughing ⇒ Transfer to/from bed & chair with help ⇒ Sit up in chair for short periods ⇒ Walk using walker or crutches with help (not exceeding doctor-ordered weight limit on operated leg) ⇒ Begin daily rehab to increase range of motion in operated hip & exercises to strengthen operated leg & hip	⇒ Deep breathing & coughing ⇒ Increase frequency of transfers to/from bed & chair, & increase independence of transfers ⇒ Increase distance & frequency of walks & progress to crutches as able ⇒ Continue exercises (with therapist & independently) ⇒ Occupational therapy initiated as needed	⇒ Deep breathing & coughing ⇒ Progress to crutches as appropriate ⇒ Review procedure for going up & down stairs ⇒ Review home exercises ⇒ Continue to increase independent transfers to/from bed & chair, & walking to bathroom & in hallway as able ⇒ Attend physiotherapy session ⇒ Attend occupational therapy session to review tub transfers & dressing if needed	⇒ Patient is able to: • Transfer to/from bed & chair, & stand independently & safely • Walk 30 metres using walking aid without exceeding doctor-ordered weight limit on operated leg • Go up/down stairs safely • Perform home exercises & daily living activities safely (or has support in place at home for required activities) ⇒ Patient will be transferred to sub-acute facility if more rehab needed	Treatment	As ordered by physician	 Increase flexion in leg	 Increase flexion	 Increase flexion	 Increase flexion
						Medication	 IV or pills for pain	 IV or pills	 Pills for pain as needed		
Discharge Planning	⇒ Expected length of stay is 3-4 days ⇒ Planned day of discharge is written on bedside communication board	⇒ Patient discusses discharge needs (i.e. equipment, services) with care providers	⇒ Nurse, physio & occupational therapists confirm discharge plan & equipment in place ⇒ Resources contacted as needed (i.e. sub-acute facility, Home Care, mobile lab)	⇒ Out-patient physiotherapy arranged if requested by surgeon (when new hip does not have enough flexion and/or thigh muscles significantly weak)	⇒ Patient is given & understands: • Discharge instructions • Required exercise routine • Follow-up appointment dates	Discharge Planning	 Discharge needs discussed	