




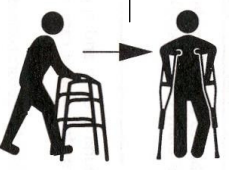












HIP REPLACEMENT PATIENT CARE PLAN

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)	⇒ Continue 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	