

Post-Op Care Plan following TOTAL HIP REPLACEMENT

	Day of Surgery (Post-Op)	Post-Op Day (POD) #1	POD #2	POD #3	Home or Rehab Facility
Activity/Therapy Services/PT/OT	<p>PT: Begin assessing your mobility in bed and ability to sit at bedside, possibly stand. If you arrive to the floor after therapy hours, nursing will assist you in sitting at bedside. You will be taught ankle pumps and are encouraged to do them every hour while awake.</p>	<p>PT: Complete the assessment of your mobility in bed and to the chair using walker; sit in the chair for 1-2 hours; walk 15-25' feet with walker; teach easy leg exercises and hip precautions. Begin discussing discharge plans by afternoon.</p> <p>OT: Initial visit to get background on pre-surgery abilities and home obstacles with bathing/dressing; begin self bathing at bedside; look at equipment needs for home. Teach and practice hip precautions. Begin discussing discharge plans by afternoon.</p>	<p>PT: Continue working on improving bed mobility and confidence with transfers to the chair; sit in the chair for 1-3 hours at a time; walk 25-50 feet with walker; continue to emphasize hip precautions and easy leg exercises. Finalize discharge plans.</p> <p>OT: Begin wet ADL shower/bath teaching strategies for maintaining hip precautions; issue and train you on use of long handled sponge for bathing; practice dressing techniques using adaptive equipment with correct hip precautions; discuss possible equipment needs upon discharge; continue to practice transfers to/from chair or bedside commode.</p>	<p>PT: Continue to emphasize hip precautions; continue to work on transfers in/out of bed, chair, and other household surfaces; walk 50-100 feet with walker on level surfaces; practice curbs/stairs as applicable; increase leg exercises.</p> <p>OT: Continue to practice self care techniques with the adaptive equipment; teach shower/bathroom safety with shower; continue to practice safe dressing techniques utilizing adaptive equipment; recommend discharge equipment to physician; continue to practice transfers. Finalize discharge plans.</p>	<p>Follow instructions for detailed exercise plan. Continue to ambulate with walker in your home and progress to longer distances. Carry out daily activities: shower, cooking, dressing changes. Abide by driving restrictions.</p>
Nutrition	Begin with liquids and advance diet as tolerated.	Advance diet as tolerated; drink plenty of water. (unless contraindicated)	Diet as tolerated; drink plenty of water. (unless contraindicated)	Diet as tolerated; drink plenty of water. (unless contraindicated)	Diet as tolerated; drink plenty of water. (unless contraindicated)
Medications	IV fluids; IV antibiotics; Possible anticoagulant (for prevention of blood clots); Medications as needed for nausea, vomiting, constipation, pain, etc.	IV fluids; IV antibiotics will be changed to oral. Anticoagulant (for prevention of blood clots); Medications as needed for nausea, vomiting, constipation, pain, etc.	Anticoagulant (for prevention of blood clots); Medications as needed for constipation, pain, etc.	Anticoagulant (for prevention of blood clots); Medications as needed for constipation, pain, etc.	Anticoagulant (for prevention of blood clots) will usually continue for 12 days after discharge; Medications as needed for constipation, pain, etc.
Pain Management	Pain medications will be prescribed by your surgeon but will include pills and IV meds. Cold therapy to the hip will also help alleviate pain/swelling. Other pain management therapy may be prescribed by your surgeon.	Pain medications (pills and/or IV) will be continued and adjusted accordingly by your surgeon. Cold therapy to the hip will continue. Other pain management therapy may be utilized.	Pain medications (pills and/or IV) will be continued and adjusted accordingly by your surgeon. Cold therapy to the hip will continue. Transition from IV to oral pain medication.	Oral pain medication and cold therapy will be continued and adjusted accordingly by your surgeon.	Continue oral pain medications and cold therapy as needed.

	Day of Surgery (Post-Op)	Post-Op Day (POD) #1	POD #2	POD #3	Home or Rehab Facility
Wound/ Dressing	You will have a dressing on your operative hip.	Original dressing will remain and be monitored for drainage by the nurse.	Depending on surgeon preference, dressing may remain or will be changed and incision cleansed.	Depending on surgeon preference, dressing may remain or will be changed and incision cleansed.	Daily dressing changes, if ordered. Staples will be removed at your post-op office visit. Important to keep wound/dressing clean and dry until well healed.
Tests	Post-op x-ray of operative hip, labs drawn to monitor blood count. The operative leg will be assessed frequently for color, movement, sensation, and temperature.	Daily lab work to monitor blood count, etc. The operative leg will be assessed frequently for color, movement, sensation, and temperature	Daily lab work to monitor blood count, etc. The operative leg will be assessed frequently for color, movement, sensation, and temperature.	Daily lab work to monitor blood count, etc. The operative leg will be assessed frequently for color, movement, sensation, and temperature	
Elimination	You will have a foley catheter inserted in your bladder during surgery that will stay in place for 1 day in order to measure urine output, and accommodate mobility issues after surgery	Foley catheter may be discontinued. Begin use of bedside commode. Medications to prevent/treat constipation may be given.	Toileting in bathroom. Medications to prevent/treat constipation may be given.	Toileting in bathroom. Medications to prevent/treat constipation may be given.	Toileting in bathroom. Medications to prevent/treat constipation may be taken.
Teaching	Nurses will educate you on pain management and the prevention of blood clots, pneumonia, falls, and infection. Compression sleeves will be placed on your calves that massage them to prevent clots. You will be instructed on deep breathing exercises to expand your lungs to prevent fever and pneumonia.	Ankle pumps to prevent blood clots. Continue breathing exercises. Continue education from day of surgery and importance of increasing mobility.	Discharge instructions for transition to home/rehab.	Reinforce discharge instructions.	Remember to watch for signs and symptoms of infection and to follow your exercise plan.
Discharge Planning		Case management will assist in beginning discharge planning as appropriate. Case Manager will work with OT to assess home needs for discharge.		Possible discharge to home or rehab today.	