Your Hospital's Logo Here

TOTAL JOINT REPLACEMENT INTERDISCIPLINARY PATIENT EDUCATION & PLAN OF CARE

PATIENT IDENTIFICATION

SPECIAL LEARNING NEEDS: ☐ Language Barrier ☐ Emotional State ☐ Cultural / Religious Differences ☐ Hearing / Visual Impairments ☐ Ability to Comprehend ☐ None

EDUCATION GOALS:

Patient will be prepared for the following level of self-care ☐ Minimal ☐ Moderate ☐ High

Patient will describe his / her disease process: (State diagnosis) _____

Patient Teaching Manual issued: ☐ Yes ☐ No

Plan of care discussed with patient: ☐ Yes ☐ No with family: ☐ Yes ☐ No _____ Initial / Date

Learning Needs	Knowledge Level *	CONTENT / FOCUS	Method * * *	Response * * * *	Date / Dept Initial	Need Met Date / Init'l
1. Admit Orientation		**A.** Call light, bed controls, telephone, bathroom, meal times, no smoking policy, personal hygiene (including oral), valuables **B.** Patient Rights (see board): >> right to choose medical treatment >> right to make decisions about their care >> right to expect confidentiality & privacy **C.** Patient Responsibilities: >> providing accurate history >> treatment compliance >> accepting non-compliance responsibility >> asking Tx & Rehab Plan questions >> understanding financial obligation				
2. Disease / Condition		Signs / symptoms and treatments * Falls Precautions				
3. Pre / Post-Op Care		**A.** Procedure				
		B. Pre-Op Routine				
		C. Activity / Exercise				
		D. TCDB				
		E. Diet / Activity				
		F. Wound Management				

*** CODE FOR KNOWLEDGE LEVEL**

- **G = Good**
- **F = Fair**
- **P = Poor**

*** * * CODE FOR METHOD**

- **V = Video**
- **R = Role Play**
- **E = Explain**
- **D = Demonstration**
- **H = Handout / Manual**
- **TV = Closed Circuit**
- **P = Poster / Flip Chart**

*** * * * RESPONSE CODES**

PT = PATIENT TAUGHT
FT = FAMILY TAUGHT

1. **Poor Attention Span**
2. **Refusal**
3. **Asked Questions**
4. **Partial Comprehension**
5. **Verbalized Recall of New Knowledge**
6. **Demonstrated Ability / Recall**
7. **Anxious**
8. **Needs Follow-Up Reinforcement**

PART OF THE MEDICAL RECORD

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4. Activity		Bed rest with foot elevated and knee gatched; encourage cough, deep breathing exercises; use of trapeze; out of bed to chair; transfer & ambulation with assistive devices.				
5. Nutrition		Encourage fluid intake; Encourage balanced high fiber diet as tolerated.				
6. Medications		**A.** Currently ordered medications, including dosages, administration times and actions; side effects.				
		B. Drug / Food Interactions				
		C. Discharge Medication Review				
		D. Anti Thrombolytic Therapy				
		1. Lovenox				
		2. Coumadin				
		3. Heparin				
		E. Stool Softner / Bowel Regimen				
		G. Antiemetic				
		H. Antibiotics				
		Other				
7. Pain Management		IM/PO Medications name, side effects, dosage, actions, administration times, and effectiveness evaluation.				
		A. Epidural / PCA (see Acute Pain Services Flowsheet)				
		B. Other methods of pain control, (i.e., deep breathing, proper positioning)				

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8. Treatments / Equipment		IV fluids / blood, if needed; incentive spirometry; Antiembolic Hose; Pneumatic compression devices or foot pumps; use of trapeze; abduction pillow; Hemovac; wound drains; Foley catheter; ice packs; knee immobilizer; assistive gait device; elevated commode seat; dressing changes.				
9. Exercises		Reinforce use of ROM exercises to unaffected joint & to promote venous flow.				
		Reinforce use of CPM machine to minimize stiffness and enhance remobilization of knee.				
		Flexion and extension exercises of feet and ankles, as prescribed.				
		Reinforce need for PT 1-2 days after surgery to improve muscle strength and for gait training / walking.				
10. Positioning		Do not bend hip beyond 90 degrees; do not sit upright in bed to keep new hip in position.				
		An abduction splint / pillow (placed between legs) to prevent legs from rotating inward. Do not allow legs to cross.				
		Out of bed with surgical support, with minimal hip flexion.				
		Slouch sitting in chair with minimal flexion of surgical hip (as ordered per physician).				
		Placement of pillows on wheelchair seat and between knees to prevent new hip from being turned beyond 90 degrees.				
		Turning in bed to unoperated side with pillows between legs.				

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11. Hip / Knee Precautions		Reinforce need for elevated commode seat to prevent acute hip flexion				
		Reinforce need for patient to avoid bending from waist.				
		Reinforce symptoms of hip prosthesis dislocation: sudden onset severe hip / groin pain; shortening of involved extremity with internal / external rotation; patient hears popping sound and feels popping sensation in affected joint; difficulty or inability to ambulate.				
		When sitting, keep knees below hips.				
		When sitting, let the foot of the surgical leg slide forward.				
		When sitting, sit with knees apart and feet closer together.				
		Avoid crossing legs while sitting and lying down.				
		Keep legs apart and pivot entire body when getting into and out of bed. Do not twist leg.				
		Reinforce need to avoid prolonged flexion of knee, to prevent flexion contraction.				
		Reinforce need for patient to avoid kneeling, squatting or jumping on involved leg.				
		Reinforce need for patient to wear knee immobilizer at all times, unless ordered otherwise by physician.				

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12. Neuro-vascular Status		**A.** Report any change in neurovascular status to nurse / physician				
		1. Numbness / tingling of the affected extremity				
		2. Increasing pain and calf / thigh tenderness				
		3. Swelling / redness of extremity				
13. Discharge Planning		Plan of home care, diet, activity.				
		A. Follow-up visits with physician discussed.				
		B. Social Service / Community Referrals / Home Health Referrals.				

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