PHYSICIAN'S ORDER SHEET

TOTAL (Left or Right) Hip ARTHROPLASTY - CLINICAL PATHWAY

DAY 1  DRG #209  PAGE 1 of 2

CROSS THROUGH AND INITIAL ORDERS NOT APPLICABLE

DATE:  TIME:  (Military Time)

ADMIT PATIENT TO:

DIAGNOSIS:

ACTIVITY:
1. Bedrest (day of surgery)
2. OOB chair BID (Beginning POD #1)
3. Weight bearing status

LABS:
1. CBC in PACU and Q am x 3
2. PT and INR Q am

RADIOLOGY:  A.P. & Lat of _____LEFT _____RIGHT Hip in PACU  (check one)

DIET:  Advance as tolerated Post-Op

MEDICATIONS:  (check options or cross out)

Lovenox 30 mg S.Q. B.I.D.  1st Dose TIME:  DATE:

Coumadin ________ mg  1st Dose TIME:  1800 Hours  DATE:

Antiemetic prn ___________________ (Drug Name) ________________________

Laxative / Stool softener ___________ (Drug Name) ________________________

Antibiotics ______________________ (Drug Name) _________________________

Antibiotics ______________________ (Drug Name) _________________________

Antibiotics ______________________ (Drug Name) _________________________

OTHER MEDICATIONS:

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FAXED BY/TIME:  TIME NOTED:

Doctor's Signature ______________________ MD  Date __________

Nurse's Signature / Title ____________________________

PART OF THE MEDICAL RECORD
PAIN MANAGEMENT:
- Epidural pain management [See Acute Pain Service (APS) orders for Epidural & Intrathecal Analgesia]
- OR -

__________________ (Drug Name) _______________________ (Route, Dose & Timing)
I & O q 8 hours
Encourage coughing and deep breathing q 1 hour while awake
Turn and reposition q 2 hours
Position foot of bed and gatch knee of bed
Ice to operative site
Pneumatic compression device _____ Pleipulse or _____ SCUDS (check one)
Bilateral long TEDS
Abduction Pillow & Hip precautions
Auto-transfusion (transfuse within 4 hours, may repeat x1, then convert to hemovac)
Foley catheter if unable to void within 8 hours Post-Op
Incentive Spirometer q 1 hour while awake

IV: ___________ at ______ ml/hr continuously. Convert to saline lock once tolerating PO fl

VITAL SIGNS q 8 hours

PHYSICAL THERAPY consult for ambulation and strengthening exercises, starting POD #1, & q day thereafter. Teach Hip precautions.

OCCUPATIONAL THERAPY consult for ADL's to start POD #1 & q day thereafter

SOCIAL SERVICE & CASE MANAGEMENT (CM) consults for D/C planning

Doctor's Signature _________________________________.MD Date __________
Nurse's Signature / Title ________________________________