

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Total Hip Replacement Post Op

Version 6 4/29/19

Patient Placement

General

Diagnosis/Procedure: _____

Preferred Location/Unit

- Ortho/Neuro
- General Medical
- PCU
- ICU

Code Status:

- Full Code DNR
- Limited DNR Status
 - No intubation, mechanical ventilation
 - No chest compressions
 - No emergency medications or fluid
 - No defibrillation, cardioversion
 - No _____

Activity

- Lower Extremity weight-bearing as tolerated [] right leg [] left leg
- Lower Extremity partial weight bearing [] right leg [] left leg
- Lower Extremity toe touch weight bearing [] right leg [] left leg
- Lower Extremity non weight bearing [] right leg [] left leg
- Anterior Hip Precautions [] right leg [] left leg
- Posterior Hip Precautions [] right leg [] left leg
- Up in Chair first day post-op
- May Shower Post Op
- Begin: Once drain(s) discontinued (if present)
- Cover Wound [x] Yes [] No

Equipment and Activity Aids

- Adaptive Equipment per PT
- Adaptive Equipment per OT

Nursing Orders

- Post-op vital signs (q15 min x 4, q30 min x 2, q1 hr x 4, q4 hr x 4) then per unit standard of care
- Point of Care Capillary Blood Glucose 4 times a day, before meals and at bedtime
- Foley Catheter with Protocol
 - [] Insert/Maintain [x] Maintain Only
 - Initiate Foley Management Protocol: [x] Yes [] No
 - Additional Instructions: Discontinue Post Op Day 1
- Initiate Straight Cath/BVI Protocol if unable to void for more than 6 hours

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- Hemovac
Empty and Record Output: q 1H x 4 then q 4H x 24 hours then q shift
[x] Discontinue: when output < 30 ml x2 previous shifts
- Dressings Change
Type: [] Dry Sterile
Begin: When hemovac is discontinued
Frequency: [] Daily [] BID [] PRN
Additional Instructions: _____
- Dressing: Silver Infused Foam dressing
Instructions: Do Not Change
- Abductor Wedge - teach pillows/knee immobilizer
- Cryo Cuff
- Incentive spirometry every hour while awake x 48 hours then at bedside
- IF eye pain occurs, notify anesthesiologist that provided anesthesia. If unable to reach, notify on-call anesthesiologist
- Short Confusion Assessment once a shift
- IF Short Confusion Assessment positive for delirium, notify provider
- Swallow Screening prior to oral intake. Nursing Instruction: Add to Intervention Worklist.

Respiratory

- Oxygen Delivery-RN/RT to determine. Titrate to maintain oxygen saturation greater than 90%

Diet

- Clear Liquid Diet
- Advance diet as tolerated. Goal diet: Regular
Additional Instructions: Carb Controlled if patient has history of diabetes

IV/Line Insert and/or Maintain

- Peripheral IV insert/maintain
- Convert Peripheral IV to Saline Lock when antibiotics are completed
- Sodium Chloride 0.9% IV (Normal Saline Flush) 10 milliliter intravenously 2 times a day

IV Fluids – Maintenance

Lactated Ringers IV

- 125 milliliter/hour continuous intravenous infusion then decrease rate to TKO when taking PO fluids, saline lock after antibiotics are completed

Sodium Chloride 0.9% IV

- 125 milliliter/hour continuous intravenous infusion then decrease rate to TKO when taking PO fluids, saline lock after antibiotics are completed

Dextrose 5% and 0.45% Sodium Chloride IV

- 125 milliliter/hour continuous intravenous infusion then decrease rate to TKO when taking PO fluids, saline lock after antibiotics are completed

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Medications

Patient-Controlled Analgesia (PCA): Select one

HYDROmorphine normal saline 0.2 mg/mL (DILAUDID - PCA)

- Standard PCA

Demand dose: 0.2 milligram; Demand dose lock out: 8 minutes; Maximum doses/hour: 7 doses/hour

****D/C POST OP DAY 1****

**** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider morphine in normal saline 1 mg/mL (PCA)**

- Standard PCA

Demand dose: 1 milligram; Demand dose lock out: 8 minutes; MAX doses/hour: 7 doses/hour

****D/C POST OP DAY 1****

**** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider fentaNYL in normal saline 10 micrograms/mL (PCA)**

- Standard PCA

Demand dose: 10 micrograms; Demand dose lock out: 8 minutes; Maximum doses/hour: 7 doses/hour

****D/C POST OP DAY 1****

**** IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider**

Analgesics

acetaminophen 325 mg tablet (TYLENOL)

- 650 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

oxyCODONE-acetaminophen 7.5 mg-325 mg tab (PERCOCET)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

oxyCODONE-acetaminophen 10 mg-325 mg tab (PERCOCET)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

HYDROcodone-acetaminophen 7.5 mg-325 mg tab (NORCO)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

HYDROcodone-acetaminophen 10 mg-325 mg tab (NORCO)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

oxyCODONE 5 mg tablet (OXYCODONE)

- 1-3 tablet orally every 3 hours as needed for breakthrough moderate-to-severe pain

Dilaudid

- 2-4 milligram orally every 4 hours as needed for pain

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Analgesics: Nonsteroidal Anti-inflammatory Drugs

celecoxib (CELEBREX)

- 200 milligram orally once a day. Start on Post Op Day 1

nabumetone (RELAFEN)

- 500 milligram orally 2 times a day. Start on Post Op Day 1

Antibacterial Prophylactic Agents

No Cephalosporin Allergy and No Anaphylaxis to Penicillin:

ceFAZolin (ANCEF)

- 2 gram intravenously every 8 hours (begin 8 hours from pre-op dose) x 2 doses

For patients > 120 kg SELECT:

ceFAZolin (ANCEF)

- 3 gram intravenously every 8 hours (begin 8 hours from pre-op dose) x 2 doses

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin:

clindamycin (CLEOCIN)

- 900 milligram intravenously every 8 hours (begin 8 hours from pre-op dose) x 2 dose

Antiemetics

metoclopramide (REGLAN)

- 5 milligram orally every 4 hours as needed for nausea/vomiting
- 5 milligram intravenously every 4 hours as needed for nausea/vomiting
- 10 milligram intravenously every 6 hours as needed for nausea/vomiting

ondansetron (ZOFRAN)

- 4 milligram intravenously every 4 hours as needed for nausea/vomiting

Laxatives

docusate sodium (COLACE)

- 100 milligram orally 2 times a day-Hold for loose stools

bisacodyl (DULCOLAX)

- 5 milligram orally 2 times a day-Hold for loose stools

magnesium hydroxide (MILK OF MAGNESIA)

- 30 milliliter orally once a day, at bedtime-Begin 1st day post-op

bisacodyl 10 mg rectal suppository (DULCOLAX SUPP)

- 10 milligram rectally once post op day 2 Hold if patient has already had BM

Laboratory

HH (HGB & HCT)

- stat
- Morning draw

CBC/AUTO DIFF

- stat
- Morning draw POD 1

BMP

- stat
- Morning draw POD 1

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Radiology and Diagnostic Tests

- XR Hip Unilateral 1 View
Reason for exam: Verify hip hardware placement
Additional Instructions: In recovery room
Left [] Right []
Portable: Yes [x] No []
- XR Hip Unilateral 2 Views
Reason for exam: Verify hip hardware placement
Additional Instructions: In recovery room
Left [] Right []
Portable: Yes [x] No []
- XR Hip Uni w/Pelvis 3 Views
Reason for exam: Verify hip hardware placement
Additional Instructions: In recovery room
Left [] Right []
Portable: Yes [x] No []
- XR Pelvis AP
Reason for exam: Verify hip hardware placement
Additional Instructions: In recovery room
Left [] Right []
Portable: Yes [x] No []

Consults

- Consult Physiatrist. Reason for consult: Recommended Disposition and/or Rehabilitation.
- PT (Physical Therapy) Eval & Treat day of surgery. Reason for consult: Gait training.
- OT (Occupational Therapy) Eval & Treat. Reason for consult: Evaluate and treat for ADL's. Begin first day post op
- Consult dietary. Reason for consult: Assess for need of high calorie diet and supplements.
- Consult Care Coordination/Transitional Planning Reason for consult: S/P Total Hip Replacement

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VTE Prophylaxis

Pharmacological:

Anticoagulants - Oral

aspirin (enteric coated)

- 325 milligram orally 2 times a day -Begin tonight

warfarin (COUMADIN)

- 5 milligram orally once a day start on _____ ; Hold for INR > 2;
PT(PROTIME and INR)now and daily

Anticoagulants - Subcutaneous

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day ; CBC no diff every 3 days. Pharmacy to renally
dose as necessary

VTE Pharmacological Contraindications

Contraindications: SELECT ALL THAT APPLY

- Active Hemorrhage
- Severe trauma to head or spinal cord WITH hemorrhage in last 4 weeks
- Intracranial hemorrhage within the last year
- Craniotomy within last 2 weeks
- Intraocular surgery within last 2 weeks
- GI, GU hemorrhage within last month
- Thrombocytopenia (less than 50,000) or coagulopathy (PT greater than 18 seconds)
- End stage liver disease
- Active intracranial lesions/neoplasms
- Hypertensive urgency/emergency
- Post-operative bleeding concerns: scheduled to return to OR within the next 24 hours
- History of immune mediated heparin-induced thrombocytopenia
- Epidural analgesia with spinal catheter (current or planned)
- Other: _____

Mechanical:

- Apply Sequential compression device (SCD)
- Apply Arterial venous impulses (AVI)
- Apply knee high graduated compression stockings
- Apply thigh high compression stockings

VTE Mechanical Contraindications

Contraindications: SELECT ALL THAT APPLY

- Bilateral lower extremity trauma
- Bilateral lower extremity amputee
- Other: _____

Provider Signature: _____ Date: _____ Time: _____