

# The Miriam Hospital

## Total Joint Replacement (Hip, Knee) Outpatient Clinical Guidelines Pre- Admission Preparation

### Daily Outcomes:

- Patient is scheduled for pre-admission testing and orientation through the surgeon's office in coordination with the surgical booking office at The Miriam Hospital, 2-4 weeks prior to surgery.
- Booked as "Hospital Outpatient Surgery"
- Patient completes Pre-Admission screening
- Patient Receives written Total Joint Replacement patient guide and access to Total Joint Class link
- Pt enrolls in AJRR and/or FORCE-TJR

### Diagnostic Test

- Per Anesthesia Evidence-Based Matrix- labs ordered by PAT NP

### Consults

- PCP, PRN
- Cardiology, PRN

### PAT Assessments

- VS and physical assessment as per PAT Policy
- Complete Admission History
- Complete Medication Reconciliation
- Complete psychosocial/ SI assessment.

### Treatments/Procedures

- Education re: at- home preparations
- Receives education and Chlorhexidine soap, and instructions for use both written and verbally
- Receives ERAS Ensure pre-surgical drink

### Patient/Family Education

- RN, NP discusses plan of care and answers patient and family questions.

### Pre-Op Total Joint Orientation

- Online and in-person orientation, and follow-up phone call with follow-up questions from TJC RN patient navigator
- Reviews Pre-Op Preparation and Discharge Planning options
  - Home Safety Preparation
  - Personal Health Preparation
  - Pre-Op Exercise Routine
  - Pre-Op Chlorhexidine Shower
- Reviews In-Hospital Expectations
  - Pre-Operative Care
  - Anesthesia Options
  - Post-Operative Care
  - Preventative Measures regarding Pain, DVT, Constipation, Bladder Function, Falls
  - Expected Mobility Plan regarding Post Op Day zero mobilization with Physical Therapy
  - Case Management, RN, NP role in discharge process from PACU
- Reviews Discharge Plan
  - General Description of homecare
  - Goals for Safe Discharge
  - Determining factors for safe discharge
  - Outpatient Physical Therapy description
- Multidisciplinary- RN and Rehab Service Representatives present.
- Allows patient and family time to have specific personal questions resolved via phonecall
- Total Joint Replacement Patient Guide is provided to all patients.
- Total Joint Hotline Information provided to ensure patients have access to Program Manager, should questions arise.

# The Miriam Hospital

## Total Joint Replacement (Hip, Knee) Outpatient Clinical Guidelines Day of Surgery

### Daily Outcomes:

- Patient is prepared for surgery using Universal Protocol safety measures; undergoes surgery using all appropriate Operating Room safety measures; and recovers from surgery under the supervision of responsible anesthesia and nursing providers, following Perioperative policies and guidelines.
- Anesthesia options are reviewed with patient and selected based on patient factors.
- Patient remains hemodynamically stable with baseline mental status
- Patient has effective pain control
- Surgical site(s) are without significant swelling & drainage
- Patient able to participate in POD0 mobilization with PT

### Consults

- Physical Therapy
- Case management- via Phonecall to finalize COC

### Assessments

- VS and physical assessment as per PACU/ Nursing Unit standard practices
- Use patients own CPAP if applicable
- Monitor operative site for bleeding/ swelling
- Pain and Sedation assessment and treatment as per protocol and before/ after Physical Therapy

### Treatments/Procedures

- Follow bladder management protocol. Ensure patient voids prior to discharge
- C&DB and/or use incentive spirometer 10x/hr while awake, depending on patient specific factors.
- Notify MD if Temp>101.5, HR>120, SBP>180 or <90, RR>28 or <12, SatO2<89%
- AVI Boots (Foot Pumps) or SCDs in use when patient is in bed.
- Check operative dressings for drainage

### Medications

- Pre-Op:
  - Antibiotic (x1 dose)
  - Pre-Op Pain Medication Regimen (see order form)
- Post Op:
  - Antibiotic per SCIP guidelines
  - Pain meds as ordered ATC and PRN
  - Bowel medications as ordered
  - Review and restart Home Medications as appropriate
  - Anticoagulant therapy

### Activity

- Mobility is expected with RN. RN to get patient out of bed to chair once recovered from Anesthesia in PACU (Spinal dissipates, Vital signs stable, pain controlled)
- Patient participates in PT evaluation before discharge. Goal: bed mobility, transfers, household ambulation, stair training (if applicable). Education: weight bearing, therapeutic exercise plan, precautions, expectations.
- PT to evaluate safety of same day discharge, if plan has been established with patient and MD. If meets goals, case management to coordinate transition home with pre-booked home care services.
- Dressed in own clothing

### Diet

- Light meal provided in PACU (Special diet if indicated by past medical history)

### Patient/Family Education

- RN, NP, PT, CM, MD discuss plan of care and answer patient and family questions.

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## Total Joint Replacement (Hip, Knee) Inpatient Clinical Guidelines Day of surgery

### Post-surgical outcome in PACU

- Hemodynamically stable with baseline mental status
- Patient has effective pain control
- Surgical sites are without significant swelling & drainage
- IV fluids discontinued if patient tolerates po fluids
- Patient OOB in chair and ambulating with walker as tolerated with PT and with RN/Trained Aids.

### Diagnostic Test

- XR in PACU if indicated

### Assessments

- |   |  |
|---|--|
| <input type="checkbox"/> VS and physical assessment per nursing unit protocol | <input type="checkbox"/> CSM checks q 8 hours                  |
| <input type="checkbox"/> Monitor operative site for bleeding                  | <input type="checkbox"/> Pain and Sedation Scales per protocol |
| <input type="checkbox"/> Assess for positive flatus/return of bowel function  | <input type="checkbox"/> Assess bladder function               |

### Discharge Planning

- Patient and family/Significant Other discuss DISCHARGE home plans with RN and CM. Discharge if goals met.
- Home Care Pathway: CM to confirm first (pre-coordinated) home care visit
- Discharge education provided in 1:1 format with RN

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## Total Joint Replacement Clinical Guideline References

1. Management of Osteoarthritis of the Hip. AAOS. (2017) found at: <http://www.orthoguidelines.org/topic?id=1021>
2. Management of Osteoarthritis of the Knee. AAOS. (2015) found at: <http://www.orthoguidelines.org/topic?id=1019>  
(print summary)
3. Preventing Venous Thromboembolic Disease in Patients Undergoing Elective Hip and Knee Arthroplasty (2011).  
Found at: <http://www.orthoguidelines.org/topic?id=1006> (print summary)
4. Management of Postoperative Pain: A clinical practice Guideline from the American Pain society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists committee on regional anesthesia. (2016) [J Pain](#). 2016 Feb;17(2):131-57. doi: 10.1016/j.jpain.2015.12.008.
5. Surgical Site Infection Prevention. NAON (2021).

### Other Helpful sources of information:

1. DVT Prophylaxis:
  - a. Parvizi, J., Azzam, K., Rothman, R. (2008). Deep Venous Thrombosis Prophylaxis for Total Joint Arthroplasty: American Academy of Orthopaedic Surgeons Guidelines. *The Journal of Arthroplasty*, 23(7). doi:10.1016/j.arth.2008.06.028
  - b. Larkin, B., Mitchell, K., Petrie, K. (2012). Translating Evidence into Practice for Mechanical Venous Thromboembolism Prophylaxis. *AORN*, 96(5). <http://dx.doi.org/10.1016/j.aorn.2012.07.011>
2. Pain Management:
  - a. Parvizi, J., Miller, A., Gandhi, K. (2011). Multimodal Pain Management After Total Joint Arthroplasty. *Journal of Bone and Joint Surgery*, 93. doi: 10.2106/JBJS.J.01095
3. SSI / UTI Prevention:
  - a. Smith, M., Dahlen, N. (2013) Clinical Practice Guideline Surgical Site Infection Prevention. NAON, Chicago, IL
  - b. The Miriam Hospital. (2013). PreOperative Antiseptic Showering, Nasal Screens, and Decolonization Policy (PAT10)
  - c. The Miriam Hospital. (2013). Urinary Catheter Discontinuation Protocol and Procedure (PCS-34)
4. Post Operative Day ZERO Mobilization:
  - a. Morris, B., Benetti, M., Marro, H., Rosenthal, C. (2010). Clinical Practice Guidelines for Early Ambulation Hours after Surgery. *Orthopaedic Nursing*, 29(5). doi: 10.1097/NOR.0b013e3181ef7a5d
5. Pre-Operative Education
  - a. Thomas, K., Sethares, K. (2008). An Investigation of the Effects of Preoperative Interdisciplinary Patient Education on Understanding Postoperative Expectations Following a Total Joint Arthroplasty. *Orthopaedic Nursing*. 27(6), 374-81.