

## Newport Hospital

### Total Joint Replacement (Hip, Knee) Inpatient 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 Newport Hospital, ideally, 4 weeks prior to surgery.
- Patient completes Pre-Admission screening
- Patient reviews total joint online Pre-Op class and / or reviews Total Joint Replacement patient guide. Patient completes home safety self-assessment.

#### Diagnostic Test

- Labs ordered

#### Consults

- PCP, PRN
- Cardiology, PRN

#### PAT Assessments

- VS and physical assessment
- Complete Medication Reconciliation
- Complete Admission History

#### PAT Treatments/Procedures

- Education re: at- home preparations (see info sheet standard for PAT)
- Receives Chlorhexidine soap packages, and instructions for use both written and verbally.

#### Prehab PT Assessment and Training

- Thorough discussion of patient home environment
  - Assessment of strength, ROM, balance, and gait
  - Train on forearm crutches or rolling walker
  - Dispense appropriate assistive device if needed
- Instruct patient in pre-op exercise routine, including written instructions

#### Pre-Op Total Joint Outreach Call

- Patient reviews virtual total joint pre- op video and contents of the Total Joint Replacement patient guide. Within one week of PAT appointment, a representative of the Total Joint program contacts the patient via telephone to review content of the Total Joint Virtual Pre-Op Education Video and Total Joint Pre-Op Guide. The telephone call is documented in the surgical encounter. Discussion includes:
  - Pre-Op Preparation
    - Home Safety Preparation
    - Personal Health Preparation
    - Pre-Op Exercise Routine
    - Pre-Op Chlorhexidine Shower
  - In-Hospital Expectations
    - Pre-Op Preparation
    - Post-Operative Care
    - Preventative Measures regarding Pain, DVT, Pneumonia, Anemia, Constipation, Bladder Function, Falls
    - Expected Mobility Plan regarding Post Op Day ZERO Mobilization and subsequent therapy sessions.
    - Case Management and other team members' Role in discharge planning
  - Discharge Planning
    - Confirmation of DC disposition noted on the case as Obs or Admit. Review patient DC plan (DC directly home with services vs DC to SNF)
    - Review determining factors for safe discharge
    - Outpatient Physical Therapy description and recommendations for timing of first follow-up.
- Allows patient and family time to have personal questions resolved.

- Total Joint Replacement Patient Guide specific to surgery is provided to all patients regardless of their ability to view the Total Joint virtual Pre-Op video.
- Total Joint Replacement program number given to provide patient access to Total Joint program staff should questions arise.

### **Total Joint Replacement (Hip, Knee) Inpatient 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.
- 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 (PT or RN) if adequate anesthesia emergence has occurred.

#### Consults

- |  |  |
|--|--|
| <input type="checkbox"/> General Medicine, PRN | <input type="checkbox"/> Cardiology, PRN           |
| <input type="checkbox"/> General Surgery, PRN  | <input type="checkbox"/> Hospitalist, PRN          |
| <input type="checkbox"/> Physical Therapy      | <input type="checkbox"/> Occupational Therapy, PRN |

#### 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

- Monitor for adequate urine output if no Foley is present, following bladder management protocol.
- C&DB and/or use incentive spirometer 10x/hr while awake
- Notify MD if Temp>101.5, HR>120, SBP>180 or <90, RR>28 or <12, SatO2<89%
- SCDs in use when patient is in bed.
- Check operative dressings for drainage

#### Medications

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

#### Activity

- Patient participates in PT eval POD 0 if adequate emergence from anesthesia has occurred, and patient is stable. Goal: at a minimum, ambulation in room/ to restroom. Mobilization with RN is expected if patient is stable.

#### Diet

- Post Op diet for first meal- Transition to Regular diet as tolerated on POD 0 (if early surgery)
- Special diet if indicated by past medical history

Patient/Family Education

- RN, NP, PT, OT, CM, MD / PA discusses plan of care and answers patient and family questions.

**Total Joint Replacement (Hip, Knee) Inpatient Clinical Guidelines  
Post-Op Day 1 Until Discharge**

Daily Outcome

- 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

- CBC and BMP to be drawn in AM. Other labs (PT INR) as appropriate.

Consults

- General Medicine, PRN
- General Surgery, PRN
- GI, PRN
- Cardiology, PRN
- Physical Therapy
- Occupational Therapy, PRN
- Case Management

Assessments

- VS and physical assessment per nursing unit protocol
- Monitor operative site for bleeding
- Pain and Sedation assessment and treatment as per protocol and before / after Physical Therapy
- Assess for positive flatus/return of bowel function

Treatments/Procedures

- Follow Total Joint Bladder Management Protocol
- C&DB and/or use incentive spirometer 10x/ hr while awake
- Notify MD if Temp>101.5, HR>120, SBP>180 or <90, RR>28 or <12, SatO2<89%
- SCD's in use when patient in bed.
- Check operative dressings for drainage, follow MD order re: dressing changes

Medications

- Anticoagulant therapy
- Pain and bowel medications as ordered, both ATC and PRN
- Bowel Regimen
- Home Medications

Activity

- Patient to participate 1-2x day with PT. Goal is to ambulate at least 50ft and perform stair training if needed for DC to home. Ambulate with RN/Trained Aide in evening.
- Occupational Therapy evaluation/ treatment as needed.
- OOB to Chair for all meals.

Diet

- Regular diet. (Special diet if indicated by past medical history)

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 home care visit and coordinate other needs.
- Skilled Nursing Facility Pathway: CM to assist with SNF selection process and coordinate admission to selected/available facility.

Patient/Family Education

- RN, PT, OT, CM, MD / PA to discuss plan of care and answer patient and family questions.

Total Joint Replacement Clinical Guideline References

1. American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Hip Evidence-Based Clinical Practice Guideline. [aaos.org/oahcpg](https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-hip/oa-hip-cpg_6-11-19.pdf). Published March 13, 2017.  
[https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-hip/oa-hip-cpg\\_6-11-19.pdf](https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-hip/oa-hip-cpg_6-11-19.pdf)
2. American Academy of Orthopaedic Surgeons. Surgical Management of Osteoarthritis of the Knee Evidence-Based Clinical Practice Guideline. [aaos.org/smoak2cpg](https://www.aaos.org/globalassets/quality-and-practice-resources/surgical-management-knee/smoak2cpg.pdf). Published 12/02/2022.  
<https://www.aaos.org/globalassets/quality-and-practice-resources/surgical-management-knee/smoak2cpg.pdf>
3. American Association of Hip and Knee Surgeons, American Society of Regional Anesthesia and Pain Medicine, American Academy of Orthopaedic Surgeons, The Hip Society, and The Knee Society Anesthesia and Analgesia in Total Joint Arthroplasty. (Endorsed by the American Academy of Orthopaedic Surgeons). Published June 14, 2021. <https://www.aaos.org/globalassets/quality-and-practice-resources/external-quality-products/anesthesia-and-analgesia-in-total-joint-arthroplasty-2021.pdf>
4. Bailey, D R et al. (2019) American Society of Hematology 2019 guidelines for management of venous thromboembolism: prevention of venous thromboembolism in surgical hospitalized patients. *Blood Advances*, 3(23), 3898-3944. <https://ashpublications.org/bloodadvances/article/3/23/3898/429211>
5. Tubb, C C (2020) Diagnosis and Prevention of Periprosthetic Joint Infections. *Journal of the American Academy of Orthopaedic Surgeons*, 28(8), e340-e348, April 15, 2020.  
[https://journals.lww.com/jaaos/Fulltext/2020/04150/Diagnosis\\_and\\_Prevention\\_of\\_Periprosthetic\\_Joint.5.aspx](https://journals.lww.com/jaaos/Fulltext/2020/04150/Diagnosis_and_Prevention_of_Periprosthetic_Joint.5.aspx)

Other Helpful sources of information:

1. 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

2. SSI / UTI Prevention:
  - a. Smith, M., Dahlen, N. (2013) Clinical Practice Guideline Surgical Site Infection Prevention. NAON, Chicaco, 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)
3. 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
4. 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.