

Form Title **Total Hip/Knee Arthroplasty Post-Operative Adult Inpatient Order Set**

Form Number **21397Bond**

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**Total Hip/Knee Arthroplasty Post-Operative
Adult Inpatient Order Set**

Select orders by placing a (✓) in the associated box

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Weight	kg	Height	cm	BMI
<input checked="" type="checkbox"/> Follow Hip and Knee Surgical Care Path				
Diet and Nutrition				
<input type="checkbox"/> Regular <input type="checkbox"/> High fiber diet <input type="checkbox"/> Diabetic diet <input type="checkbox"/> Heart healthy diet <input type="checkbox"/> Renal diet				
Activity/Mobility				
<input checked="" type="checkbox"/> Mobilize 10 steps or more on Post-operative day 0				
<input checked="" type="checkbox"/> Weight-bearing as tolerated				
Precautions				
<input type="checkbox"/> Follow surgeon specific precautions _____				
<input checked="" type="checkbox"/> Elevate affected limb, when in bed				
<input checked="" type="checkbox"/> Apply cold therapy				
<input checked="" type="checkbox"/> Consult Physiotherapy, assess AND treat as per Hip and Knee Surgical Care Path				
<input checked="" type="checkbox"/> Consult Occupational Therapy, as needed, assess AND treat as per Hip and Knee Surgical Care Path				
<input checked="" type="checkbox"/> Consult Registered Respiratory Therapy if necessary for patients with CPAP / BiPAP machine, patient to use own machine while in hospital				
Assessments, Monitoring and Interventions				
<input checked="" type="checkbox"/> Vital signs, neurovascular assessment, skin assessment, baseline oxygen saturation, pain scale as per post-operative unit routine				
<input checked="" type="checkbox"/> Titrate oxygen to keep saturation greater than or equal to 92% OR _____%				
<input checked="" type="checkbox"/> Discontinue oxygen once saturation on room air is greater than or equal to 92% OR _____%				
<input checked="" type="checkbox"/> Respiratory consult IF patient receiving oxygen therapy greater than 3 L/min OR IF patient is unable to discontinue oxygen therapy				
Incision and Dressing Management				
<input type="checkbox"/> Follow the site dressing and incision care guidelines				
<input type="checkbox"/> _____				
X-Rays – One post-operative x-ray required within 12 weeks of surgery				
<input type="checkbox"/> Knee: Anterior Posterior and lateral POD 1				
<input type="checkbox"/> Hip: Anterior Posterior pelvis centered 2", shoot through lateral affected hip to include stem POD 1				
<input type="checkbox"/> Other _____				
Prescriber Signature			Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

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Fluid Management		
<input checked="" type="checkbox"/> Record Intake/Output (<i>IV, Oral, Urine</i>) as per Post-Operative unit routine <input type="checkbox"/> Lactated ringers <input checked="" type="checkbox"/> Infuse at _____ mL/hour <input checked="" type="checkbox"/> Saline Lock IV once patient is tolerating oral fluids <input checked="" type="checkbox"/> Discontinue Saline Lock site upon discharge OR when no longer clinically indicated <input checked="" type="checkbox"/> If used, discontinue indwelling urinary catheter by 0600 hour Post-operative day 1		
Investigations		
<input checked="" type="checkbox"/> CBC, Electrolytes, Creatinine Post op day 1 <input checked="" type="checkbox"/> IF on warfarin daily PT (INR), starting Post op day 2 <input type="checkbox"/> Other Patient Specific Tests _____		
Medications		
<input checked="" type="checkbox"/> Patient Specific Medications as per Best Possible Medication History /Medication Reconciliation (<i>scan/copy to Pharmacy</i>)		
Bowel Management		
<input checked="" type="checkbox"/> PEG 3350 (<i>polyethylene glycol 3350</i>) 17 g in 250 mL fluid PO daily for constipation (HOLD IF stool loose) <input checked="" type="checkbox"/> sennosides 17.2 mg PO daily at bedtime. (HOLD IF stool loose) <input checked="" type="checkbox"/> lactulose 15 mL - 30 mL PO twice daily PRN for constipation <input checked="" type="checkbox"/> bisacODYl 10 mg SUPPOSITORY daily PRN for constipation		
Antiemetics		
<input checked="" type="checkbox"/> ondansetron 4 mg PO or IV every 6 hours PRN for nausea. (<i>1st choice</i>) <input checked="" type="checkbox"/> dexamethasone 4 mg IV for 1 dose PRN. Give for nausea if not relieved by ondansetron within 1 hour. (<i>Caution in diabetic patients</i>)		
AND supplement with		
<input checked="" type="checkbox"/> metoclopramide 10 mg IV every 6 hours PRN for nausea. (<i>Caution in renal impairment</i>) <input type="checkbox"/> dimenhyDRINATE 25 mg IV every 6 hours PRN for nausea. (<i>Caution for elderly patients</i>)		
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Medications *(continued)*
Antibiotics *(use same antibiotic as pre-op)* pre-op/intra-op antibiotic given at _____ hours

-
- ceFAZolin 2 g IV every 8 hours for 2 doses post-operatively
- (start 8 hours after initial pre-op dose given, 2 doses total post-op)*

OR IF ceFAZolin allergy

-
- clindamycin 600 mg IV every 8 hours for 2 doses post-operatively
- (start 8 hours after initial pre-op dose given, doses total post-op)*

OR

-
- vancomycin 0.015 g/kg IV every 12 hours for 1 dose
- (start 12 hours after initial pre-op dose given, 1 dose total post-op)*

Weight	Below 58 kg	58 to 74.9 kg	75 to 91.9 kg	92 to 108.9 kg	109 to 124.9 kg	125 kg or greater
Dose	0.75 g	1 g	1.25 g	1.5 g	1.75 g	2 g

Anticoagulants
All arthroplasty patients are high risk for venous thromboembolism (VTE) and require prophylaxis for VTE management
Day of Surgery

-
- tinzaparin 2500 units SUBCUTANEOUSLY for 1 dose _____ hours post-operatively

OR

-
- heparin _____ units SUBCUTANEOUSLY for 1 dose _____ hours post-operatively

Post-Operative Day 1 *(start in the morning)*
Patients body weight greater than 39.9 kg and kidney function CrCl greater than 20 mL/min

-
- tinzaparin
- (dose as per chart below)*
- SUBCUTANEOUSLY every 24 hours in morning.
-
- If tinzaparin given day of surgery, do not start LESS than 12 hours after tinzaparin dose

Weight Band Patient Actual Body Weight	Tinzaparin Dose <i>(units)</i>
Less than 30 kg	2500 units Subcutaneously once daily
30 to 39.9 kg	3500 units Subcutaneously once daily
40 to 100 kg	4500 units Subcutaneously once daily
100.1 to 120 kg	8000 units Subcutaneously once daily
120.1 kg to 150 kg	10,000 units Subcutaneously once daily
150.1 to 175 kg	12,000 units Subcutaneously once daily
175.1 to 200 kg	14,000 units Subcutaneously once daily
200.1 to 250 kg	16,000 units Subcutaneously once daily
Greater than 250 kg	75 units/kg Subcutaneously once daily

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 Time *(hh:mm)*

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Medications *(continued)*
Anticoagulants *(continued)*

OR rivaroxaban 10 mg PO every 24 hours in morning. If tinzaparin given day of surgery, do not start rivaroxaban dose LESS than 12 hours after tinzaparin dose *(avoid use with kidney function CrCl less than 15mL/min)*

Patients with impaired renal function CrCl below 20 mL/min
 heparin 5000 units SUBCUTANEOUSLY every 12 hours

IF patient on therapeutic full dose anticoagulation pre-operatively
 Resume warfarin PO daily starting day of surgery. Give warfarin _____ mg PO today. Adjust daily dose to the patient specific target INR range of _____. Once targeted range achieved for greater than or equal to 48 hours, stop prophylactic regimen.

 For all Direct Oral Anticoagulants (DOAC) start 24 to 48 hours post-op and stop prophylactic regimen *(Caution: Physician to reassess appropriateness depending on renal function, hemostasis, patient frailty and ongoing fall risk)*
 Resume dabigatran _____ mg PO bid

 Resume rivaroxaban _____ mg PO daily

 Resume apixaban _____ mg PO bid

 Other _____

Analgesics
Non-opioid
Acetaminophen not to exceed 4000 mg/24 hours from all sources
 acetaminophen 975 mg PO every 6 hours for 48 hours and

THEN
 acetaminophen 650 – 975 mg PO every 6 hours PRN for pain

 Other _____

Non-steroidal anti-inflammatory
 diclofenac 50 mg PO/PR every 12 hours for 48 hours

THEN
 diclofenac 50 mg PO/PR every 12 hours PRN for pain

 IF history of GI bleed, celecoxib 200 mg PO once daily

Prescriber Signature

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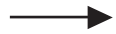
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Medications *(continued)*

 Choose **ONE** option from **each** section below, if **applicable**:

Opioids

 Choose one
(if applicable)


Consider lower dose for opioid naïve or elderly patients

- oxyCODONE 2.5-5 mg PO every 3 hours PRN for pain
- oxyCODONE 5-15 mg PO every 3 hours PRN for pain

 Choose one
(if applicable)


Consider lower dose for opioid naïve or elderly patients

- HYDROmorphine 1-2 mg PO every 3 hours PRN for pain
- HYDROmorphine 2-4 mg PO every 3 hours PRN for pain
- HYDROmorphine 0.5-1 mg SUBCUTANEOUSLY every 3 hours PRN for pain
- HYDROmorphine 1-2 mg SUBCUTANEOUSLY every 3 hours PRN for pain

 Choose one
(if applicable)


Consider lower dose for opioid naïve or elderly patients

- morphine 2.5-5 mg PO every 3 hours PRN for pain
- morphine 5-10 mg PO every 3 hours PRN for pain
- morphine 2.5-5 mg SUBCUTANEOUSLY every 3 hours prn for pain
- morphine 5-10 mg SUBCUTANEOUSLY every 3 hours prn for pain

IF the above opioid agents are ineffective

 Choose one
(if applicable)


- HYDROmorphine 0.25-0.5 mg IV every 1 hour PRN for breakthrough pain
- morphine 1-5 mg IV every 1 hour PRN for breakthrough pain

Opioid Combination

Total acetaminophen not to exceed 4000 mg/24 hours from all sources

 Choose one
(if applicable)


- traMADol 37.5 mg/acetaminophen 325 mg (*Tramacet*) 1-2 tabs PO every 4 hours PRN for pain
- oxyCODONE 5 mg/acetaminophen 325 mg (*Percocet*) 1-2 tabs PO every 4 hours PRN for pain
- codeine 30 mg/acetaminophen 325 mg (*Tylenol # 3*) 1-2 tabs PO every 4 hours PRN for pain
- Other _____

Pruritus *(choose one)*

- naloxone 0.02 - 0.04 mg IV every 2 hours PRN for pruritus
- diphenhydrAMINE 25 mg IV every 4 hours PRN for pruritus

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Naloxone Protocol
If sedation score is 4 and respiratory rate less than 8 per minute, call MRHP and Respiratory Therapist
 naloxone

Choose one of the following

- naloxone 0.1 mg Direct IV (intravenous) every 3 minutes PRN for respiratory rate less than 8 per minute and sedation level 4. Maximum 4 doses. Give first dose **STAT OR**
- **If no IV Access**, naloxone 0.2 mg subcutaneously/intramuscularly (IM) every 10 minutes PRN for respiratory rate less than 8 per minute and sedation level 4 and no IV access. Maximum 4 doses. Give first dose **STAT**

Pasero Opioid-Induced Sedation Scale (POSS)

S = Sleep, easy to arouse

1 = Awake and alert

2 = Slightly drowsy, easily aroused

3 = Frequently drowsy, arousable, drifts off to sleep during conversation

4 = Somnolent, minimal or no response to verbal and physical stimulation

Additional Orders

Discharge Orders
 Anticipated Date of Discharge (ADOD)
 1 day

 2 days

 3 days

 Greater than 3 days

 Follow-up with Hip and Knee Clinic as booked or within 10-16 days for staple removal/incision assessment.

 Complete and forward discharge summary sheet as indicated.

 Continue with anticoagulation therapy for total of 14 days for knee replacement and 35 days for hip replacement. Additional Info to Nursing: ensure patient has prescription.

Prescriber Signature

 Date *(dd-Mon-yyyy)*

 Time *(hh:mm)*