Professionally modify the SOC by crossing out or changing any non-applicable patient care problems, outcomes, goals or interventions. RECORD FULL SIGNATURE ON SIGNATURE PAGE.

TOTAL HIP REPLACEMENT (CPP INITIATION DATE:) (ESTIMATED LOS: 5 days)

PATIENT CARE PROBLEMS	PATIENT OUTCOMES AND INTERMEDIATE GOALS	DAY TO BE MET	MET		NOT MET		INTERDISCIPLINARY INTERVENTIONS
			DATE	INITIALS/ TITLE	DATE	INITIALS/ TITLE	
1. Potential lack of psychological and cognitive readiness for surgery.	**THE PATIENT WILL BE PSYCHOLOGICALLY AND COGNITIVELY READY FOR SURGERY.**						1. Implement the following protocols: a. **"Physician Pre-Printed Protocol"** for Total Hip Replacement b. **"Pre-Op Management Protocol"** with the following instructions for patient/SO 1) Bulky hip dressing and hemovac drain 2) Pain management; PCA – obtain consent 3) Abduction pillow 4) Antithrombic pumps 5) Overhead frames and trapeze 6) Heel elevators 7) Foley catheter for females, prn for males 8) Autologus blood replacement Physical Therapy – exercises, early mobilization and hip precautions 9) Occupational therapy for ADLs 10) Post-discharge care 11) Assistive equipment – walker, elevated toilet seat and reacher 12) Give Patient/SO written plan of care c. **"Peripheral IV Management Protocol"**, add the following: 1) Administer Pre-Operative antibiotic as ordered, 30-60 minutes prior to surgery. 2. Validate referrals to appropriate DPCS.
	⇒ PDB initiated with appropriate referrals	PATT					
	⇒ THR plan of care and equipment	PATT					
	⇒ Patient demonstrates calm/ accepting demeanor	PATT					
	⇒ Patient/SO understands basic pre-op and post-op care instructions	PATT					
	⇒ PBD completed with appropriate referrals	DOS					
	⇒ Patient/SO understands purpose of surgery/ tubes	DOS					
	⇒ Patient demonstrates calm/accepting demeanor	DOS					
	⇒ Surgical checklist completed	DOS					
1. Altered physiological status R/T immediate post-op condition of total hip replacement and potential for immediate early complications of:	**THE PATIENT WILL DEMONSTRATE STABLE MAJOR BODY SYSTEMS, STABLE HEMODYNAMICS AND FREEDOM FROM RESPIRATORY DISTRESS AND BLEEDING COMPLICATIONS DURING THE INITIAL 48 HOUR PERIOD.**						1. Implement the following protocols as appropriate on patient arrival from OR with the following additions: a. **"Physician Post-Op Orders THR"** b. **"Post-Op Management"** 1) Report to surgeon any wound drainage saturating through bulky hip dressing or excessive amounts in hemovac 2) Report to surgeon any hemoglobin under 9 GMs c. **"GU Intubation"** if foley in place d. **"Peripheral IV Management"**
⇒ Acute respiratory depression, atelectasis, pneumonia	⇒ Anesthesia recovery, normal RR/volume/ alert/LOC between pain meds	POD 1					

Valley Presbyterian HOSPITAL

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⇒ Bleeding/ Hemorrhage ⇒ Altered hemodynamics	⇒ Surgical dressing will remain dry and intact ⇒ Stable Hemodynamics; vital signs, I&O, and H&H	POD 1 POD 2					e. **"Blood Product Management"** 1) Administer Autologus blood as ordered d. "**Oxygen Management"**
3. Alteration in comfort: Pain R/T surgical trauma, immobility, and positioning.	**THE PATIENT WILL VERBALIZE AND DEMONSTRATE (NON-VERBAL) ACCEPTABLE COMFORT LEVELS ON PO MEDS.** ⇒ Comfort on PCA ⇒ Conversion to PO ⇒ Comfort with ambulation and activities of daily living	POD 1 POD 3 POD 4					1. Implement the following protocols as appropriate with additions: a. **"APMS Orders"** b. **"Post-Op Management"** 1) Emphasize pain management 2) Turn every 2 hours with abduction pillow to unaffected side 3) Reinforce use of overhead frame and trapeze to help relieve pressure 4) Collaborate with patient and P/T, OT to give pain medications 30-45 minutes prior to therapy c. **"PCA Management"** 1) Reinforce use of PCA to maintain comfort. Use prior to therapy or turning. 2) Assess the patient for over sedation or confusion; Collaborate with MD to change dosage or medication 3) Assess the patient's usage of PCA meds. Collaborate with MD to consider conversion to PO meds in PCA usage minimal, on POD 2. d. **"Epidural/Analgesia Management"**
4. Potential risk for infection of surgical incision, urinary tract, or respiratory compromise R/T surgery and immobility.	**THE PATIENT WILL DEMONSTRATE NORMAL HEALING OF SURGICAL WOUND AND FREEDOM FROM URINARY OR RESPIRATORY INFECTION.** ⇒ Wound/staples intact ⇒ Wound with no/minimal Sero-sanguinous drainage and normal healing ⇒ Normal breath sounds ⇒ Urine remains clear, yellow and no foul odor ⇒ Temperature $<100^{o}$	POD 2 POD 2 POD 2 POD 2 POD 4					1. Implement the following protocols, add the following: a. **"Post-Op Management Protocol"** 1) Emphasize infection control 2) Emphasize pulmonary toilet 3) Assist MD with drain removal, assist/change dressing, as ordered 4) When wound drainage is minimal, use Tegaderm dressing with absorbent pad a) Patient may shower with dressing in place b. Implement **"Hyperthermia Management"**, when temperature $>100.5^{o}$

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5. Tissue Perfusion, altered – peripheral: High risk for Neurovascular compromise and DVT.	**THE PATIENT MAINTAINS NORMAL CIRCULATION AND SENSATION IN LE.** ⇒ Patient maintains free of circulating emboli, negative Homan's sign ⇒ Integrity of heel of operative LE is maintained	 Day of Disch Day of Disch					1. Implement the following protocols: a. **"Post-Op** Management**"**, add the following: 1) Emphasize assessment of respiratory status and lung sounds a) Encourage patient to deep breathe and cough every 1 hour X 24 hours 2) Assess for S/S of neurovascular compromise by comparing findings to unaffected limb 3) Assess for any pain, redness, heat, swelling, positive Homan's sign in either calf 4) Instruct the patient to report any numbness, tingling, or change in skin color or temperature in operative LE or any increasing pain not controlled by medication 5) Reinforce instructions for the patient to do dorsi-flexion exercises 6) Use Antithrombic pumps as ordered a) Collaborate with physician prior to discontinuing if patient not actively participating with therapy or doing dorsi-flexion exercises 7) Keep operative LE heel off the bed by using heel elevators or by placing a pillow horizontally under LE avoiding elevating or pressure under knee. 2. **"Anticoagulant Therapy Management"** add the following: a. Report any INR >3 to the surgeon
6. Altered bowel and bladder elimination R/T immobility and narcotic administration.	**THE PATIENT WILL RETURN TO BOWEL AND BLADDER ELIMINATION PATTERNS.** ⇒ Patient will void normally after foley is discontinued ⇒ Patient will have normal bowel movements	 POD 3 POD 3					1. Implement the following protocol with additions: a. **"Post-Op Management"** 1) Give stool softeners bid as ordered 2) If no BM by POD 2, give prn laxative as ordered 3) If no BM after laxative, offer patient suppository or fleet enema as ordered 4) Work with P/T for training with use of elevated toilet seat in bathroom to aid more normal elimination patterns b. **"GU Management Protocol"** if foley is present.

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7. Impaired physical mobility R/T limited ROM; activity intolerance, and risk for hip dislocation.	**THE PATIENT WILL MAINTAIN JOINT STABILITY AND DEMONSTRATE VERBAL AND NON-VERBAL KNOWLEDGE OF HIP PRECAUTIONS.**	POD 5					1. <u>Implement</u> the following protocols: **a. “Post-Op Management”** b. **“Fall, Injury Prevention Management”**. Add the following on positioning and turning: 1) <u>Instruct</u> patient/SO and assist to maintain correct position and therapeutic hip precautions at all times in bed and while ambulating (abduction, neutral rotation or slight external rotation a) Use abduction pillow between legs at all times when patient in bed or in chair b) Use abduction pillow to turn patient to unaffected side 2) <u>Instruct</u> patient/SO in hip precautions and reinforce with all activities and ADLs a) Avoid hip flexion $>80^{o}$ b) Do not elevate $> 70^{o}$ c) Do not flex, abduct, (cross) or internally rotate affected hip 2. <u>Report</u> to surgeon immediately any S/S of hip dislocation (**keep patient on bed rest**). a. Acute groin pain in operative hip b. Shortening of operative leg or internal rotation c. <u>Implement</u> “**Physical and Occupational Therapy** THR Management Protocol” with emphasis on: 1) <u>Collaborate</u> with P/T to release patient to nursing for BRP Nursing gets patient OOB for meals a) Nursing ambulates patient for evening walk 2) <u>Collaborate</u> with Discharge Planner regarding Rehab evaluations as ordered or home discharge plan d. <u>Prepare</u> patient for transfer to SNU or rehab when pt is medically stable ☐ Multidisciplinary assessment indicates patient not anticipated to meet goals in CPP time frame. Goals will continue to be addressed in Post-Acute Services ☐ Acute Rehab ____________________________ RN Signature
	⇒ The patient maintains therapeutic position of hip prosthesis at all times	POD 4					
	⇒ The patient is able to verbalize hip precautions						
	⇒ The patient is able to tolerate and demonstrate the ability to:						
	1. Sit in chair for ½ hr. Stump precautions reinforced. Use trapeze, HOB ↑, walker, 2 person assist, instructed in and participates in toning exercises, G/T to door. WBS maintained	POD 1					
	2. Transfer mod/assist using trapeze, walker, 2 person assist, hip precautions maintained, instructed needed G/T 50 feet.	POD 2					
	3. Transfer OOB without trapeze, HOB ↓, OOB for meals, uses walker, 1 person, maintains hip precautions, ambulatory to BR with elevated toilet seat, BTB with min assist, release to nursing for BRP, intro to stair training/G/T 75-15’.	POD 3					
	4. Transfer to chair with CGA-min assist, maintains hip precautions with WBS, no cues needed, stair training continues G/T 100’ plus. Knowledge and technique for exercises still need assist.	POD 4					
	5. Perform ADLs using assistive equipment, BTB/SBA; maintains hip precautions	POD 4					
	6. Discharge plans – to post-acute service/home in place	POD 3					

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8. Risk for potential lack of psychological acceptance of hip prosthesis, post-operative hip restrictions, decreased mobility, and temporary loss of independence.	**THE PATIENT WILL BE PSYCHOLOGICALLY ACCEPTING OF THR SURGERY.** ⇒ Patient verbalizes acceptance of artificial joint and immediate impact on lifestyle changes ⇒ Patient is able to verbalize weight bearing limitations, hip precautions, and need for them	 POD 4 POD 2					1. Implement **"Physical and Occupational Therapies THR Management Protocols"** in addition: a. Work with Pt/SO to encourage independence and to allow hospital routine to approximate home routines, as much as possible 1) Keep self-care items in easy access of patient 2) When pt is able, encourage use of bathroom with elevated toilet set or commode rather than bedpan 3) Encourage pt to sit in chair for meals 4) Space activities to allow for rest period to increase endurance 5) Collaborate with PT/OT to problem solve activity restrictions and home care needs, i.e., furniture, stairs, showers, etc.
9. The patient is at high risk for knowledge deficit regarding post discharge self-care activities R/T THR.	**THE PATIENT WILL VERBALIZE AND DEMONSTRATE ADEQUATE SKILLS AND KNOWLEDGE BASE R/T SELF-CARE ACTIVITIES OF THR.** Patient/Significant Other demonstrates and verbalizes understanding and knowledge base of: 1. Wound care 2. S/S wound infection 3. Anticoagulant therapy 4. Pain management Family members/caretaker demonstrates ability to: 1. Transfer patient with minimal assistance OOB with assistive device 2. Maintain hip precautions 3. Assess patient's self-care needs at home; aware of available community resources; and post discharge plan	Day of Disch Day of Disch					1. Implement **"Physical and Occupational Therapies THR Management Protocols"** add: a. Provide the following E Sheets: 1) Coumadin 2) Walker, using a 3) Hip safety: bathing 4) Hip safety: dressing 5) Hip safety: getting into and out of bed 6) Hip safety: getting into and out of a car 7) Hip safety: hip precautions 8) Hip safety: sitting 9) Hip safety: sleeping positions 10) Hip safety: using the toilet 11) Incision care 12) Postsurgical checklist b. Measure and validate patient's ability to verbalize and demonstrate 1) Hip precautions 2) S/S wound infection, UTI 3) Take pain medication with food as needed to maintain comfort 4) Transfers OOB independently/minimal assistance 5) Ambulates to bathroom with walker/ crutches using elevated toilet seat 6) Performs ADLs with assistive equipment

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							c. Validate that equipment has been delivered to room and adjusted by P/T or that patient/SO aware of home delivery arrangements and post discharge care arrangements d. Provide family member/ caretaker training as indicated ☐ Multidisciplinary assessment indicates that the patient is not anticipated to complete the goals in the CPP time frame. Goals will continue to be addressed in Post-Acute Services. ☐ Acute Rehab ____________________________ RN Signature

References: Tucker, S.M., et al (1996), Patient Care Standards: Collaborative Practice Planning Guides, pgs. 520-524
Carpenito, L.J. (1995), Nursing care Plans and Documentation
Springhouse Corp, 1997, Diseases
Ulrich, Canale, Wendell, 1994, 3rd Edition, Medical-Surgical Nursing Care Planning Guides

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4.Fall Injury Prevention Management	7A																								
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5.GU Intubation Management	7A																								
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6.Hyperthermia Management	7A																								
	7P																								
7.Intravenous Peripheral Therapy Management	7A																								
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8.Oxygen Therapy Management	7A																								
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9.Patient Controlled Analgesia Management	7A																								
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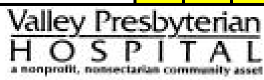

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