

ORTHOPAEDIC CARE PATH
MARSHALL ORTHOPAEDICS
GOOD SHEPHERD MEDICAL CENTER / MARSHALL

DAY ZERO – DAY OF SURGERY

[Circle the ones you want – put lines through the ones you don't – add others]

1. Consult **HOSPITALIST** regarding:

2. **6th floor rehab consult**

3. Turn q2h postop

4. Consult case manager / discharge planner for home care as below:

- | | | |
|---------------------------------------|-------------------------------------|--------------|
| walker | high commode seat | tub rails |
| shower chair | wheelchair | hospital bed |
| trapeze | PT through home health twice weekly | |
| Home Health RN weekly , aide 3 / week | | Agency: |

5. **OT consult / adaptive equipment**

6. OK to renew orders for meds when pharmacy notifies.

7. Re-infuse blood from drain as per re-infusion protocol

8. _____

9. _____

date / time

PATIENT NAME:

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POST-OP DAY ONE [1]

[Circle the ones you want – put lines through the ones you don't – add others]

1. Stop IV antibiotics at 24 hours post-operative
2. Remove drain[s]
3. Up in chair for meals
4. Turn q4h
5. Start Lovenox 30 mg sub-cutaneous BID – unless epidural is in [for knees]
6. Start Lovenox 40 mg sub-cutaneous daily – unless epidural is in [for hips]
7. 6th floor rehab consult – **second request**
8. OT consult – adaptive equipment
9. OK to renew orders for meds when pharmacy notifies.
10. Consult **HOSPITALIST** regarding: SECOND REQUEST
11. Platelet count 2 days from now, and then every 2 days thereafter
12. _____
13. _____

date / time

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POST-OP DAY TWO [2]

[Circle the ones you want – put lines through the ones you don't – add others]

1. Discontinue PCA
2. Stop epidural
3. Stop ice packs
4. Stop use of abduction pillow, except at night
5. Urinalysis, if patient still has foley catheter in
6. Change dressing on wound – use medipore bandage . . .change prn
7. BRP or bedside commode with help
8. CBC tomorrow
9. 6th floor rehab consult – **third request**
10. OT consult – adaptive equipment
11. Remove femoral nerve catheter – if present
12. OK to renew orders for meds when pharmacy notifies
13. Consult HOSPITALIST regarding **- third request**
14. _____
15. _____

_____ date / time

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CARE PATH PROGRESS NOTES – DAY OF SURGERY

Date: _____ Time: _____ Day: _____

Mental Status: _____ N-V operated limb: _____

H/H: ___ pending other: _____

Platelet count: _____ pending other: _____

X-Ray : _____ pending

Other : _____

Acute post-operative blood loss anemia?: _____

Other : _____

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CARE PATH PROGRESS NOTES – POSTOP DAY 1

Date: _____ Time: _____ Day: _____

Temperature: _____

Mental status : _____ N-V Operated Limb: _____

H/H: _____ Platelet count: _____

Start Lovenox / PT today

Acute postoperative blood loss anemia ?? _____

Foley removed?: ___ yes ___ no

Reason for leaving foley in:

___ limited mobility ___ incontinence ___ dementia ___ sedation

Stop antibiotics 24 hr. postop ; up in chair for meals

Drains out x ___ Intact?: _____

Status on ARC: ___ pending other: _____

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CARE PATH PROGRESS NOTES – POSTOP DAY 2

Date: _____ Time: _____ Day: _____

Temperature: _____

Mental status: _____ N-V Operated Limb: _____

Dressing change today; weaning from PCA; stopping hot ice and abduction pillow

Femoral nerve catheter removed [if used]

Urinalysis ordered; BRP / BSC with help; CBC tomorrow

PT status: _____

Acute postop blood loss anemia: _____

Foley removed?: ___ yes ___ no

Reason for leaving foley in:

___ limited mobility ___ incontinence ___ dementia ___ sedation

Status on ARC: ___ pending other: _____

Other: _____

PATIENT NAME