

Total Hip Replacement Orders (Back to Life)

Date/ Time:	Attending Physician	
	Consulting Physician	
	Registration Status	<input type="checkbox"/> Inpatient
	Diagnosis/ Procedure	
Unit Clerk:	Level of Care	<input type="checkbox"/> ICU <input type="checkbox"/> IMC <input type="checkbox"/> Med/Surg <input type="checkbox"/> Women's Services
	Additional Needs	<input type="checkbox"/> Telemetry Monitoring
	Allergies	
	PACU Orders (check all that apply)	<input type="checkbox"/> PACU, routine care, then to Nursing Unit <input type="checkbox"/> Overhead frame and trapeze <input type="checkbox"/> Hip X-ray, 2-view: <input type="checkbox"/> Right hip <input type="checkbox"/> Left hip
	Activity	Weight Bearing: <input type="checkbox"/> WBAT <input type="checkbox"/> FWB <input type="checkbox"/> NWB <input type="checkbox"/> TTWB <input type="checkbox"/> PWB _____ <input type="checkbox"/> Up in hip chair for meals with assistance starting day of surgery, per nursing <input type="checkbox"/> Standard hip precautions
	Code Status	<input type="checkbox"/> Full Code <input type="checkbox"/> Do Not Resuscitate <input type="checkbox"/> Comfort Measures Only
Nurse Verified:	Nursing Order	<input type="checkbox"/> Vital signs per protocol <input type="checkbox"/> Other _____ <input type="checkbox"/> I&O every shift <input type="checkbox"/> Elevate Head of Bed at all times <input type="checkbox"/> Oral care every shift and PRN <input type="checkbox"/> Ortho/Total Joint NV checks: <input type="checkbox"/> L foot <input type="checkbox"/> R foot : q1h x 12h, then q2h x 24h. <input type="checkbox"/> Ice packs to operative hip and change q4h x 24h and prn <input type="checkbox"/> Turn with pillow between legs <input type="checkbox"/> Abductor pillow
	Core *Measure* Urinary Catheter	<input type="checkbox"/> Foley to BSD <input type="checkbox"/> Discontinue POD #1 at 0900 UNLESS epidural in place, then remove once epidural has been discontinued
	Drains/ Dressings	<input type="checkbox"/> Dressing change POD #2 (select all that apply): <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 4X4 Dressing Sponges</div> <div><input type="checkbox"/> 4X4 Dressing Gauze</div> <div><input type="checkbox"/> Paper Tape</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Aquacel Surgical dressing</div> <div><input type="checkbox"/> Betadine Ointment tube</div> <div><input type="checkbox"/> Betadine Swabs</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Alcohol Bottle</div> <div><input type="checkbox"/> TED Hose</div> <div><input type="checkbox"/> ABD</div> </div>
24 Hr Check:	Respiratory	<input type="checkbox"/> Incentive Spirometry per RT protocol (Q2h x 12h then q4h x 24h by RT then Nursing to encourage q4h and PRN)/may use EZ pap if unable to perform I.S. <input type="checkbox"/> Oxygen: _____ <input type="checkbox"/> Room air SpO2 4-6 hours after arrival. If greater than 91%, discontinue O2.
	Diet	<input type="checkbox"/> Diet: _____: encourage non-caffeinated PO fluids

Physician signature: _____ **Date:** _____ **Time:** _____
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Date/ Time:	IV Fluid	<input type="checkbox"/> IVF: _____; may saline lock for ambulation <input type="checkbox"/> Saline lock POD #1 at 0900 if tolerating PO and SBP greater than 100 (unless otherwise ordered)
Unit Clerk:	* Core * * Measure* DVT Prophylaxis	<input type="checkbox"/> SCD to bilateral legs <input type="checkbox"/> Reason for NO Mechanical DVT Prophylaxis _____ <input type="checkbox"/> TED Hose to bilateral legs---knee high <u>* Anticoagulation:</u> <input type="checkbox"/> Reason for No Anticoagulation: Patient is a high risk for bleeding. <input type="checkbox"/> Aspirin 325 mg PO tonight at 1700 and then BID starting next a.m. <input type="checkbox"/> Lovenox 40 mg subcutaneously q24h (to start 22 hours after anesthesia stop time) <input type="checkbox"/> Eliquis 2.5 mg PO q12h (to start 22 hours after anesthesia stop time) <u>For Joint Replacements Only:</u> Other forms of Pharmacotherapy DVT prophylaxis are contraindicated since patient will be on Xarelto <input type="checkbox"/> Xarelto 10 mg daily PO (to start 22 hours after anesthesia stop time) <input type="checkbox"/> Coumadin (Pharm. Managed) 5 mg PO daily to start tonight at 1700 <input type="checkbox"/> Coumadin (Physician Managed) 5 mg PO daily to start tonight at 1700
Nurse Verified:	Medication: Pain Prevention	<input type="checkbox"/> Acetaminophen 1,000 mg PO every 8 hours at 0500, 1300 and 2100 scheduled. First dose at 2100 day of surgery. <input type="checkbox"/> Ketorolac 15 mg IV every 8 hours x 3 doses at 0500, 1300 and 2100 scheduled. First dose at 0500 post-operative day #1. <i>Do not give if CrCl is less than 50 mL/min.</i> <input type="checkbox"/> Celebrex 200 mg PO daily. Begin post-operative day #2, after ketorolac complete. <i>Do not administer Celebrex and ketorolac concurrently.</i> <input type="checkbox"/> Gabapentin 100 mg PO TID at 0800, 1300 and 2100 scheduled.
	Mild Pain	<input type="checkbox"/> Tramadol 100 mg PO every 8 hours PRN mild pain.
	<u>OPIOID</u> <u>NAÏVE:</u>	<input type="checkbox"/> Scheduled: Oxycodone 5 mg PO at 0800, 1200 <input type="checkbox"/> Moderate Pain: Oxycodone 5 mg PO every 4 hours PRN <input type="checkbox"/> Severe Pain: Oxycodone 10 mg PO every 4 hours PRN
Chart Check:	<div style="font-size: 2em; font-weight: bold; text-align: center;">OR</div> <u>OPIOID</u> <u>TOLERANT:</u>	<input type="checkbox"/> Scheduled: Oxycodone 7.5 mg PO scheduled at 0800, 1200 <input type="checkbox"/> Moderate Pain: Oxycodone 10 mg PO every 4 hours PRN OR <input type="checkbox"/> Moderate Pain: Hydromorphone 2 mg PO every 4 hours PRN <input type="checkbox"/> Severe Pain: Hydromorphone 4 mg PO every 4 hours PRN OR <input type="checkbox"/> Severe Pain: Oxycodone 15 mg PO every 4 hours PRN (if hydromorphone allergy)

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Date/ Time:	Severe Pain	<input type="checkbox"/> Morphine 1-2 mg IV every 30 minutes PRN severe pain for max of 8 mg in 4 hours – for severe pain not relieved by PO medication.
	Other	<input type="checkbox"/> Famotidine 20 mg PO BID <input type="checkbox"/> Polyethylene Glycol 17 gm packet PO daily <input type="checkbox"/> Surfak 240 mg PO every night <input type="checkbox"/> Dulcolax 10 mg PR BID PRN constipation <input type="checkbox"/> Benadryl 25 mg PO or IV q6h PRN itching <input type="checkbox"/> Zofran 4 mg IV or PO q8h PRN nausea/vomiting <input type="checkbox"/> Phenergan 25 mg PR x 1 dose PRN severe nausea/vomiting <input type="checkbox"/> Maalox 30 ml PO q4h PRN dyspepsia - hold for GFR less than 40 <input type="checkbox"/> MOM 30 ml PO BID PRN constipation - hold for GFR less than 40
Unit Clerk:	Laboratory	<input type="checkbox"/> Hgb & Hct every AM for three days <input type="checkbox"/> PT/INR Daily or _____ <input type="checkbox"/> Fingerstick Glucose Checks AC/HS or _____
Nurse Verified:	Consults	<input type="checkbox"/> Occupational Therapy to evaluate and treat: with walker <input type="checkbox"/> Physical Therapy to evaluate and treat: gait training with walker; discharge planning <input type="checkbox"/> Care Coordination Consult to consider: <input type="checkbox"/> SNF <input type="checkbox"/> Home Health <input type="checkbox"/> Outpt Therapy <input type="checkbox"/> Home equipment <input type="checkbox"/> Discharge Planning needs <input type="checkbox"/> ARU Consult
Chart Check:	Additional Orders	<input type="checkbox"/> Other Orders: _____ _____ _____ _____ _____ _____ _____ <u>**See attached form for Medication Orders</u>