

PHYSICIAN'S ORDERS
TOTAL KNEE REPLACEMENT
POSTOPERATIVE CARE (Adult)

Allergies: _____

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

Initial Postoperative Management:

Continue with Clinical Pathway Total Knee Replacement

Care - VS, I & O & dressing change as per Clinical Pathway Total Knee Replacement

X-ray - AP/lateral of affected knee in PACU

Sips to DAT

IV Normal Saline at 100 mL/h, decrease to TKVO if oral intake greater than 400mL/8h and urine output greater than 30mL/h x 8 h.

Discontinue IV if TKVO and IV medications complete. Notify surgeon if IV infusing greater than 48 h.

Bladder scan q8h prn

If patient unable to void, in and out catheter if volume less than 400 mL **OR** Foley catheter if volume greater than 400 mL and remove in 12 hours. Notify surgeon in am if patient requires in and out catheterization more than 3 times or foley catheter re-inserted

OR

In and out catheter orders as above, give gentamicin 80 mg IV prior to each catheterization, not to exceed q8h.

Discontinue hemovac day 2 - notify surgeon if drainage greater than 300 mL/4h

Discontinue Jones bandage postop day _____

CBC, lytes, urea, creatinine on postop day 1 and _____, notify surgeon if Hgb less than 80 g/L postop

Activity:

Progress as per Clinical Pathway

Sit at side of bed/stand with assistance day of surgery

Physio ambulated weight bearing as tolerated postop day 1

Medications:

Cefazolin 1g IV q8h x _____ doses

Ferrous fumarate 300 mg po daily

Bowel Routine

Docusate sodium 100 mg po bid

Milk of magnesia 30 mL po qhs prn (do not use in renal impairment)

OR

Fleet enema pr once daily prn **OR** bisacodyl suppository 10 mg pr once daily prn

Venous Thromboembolism Prophylaxis

Warfarin _____ mg po for one dose today

Daily INR to start day 1 postop

Warfarin dose as per INR result to start day 1 postop

INR less than or equal to 1.7warfarin 5 mg po

INR 1.8 - 2.4warfarin 2.5 mg po

INR greater than or equal to 2.5NO warfarin

INR greater than 3notify MRP

INR less than or equal to 2 on day 4, notify MRP to reassess sliding scale

AND/OR

Dalteparin 5,000 units SC daily to start day 1 postop (use with caution in patients on dialysis).

If on warfarin discontinue dalteparin when INR greater than 2.

OR

COMPLETE PAGE TWO

Date: _____ Time: _____

MD SIGNATURE



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Medications:

Once Patient Controlled Analgesia or Epidural discontinued
Lorazepam 1 mg sublingual qhs prn for sedation
Dimenhydrinate 50 mg po/IV q4h prn for nausea and vomiting
If dimenhydrinate ineffective give ondansetron _____ mg IV q _____ h prn

Pain Management:

Once Patient Controlled Analgesia or Epidural discontinued
(Completed by surgeon)

Other Medications:

(Completed by surgeon)

Discharge Orders:

Refer to CCAC: (Physician to complete CCAC referral form)

- CCAC for clip removal on postop day _____
Physiotherapist to advise CCAC postop day 2 regarding PT home follow up visit at 24 or 48 hours
 Requisition for INR monitoring and follow up with family physician

Discharge post op day 4 according to pathway goals

OR

Notify MRP on post op day 4 for discharge order

Prescription (analgesia, anticoagulation, bowel routine and iron prn)
Discontinue clips and steri-strip incision postop day _____ **minimum 7 days postop**
Book Ambulatory RN clinic appointment for clip removal
Ambulatory care appointment _____ days/weeks postop

Transfer Orders:

Transfer to Rehabilitation Unit if patient meets Regular Rehabilitation inclusion criteria
Estimated Rehabilitation length of stay: 5-7 days

Other Orders:

Date: _____ Time: _____

MD SIGNATURE

