

PROTOCOL FOR: Knee Surgeries (Laparoscopic): Care of the Post-Operative Patient

**DESIRED
PATIENT OUTCOMES:**

1. The patient will experience no/minimal complications.
2. The patient will maintain a pain level less than 5/10 or a level acceptable to the patient.
3. The patient will achieve optimal level of mobility, exhibiting independence with crutches and transfer in and out of bed.

**CLINICAL
ASSESSMENT
AND CARE:**

1. Circulation:
 - a. Check vital signs q 4° x 24°, then q 8° and PRN.
 - b. Check CSMs q 4° x 24°, the q 8° or as ordered by MD. For CSM check, assess bilateral lower extremities for color, temperature, capillary refill, mobility of toes, sensation, peripheral pulses, edema and flexion/extension of foot.
 - c. Monitor labs as ordered.
2. Pulmonary:
 - a. Auscultate lungs q 4° x 24°, the q 8° and prn.
 - b. Assess ability and encourage patient to cough/deep breathe and use of Incentive Spirometry q 1° while awake.
3. Fluid Volume Status:
 - a. Maintain intravenous fluid as ordered. Change to Heplock per MD order.
 - b. Maintain I+O.
4. Wound Care:
 - a. Assess the dressing condition q 4° (observable drainage is rare).
 - b. After the MD removes the dressing, monitor wound for symptoms of infection: redness, heat, edema, pain, drainage, odor.
 - c. Assess signs of bleeding.
 - d. Administer antibiotics as ordered.
 - e. Maintain cryo-cuff per MD order. It will usually be maintained as follows:
 - change the water and ice in the jug q 4° and prn
 - change the water in the ice pack q 1°

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- f. This piece of equipment will come up with patient from recovery room; instructions are available on the system.
 - g. The cryo-cuff is to be sent home with the patient upon discharge.
5. Pain:
- a. Assess and record patient's report of pain. (Use pain scale of: 0=no pain to 10=worst pain imaginable.) Medicate for pain as needed and assess patient's response (relief and side effects).
 - b. Premedicate prior to physical therapy (P.T.) to facilitate exercise and motion as appropriate.
 - c. Institute comfort measures as needed including repositioning, relaxation techniques and reassurance.
6. Progressive Activity:
- a. Assist and maintain proper positioning and body alignment. Check position q 2°.
 - b. Patient will be seen by physical therapy per LIP order.
 - c. Encourage OOB (patient to be out of bed) as tolerated after seen by P.T. (weight bearing restrictions per MD order). Assist with transfers, encourage independence as leg strength improves.
 - d. Maintain immobilizer or splint per LIP order.
 - e. Active flexion and passive extension exercises per P.T. and per MD order.
7. Notify the House Officer if:
- a. Excessive/increasing pain not relieved with medication/repositioning.
 - b. Dark red drainage greater than a minimal amount.
 - c. Persistent ↓ sensation/numbness unrelieved by position adjustment.
 - d. Vital signs outside MD parameters.
 - e. Inability to void within 8° after surgery.

APPROVAL: Medical-Surgical Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 4/93

REVISION DATES: 5/03, 9/03, 11/03, 8/05