

PROTOCOL FOR: Total Hip Arthroplasty (THA): Care of the Post-Operative Patient

DESIRED PATIENT

- OUTCOMES:
1. The patient will regain optimal mobility post surgery.
 2. The patient will experience minimal/no complications from surgery.

ASSESSMENT AND

NURSING CARE:

1. Circulation:
 - a. Check VS q 4 hrs x 24 hrs; then q 8 hours.
 - b. Check CSM to bilateral lower extremities q 4 hrs x 24 hours, then q 8 hrs. For CSM checks, inspect and palpate for: color; temperature; blanching/capillary refill; sensation; peripheral pulses; flexion/extension of foot; ability to spread toes; swelling.
 - c. Assess application of antiembolytic stockings (TEDS) and PAS or AV-Foot Pumps. Remove and reapply stockings and/or foot pumps at least every 8 hours and PRN. Perform a thorough skin assessment after the stockings and/or foot pumps are removed and document any changes from baseline in the condition of the skin.
 - d. Administer anticoagulants as ordered.
 - e. Monitor labs as ordered: HCT, PT/INR.
 - f. Monitor output from Hemovac: Hemovac is attached to self suction. Empty and record amount Q 8 hours. Hemovac often removed POD #1.
2. Pulmonary:
 - a. Assess lung sounds q 4 hrs x 24 hrs; then q 8 hrs and PRN.
 - b. Assess patient ability/compliance to cough, deep breathe, use IS q 1 hour while awake.
 - c. Maintain O₂ by nasal cannula per M.D. order.
3. Fluid Volume Status:
 - a. Maintain IV infusion as ordered.
 - b. Monitor I & O, record Q S.
 - c. Monitor/manage urine output as follows:
 - 1) Patient will have indwelling foley catheter until POD #2.

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2) Foley will be discontinued at 8:00 AM POD #2; patient will be due to void by 2:00 PM.

4) Check post-void residual with bladder scanner x 3. Straight cath patient if volume is \geq amount voided.

4. Wound Care:

- a. Do not change dressing immediately post-op. Observe and document condition of dressing q 4 hrs until first dressing change. Reinforce dressing PRN: M.D. performs first dressing change. Then change dressing, as ordered, using sterile technique.
- b. Assess wound for symptoms of infection: redness, heat, swelling, pain, drainage, odor. Notify HO if symptoms develop.
- c. Assess wound/dressing for symptoms of bleeding especially after Hemovac is removed. Notify HO for excessive bleeding.
- d. Assess for: signs of bulge over femoral head on affected side, and shortened and/or internally or externally rotated affected extremity. Notify HO if observed.
- e. Inspect area around wound for irritation/tape burns.
- f. Administer antibiotics as ordered (usually x 24 hours).
- g. Assess skin every four hours x 24 hours, then every 8 hours/PRN for signs of breakdown. Notify HO if irritation develops.

5. Pain Management:

- a. Assess and document patient's report of pain with vital signs. Use pain scale of: 0 = no pain to 10 = worst pain imaginable.
- b. Medicate for pain, as needed. Assess and document patient response to medication regimen.
- c. Pre-medicate appropriately before P.T., exercises, ADL.
- d. Institute comfort measures as needed: re-positioning, relaxation, reassurance.

6. Progressive Activity:

- a. Day of surgery:

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- 1) Maintain proper positioning: patient should be supine with abduction pillow. Prevent external rotation with trochanter roll as needed.
 - 2) May roll on surgical side or to 45° toward non-surgical side.
 - 3) Lift patient for back care, use of bedpan and linen change. Patient may assist with lifting by flexing good leg and pushing down with foot while using trapeze.
- b. POD #1:
- 1) Maintain alignment with abduction pillow while patient is resting in bed.
 - 2) Dangle with P.T., BID, OOB as tolerated per P.T. protocol.
 - 3) Reinforce P.T. exercise protocol.
- c. POD #2:
- 1) OOB into chair BID with P.T., ambulate as tolerated per P.T. protocol.
 - 2) Regular pillow between legs
 - 3) Reinforce P.T. exercise protocol.
 - 4) Transfer practice: bed to chair or bed to toilet (with raised toilet seat) with P.T. Transfers OUT of bed should be performed from the opposite side from surgery. Transfers INTO bed should be performed from the same side as surgery.
- d. POD #3-#4:
- 1) Maintain alignment and regular pillow between legs while resting in bed.
 - 2) May turn to surgical side for back care with one pillow between legs.
 - 3) May sit on edge of bed for short periods, once patient has been dangled by P.T. Dangle from opposite side from surgery.

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4) May be assisted OOB and sit in chair once patient has done so with P.T. A pillow should be placed between legs while sitting in chair.

5) Ambulate BID with P.T. stair climbing as indicated.

7. Notify the House Officer if:

a. Temperature > 101.5 P.O.

b. Pulse >120 per minute

c. SBP <100 or >160, DBP >110

d. Respirations < 8 per minute or > 30 per minute.

e. HCT < 25.

f. Wound shows signs of infection, bleeding

g. Signs of hip dislocation: excessive or sudden increase in pain; shortening of the affected extremity; a bulge over the femoral head of the affected limb; decreased neurovascular status/CSM response of the affected extremity.

APPROVAL: Medical-Surgical Standards Review
Nursing Standards Committee

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