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LIFE IN FULL MOTION

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TOTAL HIP ARTHROPLASTY: DIRECT ANTERIOR APPROACH

PRIMARY & REVISIONS

INPATIENT NURSING PROTOCOL

Last Revised: FEB 2015

1. ACTIVITY: UP OUT OF BED TO CHAIR WITHIN 2 HRS UPON ARRIVAL, THEN TID W/ MEALS
 1. "RRP" - Rapid Rehab Protocol
2. WB STATUS: GENERALLY WBAT w/ ROLLER WALKER
 - a. REVISIONS: MAY BE TOE-TOUCH DUE TO BONE LOSS **THIS WILL BE CLEARLY NOTED IN THE ORDERS & OP REPORT**
3. ANTERIOR HIP PRECAUTIONS X 4WKS
4. AN INTEGRAL PART OF "RRP" IS MULTI-MODAL PAIN MANAGEMENT WHICH INCLUDES:
 1. scheduled non-narcotic analgesics (eg acet, tramadol, & cox2s)
 2. minimal narcotic use
 3. regional anesthesia
 4. a local injection (cocktail, Exparel, etc)
 5. avoidance of PCA pumps.
5. Knee-high TED hose to bilateral LEs at all times x 4 wks
6. SCDs to bilateral LEs at all times while in the hospital
7. PILLOW: under operative knee while supine in bed; add b/t knees if side-lying
8. FOLEY: REMOVED IN PACU
 1. **MALES >60y/o: FLOMAX PO QHS TO PREVENT URINARY RETENTION
9. DRAIN: CLAMPED X 2HRS POSTOP, DRAIN OUT ON POD1, PLACE STERILE 4X4 & TEGADERM, & THEN CHANGE PRN
10. Dressings:
 - a. DO NOT REMOVE AQUACEL: WATER-PROOF, SHOWERS OK, NO BATHS
 - i. CALL IF: > 60% STRIKE-THROUGH OR BROKEN SILICONE SEAL
 - ii. WILL BE REMOVED IN MY OFFICE AT POW2 VISIT (ALONG WITH STAPLES)
 - b. if NOT an aquacel, reinforce prn, then change on POD2 w/ same dressing
 - c. sutures/staples: as a general rule, there will NOT be staples or sutures to remove; a running subQ monofilament & derma bond will be used.

If you have any questions, please call me on my cell #214.535.0460.

Sincerely,

Dr. Jason K. Lowry, MD FAAOS