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LIFE IN FULL MOTION

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SHOULDER ARTHOPLASTY: Hemi, Total & Reverse

INPATIENT NURSING PROTOCOL

Last Revised: FEB 2015

1. The vast majority of these patients are 23-hour observation
2. 24 HRS IV ABX: VANC + ANCEF (or CLINDA IF PCN ALLERGIC)
3. ACTIVITY: UP OUT OF BED TO CHAIR WITHIN 2 HRS UPON ARRIVAL, THEN TID W/ MEALS
 1. "RRP" - Rapid Rehab Protocol; adlib w/ PT/OT
4. WB STATUS: generally 5lbs. for the operative extremity
5. Sling w/ abduction pillow x 4-6wks
6. KEY RESTRICTION: NO EXTERNAL ROTATION > NEUTRAL X 4WKS
 1. PROTECTS SUBSCAPULARIS REPAIR **V. IMPORTANT, ESP IN OLDER PTS**
7. 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.
8. DVT Prophylaxis: low-risk
 1. placed back on their preop home anticoagulants or simply add ASA 81mg QDay
 2. Knee-high TED hose to bilateral LEs at all times x 4 wks
 3. SCDs to bilateral LEs at while in the hospital
9. FOLEY: REMOVED IN PACU
 1. **MALES >60y/o: FLOMAX PO QHS TO PREVENT URINARY RETENTION
10. DRAIN: CLAMPED X 2HRS POSTOP, DRAIN OUT ON POD1, PLACE STERILE 4X4 & TEGADERM,
11. 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
 - b. If NOT an aquacel, reinforce prn
 - 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.

Sincerely,

Dr. Jason K. Lowry, MD FAAOS