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TOTAL HIP ARTHROPLASTY: LATERAL OR POSTERIOR APPROACH

PRIMARY & REVISIONS

INPATIENT NURSING PROTOCOL

Last Revised: JAN 2014

1. ACTIVITY: UP OUT OF BED TO CHAIR AT LEAST TID W/ MEALS
 2. WB STATUS: GENERALLY WBAT w/ walker
 - a. REVISIONS MAY BE TOE-TOUCH DUE TO BONE LOSS
 3. Hip precautions based on approach used
 - a. Difficult Primaries and Femoral Revisions: Lateral Approach = Anterior Precautions
 - b. Acetabular Revisions: Posterior Approach = Posterior Precautions
 4. Rapid rehab protocol includes multi-modal pain management: scheduled non-narcotic analgesics, minimal narcotic use, regional anesthesia, Exparel & 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. Dressings:
 - a. DRAIN OUT ON POD1, PLACE STERILE 4X4 & TEGADERM, CHANGE PRN
 - b. 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)
 8. Abduction pillow is to be worn while in bed x 4 wks.
- If you have any other questions or concerns please call my clinic.

Sincerely,

A handwritten signature in purple ink, appearing to read "J. Lowry", with a stylized flourish at the end.

Dr. Jason K. Lowry, MD FAAOS