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TOTAL HIP ARTHROPLASTY: DIRECT ANTERIOR APPROACH

PRIMARY & REVISIONS

INPATIENT NURSING PROTOCOL

Last Revised: FEB 2015

1. 24 hours of IV ABX: Vanc + Ancef (or Clinda if PCN allergic)
2. DVT prophylaxis: early mobilization (RRP) is more important than chemoprophylaxis
 1. low-risk: ECASA 81mg BID x 30 days
 2. high-risk:
 1. normal renal fxn: Xarelto 10mg PO QDay x 30 days
 2. renal insufficiency: Lovenox 30mg SQ QDay x 30 days
3. ACTIVITY: UP OUT OF BED TO CHAIR WITHIN 2 HRS UPON ARRIVAL, THEN TID W/ MEALS
 1. "RRP" - Rapid Rehab Protocol
4. 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**
5. ANTERIOR HIP PRECAUTIONS X 4WKS
6. 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.
7. Knee-high TED hose to bilateral LEs at all times x 4 wks
8. SCDs to bilateral LEs at all times while in the hospital
9. PILLOW: under operative knee while supine in bed; add b/t knees if side-lying
10. FOLEY: REMOVED IN PACU
 1. **MALES >60y/o: FLOMAX PO QHS TO PREVENT URINARY RETENTION
11. DRAIN: CLAMPED X 2HRS POSTOP, DRAIN OUT ON POD1, PLACE STERILE 4X4 & TEGADERM, & THEN CHANGE PRN
12. 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. **

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