

Jason K. Lowry, MD FAAOS

FL2145921
T0188705

www.jasonlowrymd.com
www.arlingtonortho.com



ARLINGTON ORTHOPEDIC
ASSOCIATES, P.A.

LIFE IN FULL MOTION

Arlington Orthopedic Associates

800 Orthopedic Way
Arlington, TX 76015
p: (817) 375-5200
f: (817) 299-1789

2801 East Broad St
Mansfield, TX 76063

2001 N. MacArthur Blvd
Ste 630
Irving, TX 75061

TOTAL, PARTIAL (UKA/PFA) & REVISION KNEE ARTHROPLASTY

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. 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: adductor canal block
 4. a local injection (cocktail, Exparel, etc)
 5. avoidance of PCA pumps.
6. Knee-high TED hose to bilateral LEs at all times x 4 wks
7. SCDs to bilateral LEs while in the hospital
8. Instruct importance of gaining terminal extension to prevent flexion contracture:
 - a. Highly discourage pillows under the knee while in bed
 - b. DO NOT gatch-up knee/middle portion of bed
 - c. Do place pillows under heel while seated & in bed
9. Polar Care:
 - a. instruct pt & family on proper use
 - b. NEVER place it directly onto patient's skin (place over the ace wrap)
 - c. 30-45 mins, 3-4x/day
10. FOLEY: REMOVED IN PACU
 1. **MALES >60y/o: FLOMAX PO QHS TO PREVENT URINARY RETENTION
11. DRAIN: CLAMPED X 2HRS POSTOP, REMOVE ON POD1, PLACE STERILE 4X4 & TEGADERM
12. DRESSINGS:
 - a. Remove soft roll on POD2, then re-wrap ace from TOES to THIGH
 - b. DO NOT REMOVE AQUACEL: ITS 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)
 - c. if NOT an Aquacel, reinforce prn, then change on POD2 w/ same dressing
 - d. sutures/staples: if present, will be removed in 2wks.

Dr. Jason K. Lowry, MD FAAOS