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TOTAL & UNICOMPARTMENTAL KNEE ARTHROPLASTY

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. EXTENSION-BASED REHAB: NO CPM, UNLESS OTHERWISE SPECIFIED
4. Rapid rehab protocol includes multi-modal pain management: scheduled non-narcotic analgesics, minimal narcotic use, regional anesthesia, Exparel & avoidance of PCA pumps.
5. 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
6. Polar Care:
 - a. instruct pt & family on proper use
 - b. NEVER place it directly onto patient's skin
 - c. 30-45 mins, 3-4x/day
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. 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)
 - c. BULKY COTTON IS TO BE REMOVED ON POD#2, RE-WRAP ACE FROM TOES TO THIGH
10. Knee immobilizer to be worn for patient safety until motor blockade from femoral nerve block wears off.
 - a. PT to assess quad fxn and DC brace accordingly, generally by POD2.

If you have any other questions or concerns please call my clinic.

Sincerely,

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

Dr. Jason K. Lowry, MD FAAOS