

# SPARTANBURG

## Regional Healthcare System



SMC  SHRC  PMC  UMC  CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

### ORTHO Total Joint Same Day Surgery Discharge [3047001003]

#### General

##### Activity - PACU

- |   |   |
|---|---|
| <input type="checkbox"/> Sit on edge of bed/stretcher | Every 2 hours, Starting H+2 Hours For 3 Occurrences<br>Every 2 hours postop for 5 minutes each occurrence., PACU (only) |
| <input type="checkbox"/> Other                        |   |

#### Diet

##### Nutrition - PACU

- |   |   |
|---|---|
| <input type="checkbox"/> Offer sips of high calorie liquids | Until discontinued, Starting today<br>Once patient is awake enough to protect airway, offer sips of high calorie liquids (juice, ginger ale, Ensure Clear, etc.) and crackers., PACU (only) |
| <input type="checkbox"/> Chewing Gum (sugar-free)           | Once For 1 Occurrences<br>Chew gum for 15 minutes when patient is awake and alert., PACU (only)   |
| <input type="checkbox"/> Discontinue IV Fluids in PACU      | Once For 1 Occurrences<br>If no complaints of nausea; maintain iv access, PACU (only)   |
| <input type="checkbox"/> Other                              |   |

##### Protein Supplement

- |  |   |
|--|---|
| <input type="checkbox"/> Patient to drink protein supplement in PACU | Once For 1 Occurrences<br>Provide Proti-15 supplement.<br>If patient has history of renal disease (CrCl less than 30 mL/min), do not give., PACU (only) |
| <input type="checkbox"/> Other                                       |   |

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### Nursing

#### Remove Urinary Catheter

- |  |   |
|--|---|
| <input type="checkbox"/> Discontinue urinary catheter in OR              | Once For 1 Occurrences<br>At the end of the case, Intra-op                        |
| <input type="checkbox"/> Discontinue urinary catheter                    | Once For 1 Occurrences<br>Upon PACU admission if not removed Intraop, PACU (only) |
| <input type="checkbox"/> Initiate post urinary catheter removal protocol | Until discontinued, Starting today, PACU (only)                                   |
| <input type="checkbox"/> Other   |   |

#### Void prior to discharge

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Void prior to discharge | Once For 1 Occurrences, Phase II |
| <input type="checkbox"/> Other                   |                                  |

#### Infection Prevention - PACU

- |  |  |
|--|--|
| <input type="checkbox"/> Fingerstick Blood Glucose   | Once For 1 Occurrences<br>Call Anesthesiologist for Blood Glucose < 80 mg/dl, > 180 mg/dl, PACU (only) |
| <input type="checkbox"/> Initiate forced air warming | Once For 1 Occurrences, PACU (only)  |
| <input type="checkbox"/> Incentive spirometry        | Every hour while awake<br>Use 10 times every hour, PACU (only)   |
| <input type="checkbox"/> Other                       |  |

#### Consults - PACU

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> OT eval and treat | Once<br>Reason for OT?<br>PACU (only) |
| <input type="checkbox"/> PT eval and treat | Once<br>Reason for PT?<br>PACU (only) |
| <input type="checkbox"/> Other             |                                       |

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### Nursing - Phase II

- |   |  |
|---|--|
| <input type="checkbox"/> Inform PT/OT when patient met discharge criteria for PT/OT evaluation sessions | Until discontinued, Starting today, Phase II |
| <input type="checkbox"/> Patient to eat a meal or hearty snack prior to discharge                       | Until discontinued, Starting today, Phase II |
| <input type="checkbox"/> Other  |  |

### Nursing - PACU

- |  |   |
|--|---|
| <input type="checkbox"/> Apply cold pack               | As needed<br>Specify Location: to surgical site<br>Duration:<br>PACU (only) |
| <input type="checkbox"/> Use PO pain medications first | Once For 1 Occurrences, PACU (only)   |
| <input type="checkbox"/> Other                         |   |

### Hip Precautions - Phase II

- |   |   |
|---|---|
| <input type="checkbox"/> Hip Precautions: Anterior - no combined extension/external rotation                        | Continuous, Phase II                                    |
| <input type="checkbox"/> Hip Precautions: No active hip abduction   | Continuous, Phase II                                    |
| <input type="checkbox"/> Hip Precautions: Posterior - No combined flexion greater than 90 degrees/internal rotation | Continuous<br>Maintain for *** weeks post-op., Phase II |
| <input type="checkbox"/> Other  |   |

## DVT/VTE Prophylaxis

### Initiate Mechanical DVT/VTE Prophylaxis

- |   |  |
|---|--|
| <input type="checkbox"/> Apply and maintain intermittent pneumatic compression devices (SCDs) | Until discontinued, Starting today<br>Location: Bilateral lower extremities<br>PACU (only) |
| <input type="checkbox"/> Other  |  |

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### Medications

#### Tamsulosin (Single Response)

- tamsulosin (use for FLOMAX) 24 hr capsule 0.4 mg, Oral, Once, For 1 Doses, PACU (only)
- Other

#### Mild Pain

- traMADol (use for ULTRAM) tablet 50 mg, Oral, Once as needed, mild pain (score 1-4), For 30 Days, PACU (only)
- Other

#### Moderate pain

- oxyCODONE (use for ROXICODONE) immediate release tablet 5 mg, Oral, Once as needed, moderate pain (score 5-7), For 5 Days, Phase II
- Other

#### Narcotic respiratory reversal

- naloxone injection 0.2 mg, Intravenous, Every 5 min PRN, respiratory depression, Opiate reversal, PACU (only)  
If respiratory rate is less than 8 breaths/ minute or patient is difficult to arouse stop any narcotics and contact physician. Repeat as ordered until patient's respiratory rate is greater than 12 breaths/ minute.  
Administer slow IV push.
- Other

### Labs

#### Labs

- Basic metabolic panel Once For 1 Occurrences  
Release to patient: Immediate  
PACU (only)

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<input type="checkbox"/> CBC auto differential	Once For 1 Occurrences Blocking: Unavailable PACU (only)
<input type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences Release to patient: Immediate PACU (only)
<input type="checkbox"/> Creatinine, serum	Once For 1 Occurrences Release to patient: Immediate PACU (only)
<input type="checkbox"/> Other	

### Education

#### Patient Education - Phase II

<input type="checkbox"/> Patient education	Prior to discharge Specify: Discuss signs and symptoms of DVT/VTE. Phase II
<input type="checkbox"/> Patient education	Prior to discharge Specify: Discuss DVT/VTE prevention measures. Phase II
<input type="checkbox"/> Discharge instructions	Prior to discharge Instruct patient on safe narcotic disposal., Phase II
<input type="checkbox"/> Discharge instructions	Prior to discharge Instruct patient to use CHG treatment wipes on post-op days 1 and 2 after daily hygiene is performed. Provide patient with 2 packages of wipes with instruction sheet., Phase II
<input type="checkbox"/> Patient education	Prior to discharge Specify: Provide DREAM Discharge Education handout Drinking fluids to prevent constipation, drinking commercial protein supplements daily for healing and immunity. Reduce stress/infection: Keep clean incision, clean bed linens, keep pets away from incision. Eat healthy foods, increase fiber intake for constipation

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<input type="checkbox"/> Patient education	prevention, increase healthy protein intake. Anti-pain: teach alternative pain relieving strategies (ice, meditation, non-narcotic pain meds, etc), ice after PT sessions, pre-emptive pain relief prior to PT sessions. Mobility: Frequent mobility, ambulate at least 3 times per day, frequent position changes, eat meals sitting in chair., Phase II
<input type="checkbox"/> Other	Prior to discharge Specify: Apply compression stockings Wear *** hours per day, remove stockings for *** hour(s) twice per day., Phase II

### Discharge

#### Discharge diet

<input type="checkbox"/> Adult Discharge Diet - Resume Regular diet	Routine, Clinic Performed, Normal, Scheduling/ADT Diet Type: Return to previous diet
<input type="checkbox"/> Adult Discharge Diet (specify)	Routine, Clinic Performed, Normal, Scheduling/ADT Diet Type:
<input type="checkbox"/> Other	

#### Discharge Instructions (Selection Required)

<input type="checkbox"/> Incision care	Routine, Clinic Performed, Normal, Scheduling/ADT Change Dressing:
<input type="checkbox"/> Patient may shower/bathe	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Discharge activity	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Notify MD	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Other	

#### Follow-up Appointment (Selection Required)

<input type="checkbox"/> Follow-up appointment already scheduled	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Office to make follow-up appointment	Routine, Clinic Performed, Normal, Scheduling/ADT

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Patient to make follow-up appointment

Routine, Clinic Performed, Normal, Scheduling/ADT  
Patient to make follow up appt for:

Other

### Discharge Activity

Discharge activity - No Restrictions

Routine, Clinic Performed, Normal, Scheduling/ADT

Discharge activity - Weight bearing as tolerated

Routine, Clinic Performed, Normal, Scheduling/ADT

Discharge activity - Partial weight bearing

Routine, Clinic Performed, Normal, Scheduling/ADT

Discharge activity - toe touch weight bearing

Routine, Clinic Performed, Normal, Scheduling/ADT

Discharge activity - no weight bearing

Routine, Clinic Performed, Normal, Scheduling/ADT

Other

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Physician Signature:

Patient Label:

Date/Time: