

KNEE REPLACEMENT PATIENT CARE PLAN

| Care | Day of Surgery | Day 1 Post-Op | Day 2 Post-Op | Days 3-4 Post-Op | Discharge Goals | Patient Pathway | | | | | |
|--------------------------|---|---|---|--|--|--------------------|---------------------------------|--------------------------|---------------|---------------|------------------|
| | | | | | | | Day of Surgery | Day 1 Post-Op | Day 2 Post-Op | Day 3 Post-Op | Day of Discharge |
| Nutrition | ⇒ Intravenous (IV) started for fluids & medications ⇒ Catheter may be inserted in bladder. Urine output monitored for 24 hrs ⇒ Diet as tolerated | ⇒ Fluids taken as tolerated ⇒ Sit up for meals if able ⇒ IV as needed ⇒ Catheter removed ⇒ Start bowel routine ⇒ Go to bathroom by commode chair/walker with help | ⇒ Sit up in chair for all meals ⇒ Discontinue IV if no nausea and no IV medications needed | ⇒ Sit up in chair for all meals ⇒ Enema or suppository given if no bowel movement | ⇒ Eating and bowel movements returning to normal | Diet | | | | | |
| Hygiene | ⇒ Assisted mouth & skin care as needed | ⇒ Wash at sink or basin | | ⇒ Shower if able | ⇒ Patient can manage personal hygiene without help | | Begin food & drink as tolerated | Sit up for meals if able | | | |
| Wound Care | ⇒ Dressing checked & changed or reinforced as needed | ⇒ Wound checked daily ⇒ Dressing removed & wound redressed if draining | ⇒ Dressing removed & wound redressed if draining | ⇒ Incision exposed when wound is dry | ⇒ Surgical wound is clean & dry, or wound care management arranged for home ⇒ Removal of staples or stitches arranged | Activity | | | | | |
| Pain Control/ Medication | ⇒ IV or oral medications for pain control once spinal wears off ⇒ May have epidural (local anaesthetic) | ⇒ IV or oral pain medication continued ⇒ Patient asks for pain medication when needed | ⇒ Pain medication taken as needed & coordinated with activity or rehabilitation schedule | ⇒ Pain control medication taken prior to exercise ⇒ Patient reviews home instructions for giving self anti-coagulant to help prevent blood clotting | ⇒ Pain management discussed with & understood by patient ⇒ Required prescriptions provided to patient | | Treatment | As ordered by physician | | | |
| Activity/ Rehab | ⇒ Every hour when awake, patient does: • Deep breathing & coughing • Foot & ankle exercises ⇒ Sit up on side of bed & stand with help ⇒ Walk if able & as requested by doctor ⇒ Do not rest knee on pillow when lying down | ⇒ Deep breathing & coughing ⇒ Transfer to/from bed & chair with help ⇒ Sit up in chair for short periods ⇒ Walk using walker or crutches with help (not exceeding doctor-ordered weight limit on operated leg) ⇒ Begin daily rehab to increase range of motion & exercises to strengthen operated leg | ⇒ Deep breathing & coughing ⇒ Increase frequency of transfers to/from bed & chair, & increase independence of transfers ⇒ Increase distance & frequency of walks, & progress to crutches as able ⇒ Continue exercises (with therapist & independently) ⇒ Occupational therapy initiated as needed | ⇒ Deep breathing & coughing ⇒ Progress to crutches as appropriate ⇒ Review procedure for going up & down stairs ⇒ Review home exercises ⇒ Continue to increase independent transfers to/from bed & chair, & walking to bathroom & in hallway as able ⇒ Attend physiotherapy session ⇒ Attend occupational therapy session to review tub transfers & dressing if needed | ⇒ Patient is able to: • Transfer to/from bed & chair, & stand independently & safely • Walk 30 metres using walking aid without exceeding doctor-ordered weight limit on operated leg • Go up/down stairs safely • Perform home exercises & daily living activities safely (or has support in place at home for required activities) ⇒ Patient will be transferred to sub-acute facility if more rehab needed | Medication | | | | | |
| Discharge Planning | ⇒ Expected length of stay is 3-4 days ⇒ Planned day of discharge is written on bedside communication board | ⇒ Patient discusses discharge needs (i.e. equipment, services) with care providers | ⇒ Nurse, physio & occupational therapists confirm discharge plan & equipment in place ⇒ Resources contacted as needed (i.e. sub-acute facility, Home Care, mobile lab) | ⇒ Out-patient physiotherapy arranged if requested by surgeon (when new knee does not have enough flexion and/or thigh muscles significantly weak) | ⇒ Patient is given & understands: • Discharge instructions • Required exercise routine • Follow-up appointment dates | Discharge Planning | | | | | |

Adapted from Patient Care Guide for Total Knee Replacement.