TOTAL HIP REPLACEMENT

CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES
❑ Lion's Head ❑ Markdale ❑ Meaford ❑ Owen Sound
❑ Southampton ❑ Tobermory ❑ Wiarton

PATIENT ID

INCLUSION CRITERIA:

All patients admitted for an ELECTIVE total hip replacement procedure.

HOW TO USE THE CLINICAL PATHWAY

1. This is a proactive tool to avoid delays in treatment and discharge. **These are not orders**, only a guide to usual orders.

2. Place the Clinical Pathway in the nurses clinical area of the chart. All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway.

3. PHYSICIANS: Add or delete tasks according to individual patient complexity, and initial all changes.

4. HEALTH CARE PROFESSIONALS: Initial tasks as completed. Place N/A and initial any box where the task is not applicable to the patient. Additional tasks due to patient individuality can be added to the pathway in "OTHER" boxes and/or Progress Notes.

5. TRANSFER PATIENTS: If patient is transferred to another hospital in Grey-Bruce or to CCAC, send a copy of the following to the receiving site/agency:
   - Physiotherapy Database - original to stay on patient chart
   - Discharge Criteria - original to stay on patient chart
   - MAR Sheet - original to stay on patient chart
   - Anticoagulant Record - original to stay on patient chart
   - Smiley Face Tool - original to stay on patient chart

NAME *(Please Print)*	INITIAL	SIGNATURE	POSITION						
			NURSING	CLINICAL NUTRITION	OT	PT	DISCHARGE PLANNING	CCAC	OTHER (SPECIFY)
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
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			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
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			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
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			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	
			❑	❑	❑	❑	❑	❑	

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PATIENT ID

COMORBID CONDITIONS: _____

PROCESS	PRE-ADMISSION		DATE _____
PERFORMANCE INDICATOR	**1** PHYSIO VISIT		❑ Met ❑ Not Met ❑ N/A
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	CONSENT SIGNED BY PATIENT		
	OTHER:		
CONSULTS	PHYSIO CLINIC		
MOBILITY/ACTIVITY	ATTEND PHYSIO CLASS		
	ATTEND OT CLASS		
	REVIEW TOTAL HIP REPLACEMENT INFORMATION PACKAGE		
	COMPLETE LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)		
DISCHARGE PLANNING	REVIEW HOME SUPPORT		
	HOSPITAL POLICY RE: DISCHARGE TIME		
	DISCHARGE PLANS DISCUSSED WITH PATIENT		
	COMPLETE ASSESSMENT FORM FOR THERAPY REFERRAL		

TOTAL HIP REPLACEMENT CLINICAL PATHWAY

Lower Extremity Functional Scale

GREY BRUCE HEALTH SERVICES

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PATIENT ID

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for EACH activity.

Today, do you, or would you have any difficulty at all with: (Circle one number on each line)

	Activities	Extreme Difficulty/ Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	A little bit of Difficulty	No Difficulty
1	Any of your usual work, housework or school activities	0	1	2	3	4
2	Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3	Getting into or out of the bath	0	1	2	3	4
4	Walking between rooms	0	1	2	3	4
5	Putting on your shoes or socks	0	1	2	3	4
6	Squatting	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
8	Performing light activities around your home	0	1	2	3	4
9	Performing heavy activities around your home	0	1	2	3	4
10	Getting into or out of a car	0	1	2	3	4
11	Walking 2 blocks	0	1	2	3	4
12	Walking a mile	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
14	Standing for 1 hour	0	1	2	3	4
15	Sitting for 1 hour	0	1	2	3	4
16	Running on even ground	0	1	2	3	4
17	Running on uneven ground	0	1	2	3	4
18	Making sharp turns while running fast	0	1	2	3	4
19	Hopping	0	1	2	3	4
20	Rolling over in bed	0	1	2	3	4
	Column Totals					
Total Score	/80		*Goal - score of 50 by discharge from services*			

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GREY BRUCE HEALTH SERVICES
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PATIENT ID

PROCESS	POST-OP DAY OF SURGERY	DATE _____		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: Q4H			
	ASSESS DRESSING			
	MONITOR INTAKE / OUTPUT			
	FOLEY CATHETER PRN			
	OTHER:			
CONSULTS	INTERNAL MEDICINE IF REQUIRED			
	PHYSIO			
DIAGNOSTICS/ LABORATORY	BLOOD WORK AS ORDERED			
	OTHER:			
	OTHER:			
MEDICATIONS	PCA AS ORDERED			
	ANCEF GIVEN IN OR			
	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	IV AS ORDERED			
	SUPPLEMENTARY O_2 AS PER PROTOCOL			
	EMPTY DRAIN Q SHIFT AND PRN			
	CIRCULATION / SENSATION / MOTION Q4H			
	APPLY ANTI AMBOLI STOCKINGS IN PACU IF ORDERED			
	BED BATH			
	OTHER:			
	OTHER:			
NUTRITION	❑ SIPS - REGULAR DIET ❑ SIPS - SPECIAL DIET: _____			
MOBILITY/ACTIVITY	BED REST			
	POSITIONING Q2-4H WITH PILLOW BETWEEN LEGS			
	OVERHEAD TRAPEZE			

PROCESS	POST-OP DAY OF SURGERY	DATE _____		
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PCA			
	ORIENTATION TO UNIT			
	COMPLETE NURSING HISTORY WITH BRADEN RISK ASSESSMENT TOOL IF NECESSARY			
	BEGIN TEACHING CHECKLIST			
DISCHARGE PLANNING	ESTIMATED DATE OF DISCHARGE AND DESTINATION KNOWN AND DOCUMENTED ON PROGRESS NOTES			
	OTHER:			

TOTAL HIP REPLACEMENT CLINICAL PATHWAY

Braden Risk Assessment

GREY BRUCE HEALTH SERVICES
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PATIENT ID

	SCORING (Key on Reverse)				DATE _____	DATE _____	DATE _____
RISK FACTOR	**1**	**2**	**3**	**4**	**SCORE**		
Sensory Perception: Ability to respond meaningfully to pressure—related discomfort	Completely Limited	Very Limited	Slightly Limited	No Impairment			
Moisture: Degree to which skin is exposed to moisture	Constantly Moist	Often Moist	Occasionally Moist	Rarely Moist			
Activity: Degree of Physical Activity	Bedfast	Chair Fast	Walks Occasionally	Walks Frequently			
Mobility: Ability to change and control body position	Completely Immobile	Very Limited	Slightly Limited	No Limitations			
Nutrition: Usual food intake pattern	Very Poor	Probably Inadequate	Adequate	Excellent			
Friction and Sheer	Problem	Potential Problem	No Apparent Problem				
			TOTAL SCORE				
			NURSE'S INITIALS				

Nursing Intervention: Once you have assessed the patient and identified a risk category (high, moderate, or low), carry out the following interventions for the patient's risk category.

LOW RISK (SCORE > 15)	MODERATE RISK (SCORE 13-14)	HIGH RISK (SCORE < 12)
Ongoing assessment for change in status related to any of the six risk areas	Initiate and document plan of care on Kardex and Unit specific Progress Notes including:	Includes "Moderate Risk Intervention" plus requested referral to:
Document reassessment weekly on Kardex	-Activity level (i.e. turning, positioning) -Continence management -Monitoring of pressure point areas -Monitor nutritional status	-Physiotherapy -Occupational Therapy -Dietitian
	-Skin care tools used: prevention mattresses or treatment (i.e. air mattresses), creams, bed hoop, trapeze, dressings	
	-Patient education re: prevention	

RISK FACTOR	SCORE/DESCRIPTION			
Sensory Perception **Ability to respond meaningfully to pressure related discomfort**	**1. Completely Limited** Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level or consciousness or sedation. OR Limited ability to feel pain over most of body surface.	**2. Very Limited** Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR Has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	**3. Slightly Limited** Responds to verbal commands but cannot always communicate discomfort or need to be turned. OR Has some sensory Impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	**4. No Impairment** Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.
Moisture **Degree to which skin is exposed to moisture**	**1. Constantly Moist** Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	**2. Often Moist** Skin is often, but not always moist. Linen must be changed at least once a shift.	**3. Occasionally Moist** Skin is occasionally moist, requiring an extra linen change approximately once a day.	**4. Rarely Moist** Skin is usually dry, linen only requires changing at routine intervals.
Activity **Degree of physical activity**	**1. Bedfast** Confined to a bed.	**2. Chair Fast** Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	**3. Walks Occasionally** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. Walks Frequently** Walks outside the room at least twice a day and inside room at least once every two hours during waking hours.
Mobility **Ability to change and control body position**	**1. Completely Immobile** Does not make even slight changes in body or extremity position without assistance.	**2. Very Limited** Makes occasional slight changes in body or extremity position, but unable to make frequent or significant changes independently.	**3. Slightly Limited** Makes frequent, though slight changes in body or extremity position independently.	**4. No Limitations** Makes major and frequent changes in position without assistance.
Nutrition	**1. Very Poor** Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement. OR Is on NPO and/or maintained on clear fluids or IV for more than 5 days.	**2. Probably Inadequate** Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR Receives less than optimum amount of liquid diet or tube feeding.	**3. Adequate** Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally, will refuse a meal, but will usually take a supplement if offered. OR Is on a tube feeding or TPN (Total Parenteral Nutrition) regimen, which probably meets most of nutritional needs.	**4. Excellent** Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
Friction and Shear	**1. Problem** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.	**2. Potential Problem** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	**3. No Apparent Problem** Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	

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PATIENT ID

PROCESS	POST-OP DAY 1		DATE _____		
PERFORMANCE INDICATORS	**2** ANTIBIOTIC DISCONTINUED 24 HOURS POST SURGERY		❑ Met ❑ Not Met ❑ N/A		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: Q4H				
	CHEST ASSESSMENT				
	CIRCULATION / SENSATION / MOTION Q4H				
	ASSESS DRESSING				
	MONITOR INTAKE / OUTPUT				
	CATHETER				
	OTHER:				
CONSULTS					
DIAGNOSTICS/ LABORATORY	CBC & LYTES				
	HIP X-RAY				
	OTHER:				
	OTHER:				
MEDICATIONS	SEE MAR SHEET				
	OTHER:				
	OTHER:				
TREATMENTS/ INTERVENTIONS	IV AS ORDERED				
	EMPTY DRAIN Q SHIFT AND PRN				
	REMOVE DRAIN ORDERED				
	REMOVE CATHETER (24 HOURS POST-OP)				
	BED BATH WITH ASSIST				
	ANTI AMBOLI STOCKINGS REMOVED FOR SKIN CARE IF ORDERED				
	OTHER:				
	OTHER:				
NUTRITION	❑ SIPS - REGULAR DIET ❑ SIPS - SPECIAL DIET: _____				

PROCESS	POST-OP DAY 1	DATE _____		
MOBILITY/ACTIVITY	UP IN CHAIR			
	UP WITH WALKER IN ROOM			
	WEIGHT BEARING STATUS ORDERED			
	POSITIONING IN BED WITH PILLOW BETWEEN LEGS			
	LIE TO SIT WITH USE OF RAIL			
	ISOMETRIC QUADS AND GLUTS			
	PHYSIO DATABASE INITIATED			
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			
	REVIEW TEACHING CHECKLIST			
DISCHARGE PLANNING	PLANS FOR DISCHARGE DISCUSSED WITH PATIENT/FAMILY AND DOCUMENTED ON PROGRESS NOTES			
	ESTIMATED DATE OF DISCHARGE DISCUSSED WITH PATIENT/FAMILY			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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PROCESS	POST-OP DAY 2	DATE _____		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: QID			
	CHEST ASSESSMENT			
	CIRCULATION / SENSATION / MOTION Q4H			
	MONITOR INTAKE / OUTPUT			
	MONITOR BOWEL MOVEMENT			
	OTHER:			
CONSULTS	CCAC IF NECESSARY			
	OT - DRESSING IN STREET CLOTHES			
DIAGNOSTICS/ LABORATORY	CBC & LYTES			
	OTHER:			
	OTHER:			
MEDICATIONS	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	DISCONTINUE IV FLUID AND ASSESS NEED FOR INTERMITTENT SET			
	ASSESS DRESSING			
	REDUCE DRESSING TO ISLAND DRESSING			
	ANTI AMBOLI STOCKINGS REMOVED FOR SKIN CARE IF ORDERED			
	OTHER:			
	OTHER:			
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: _____			
MOBILITY/ACTIVITY	AMBULATE 3 METRES WITH WALKER AND ASSISTANCE			
	PHYSIO DATABASE COMPLETED			

PROCESS	POST-OP DAY 2	DATE _____		
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			
	VERBALIZES UNDERSTANDING OF PLAN OF CARE			
	REVIEW TEACHING CHECKLIST			
DISCHARGE PLANNING	DISCHARGE NEEDS ASSESSED BY PHYSIO			
	REVIEW WITH SURGEON, NOTIFY APPROPRIATE RECEIVING HOSPITAL OR UNIT OF POTENTIAL TRANSFER IF APPLICABLE			
	REVIEW CCAC REFERRAL IF NECESSARY			
	PLANS FOR DISCHARGE DISCUSSED WITH PATIENT/FAMILY AND DOCUMENTED ON PROGRESS NOTES			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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PROCESS	POST-OP DAY 3	DATE _____		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: BID IF STABLE			
	CHEST ASSESSMENT			
	CIRCULATION / SENSATION / MOTION Q4H			
	MONITOR INTAKE / OUTPUT			
	MONITOR BOWEL MOVEMENT			
	VOIDING QS			
	OTHER:			
CONSULTS	OT - IF PATIENT GOING HOME AND DESIRE FOR TUB BATH			
	OT - TEDS DRESSING TRAINING IF APPROPRIATE			
DIAGNOSTICS/ LABORATORY	CBC & LYTES			
	OTHER:			
	OTHER:			
MEDICATIONS	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING			
	DRESSING CHANGE			
	IV DISCONTINUED AS PER ORDERS			
	ANTI AMBOLI STOCKINGS REMOVED FOR SKIN CARE IF ORDERED			
	OTHER:			
	OTHER:			
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: _____			

PROCESS	POST-OP DAY 3	DATE _____		
MOBILITY/ACTIVITY	UP WITH WALKER IN HALL INDEPENDENTLY			
	PHYSIO FOLLOW UP ARRANGED			
	DRESSED IN STREET CLOTHES			
	EQUIPMENT FOR HOME ARRANGED IF NECESSARY			
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			
	REVIEW TEACHING CHECKLIST			
DISCHARGE PLANNING	REHAB ASSESSMENT COMPLETED AS NEEDED			
	DISCHARGE NEEDS ASSESSED			
	DESTINATION AND DATE FOR DISCHARGE KNOWN Destination: _____ Date: _____			
	DISCHARGE DISCUSSED WITH PATIENT/FAMILY			
	PATIENT PREPARED FOR DISCHARGE (E.G. CLOTHING)			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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PROCESS	POST-OP DAY 4	DATE _____		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O_2 SATS: BID			
	CHEST ASSESSMENT			
	CIRCULATION / SENSATION / MOTION Q4H			
	ASSESS DURATION OF DVT PROPHYLAXIS ACCORDING TO RISK FACTORS			
	MONITOR INTAKE / OUTPUT			
	MONITOR BOWEL MOVEMENT			
	OTHER:			
CONSULTS	DISCHARGE PLANNING REFERRAL FOR ALC IF REQUIRED			
DIAGNOSTICS/ LABORATORY	OTHER:			
	OTHER:			
MEDICATIONS	SEE MAR SHEET			
	OTHER:			
	OTHER:			
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING			
	DRESSING CHANGE			
	ASSIST WITH AM CARE			
	ANTI AMBOLI STOCKINGS REMOVED FOR SKIN CARE IF ORDERED			
	OTHER:			
	OTHER:			
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET: _____			
MOBILITY/ACTIVITY	PROGRESS TO CRUTCHES IF REQUIRED			
	ASSESS STAIRS IF REQUIRED			

PROCESS	POST-OP DAY 4	DATE _____		
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			
	VERBALIZES UNDERSTANDING OF PLAN OF CARE			
	REVIEW TEACHING CHECKLIST			
DISCHARGE PLANNING	ONE OF: DISCHARGE HOME ❑ TRANSFER TO REHAB ❑ TRANSFER TO HOME HOSPITAL ❑			
	ASSESS DISCHARGE CRITERIA DAILY			
	OTHER:			

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PROCESS	ONGOING POST-OP CARE	DATE _____			DATE _____			DATE _____		
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	SKIN ASSESSMENT									
	VITAL SIGNS WITH O_2 SATS: Q SHIFT									
	CIRCULATION / SENSATION / MOTION									
	CALF PUMPING									
	SIGNS/SYMPTOMS OF THROMBUS/PHLEBITIS									
	VOIDING QS									
	MONITOR BOWEL MOVEMENT									
	OTHER:									
CONSULTS	CCAC AND/OR OUTPATIENT PHYSIO									
	DISCHARGE PLANNING IF REQUIRED									
	FOLLOW UP APPOINTMENT ARRANGED: _____									
DIAGNOSTICS/ LABORATORY	OTHER:									
	OTHER:									
MEDICATIONS	SEE MAR SHEET									
	SELF-MED PROGRAM IF APPROPRIATE									
	OTHER:									
	OTHER:									
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING / CHANGE PRN									
	ASSESS WOUND PRN									
	REMOVE DRESSING IF WOUND CLEAN & DRY									
	REMOVAL OF SUTURES / STAPLES: DATE: _____									
	TEDS REMOVED FOR SKIN CARE IF ORDERED									
	ASSIST/TEACH DRESSING IN STREET CLOTHES									
	OTHER:									
	OTHER:									
NUTRITION	❑ REGULAR DIET ❑ SPECIAL DIET _____									

PROCESS	ONGOING POST-OP CARE	DATE _____			DATE _____			DATE _____		
MOBILITY/ACTIVITY	BED MOBILITY									
	EQUIPMENT IN PLACE FOR DISCHARGE									
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW/DISCUSS SURGICAL COMPLICATIONS									
	REVIEW TEACHING CHECKLIST									
DISCHARGE PLANNING	DISCHARGE PLANS REVIEWED WEEKLY DATE DUE: _____									
	HOME SUPPORTS REVIEWED									
	DISCHARGE PLANS DISCUSSED WITH PATIENT AND FAMILY: DESTINATION: _____ DATE: _____									
	ASSESS DISCHARGE CRITERIA DAILY									
	OTHER:									

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PROCESS	DISCHARGE CRITERIA	DATE MET	INITIAL
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	AFEBRILE		
	VITAL SIGNS STABLE		
	WOUND INTACT		
	NIL DRAINAGE		
	FREE OF SIGNS/SYMPTOMS OF THROMBUS/PHLEBITIS		
	VOIDING QS		
	RETURN TO NORMAL BOWEL ROUTINE		
CONSULTS	FOLLOW UP APPOINTMENT ARRANGED		
DIAGNOSTICS/ LABORATORY	ARRANGE FOR INR AT HOME IF PATIENT ON ANTI-COAGULANT		
MEDICATIONS	HEALTH TEACHING RELATED TO MEDS		
	PRESCRIPTION FOR ANALGESIC AND/OR ANTI-COAGULANT AS ORDERED		
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING		
	DRESSING CHANGE		
NUTRITION	REGULAR DIET		
MOBILITY/ACTIVITY	SAFE, INDEPENDENT TRANSFERS		
	SAFE AMBULATION WITH AID ON LEVEL AND STAIRS		
	EQUIPMENT IN PLACE		
	INDEPENDENT EXERCISES		
PSYCHOSOCIAL SUPPORT/ EDUCATION	AWARE OF PRECAUTIONS		
	UNDERSTANDS SIGNS AND SYMPTOMS OF WOUND INFECTION		
	PATIENT TAUGHT USE OF MOLECULAR WEIGHT HEPARIN POST DISCHARGE IF APPLICABLE		
	TEACHING CHECKLIST COMPLETE		
DISCHARGE PLANNING	CCAC AND/OR OUTPATIENT PHYSIO ARRANGED		
	PLANS FOR ANTI-COAGULATION KNOWN & DOCUMENTED ON TRANSFER SHEET		