



TOTAL HIP REPLACEMENT

CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES

- Lion's Head
 Markdale
 Meaford
 Owen Sound
 Southampton
 Tobermory
 Wiarton

PATIENT ID

PROCESS	ONGOING POST-OP CARE	DATE		
		June 16 07	June 17 07	June 18 07
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	SKIN ASSESSMENT	OK		
	VITAL SIGNS WITH O ₂ SATS: Q SHIFT	OK		
	CIRCULATION / SENSATION / MOTION	OK		
	CALF PUMPING	OK		
	SIGNS/SYMPTOMS OF THROMBUS/PHLEBITIS	OK		
	VOIDING QS	OK		
	MONITOR BOWEL MOVEMENT	OK		
OTHER:	/			
CONSULTS	CCAC AND/OR OUTPATIENT PHYSIO	N/A		
	DISCHARGE PLANNING IF REQUIRED	OK		
	FOLLOW UP APPOINTMENT	N/A		
	ARRANGED: _____	OK		
DIAGNOSTICS/ LABORATORY	OTHER:	/		
	OTHER:	/		
MEDICATIONS	SEE MAR SHEET	OK		
	SELF-MED PROGRAM IF APPROPRIATE	N/A		
	OTHER:	/		
	OTHER:	/		
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING / CHANGE PRN	OK		
	ASSESS WOUND PRN	OK		
	REMOVE DRESSING IF WOUND CLEAN & DRY	N/A		
	REMOVAL OF SUTURES / STAPLES:	N/A		
	DATE: <u>July 1 07</u>	OK		
	TEDS REMOVED FOR SKIN CARE	OK		
	ASSIST/TEACH DRESSING IN STREET CLOTHES	OK		
	OTHER:	/		
OTHER:	/			
NUTRITION	<input type="checkbox"/> REGULAR DIET			
	<input checked="" type="checkbox"/> SPECIAL DIET <u>Diabetic</u>	OK		