



Grey Bruce Health Network

TOTAL HIP REPLACEMENT CLINICAL PATHWAY

SITE: GBHS - Owen Sound

PATIENT ID

PROCESS	POST-OP DAY 1	DATE 01-25-06		
		D	E	N
PERFORMANCE INDICATORS	2 ANTIBIOTIC DISCONTINUED 24 HOURS POST SURGERY	N/A gm	Record as "Met" or "Not Met" on Variance Record	
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VITAL SIGNS WITH O ₂ SATS: Q4H	A/H	G/m	D/H
	CHEST ASSESSMENT	A/H	G/m	D/H
	CIRCULATION / SENSATION / MOTION Q4H	A/H	G/m	D/H
	ASSESS DRESSING	A/H	G/m	D/H
	MONITOR INTAKE / OUTPUT	A/H	G/m	D/H
	CATHETER	A/H	G/m	D/H
	OTHER:	N/A A/H	N/A G/m	N/A D/H
CONSULTS				
DIAGNOSTICS/ LABORATORY	CBC & LYTES	A/H	N/A G/m	N/A D/H
	HIP X-RAY	A/H	N/A G/m	N/A D/H
	OTHER:	N/A A/H	N/A G/m	N/A D/H
	OTHER:	N/A A/H	N/A G/m	N/A D/H
MEDICATIONS	SEE MAR SHEET	A/H	G/m	D/H
	OTHER:	N/A A/H	N/A G/m	N/A D/H
	OTHER:	N/A A/H	N/A G/m	N/A D/H
TREATMENTS/ INTERVENTIONS	IV AS ORDERED	A/H	G/m	D/H
	EMPTY DRAIN Q SHIFT AND PRN	A/H	G/m	D/H
	REMOVE DRAIN ORDERED	A/H	N/A G/m	N/A D/H
	REMOVE CATHETER (24 HOURS POST-OP)	N/A A/H	G/m	N/A D/H
	BED BATH WITH ASSIST	A/H	N/A G/m	N/A D/H
	TED STOCKINGS REMOVED FOR SKIN CARE	A/H	G/m	D/H
	OTHER:	N/A A/H	N/A G/m	N/A D/H
	OTHER:	N/A A/H	N/A G/m	N/A D/H
NUTRITION	<input checked="" type="checkbox"/> SIPS - REGULAR DIET <input type="checkbox"/> SIPS - SPECIAL DIET: _____	A/H	G/m	D/H

ALL NON-SHADED BOXES TO BE INITIALED UPON COMPLETION OR MARKED N/A AND INITIALED

PROCESS	POST-OP DAY 1	DATE 01-05-06		
		D	E	N
MOBILITY/ACTIVITY	UP IN CHAIR	AA	GM	N/A Ph
	UP WITH WALKER IN ROOM	AA	GM	N/A Ph
	WEIGHT BEARING STATUS ORDERED	BW	N/A GM	N/A Ph
	POSITIONING IN BED WITH PILLOW BETWEEN LEGS	AA	GM	Dy
	LIE TO SIT WITH USE OF RAIL	BW	GM	Dh
	FOOT AND ANKLE EXERCISES	BW	N/A GM	N/A Ph
	ISOMETRIC QUADS AND GLUTS	BW	N/A GM	N/A Ph
	PHYSIO DATABASE INITIATED	BW	N/A GM	N/A Ph
PSYCHOSOCIAL SUPPORT/ EDUCATION	POST-OP NEEDS—DEEP BREATHING & COUGHING, CALF PUMPING	AA	GM	N/A Ph
	ROUTINE POST-OP TEACHING	AA	GM	N/A Ph
	REVIEW PATIENT PATHWAY	AA	GM	N/A Ph
	REVIEW HIP PRECAUTIONS	AA	GM	N/A Ph
DISCHARGE PLANNING	PLANS FOR DISCHARGE DISCUSSED WITH PATIENT/FAMILY AND DOCUMENTED ON PROGRESS NOTES	AA	N/A GM	N/A Ph
	ESTIMATED DATE OF DISCHARGE DISCUSSED WITH PATIENT/FAMILY	AA	N/A GM	N/A Ph
	ASSESS DISCHARGE CRITERIA DAILY	AA	GM	N/A Ph
	OTHER:	AA	N/A GM	N/A Ph

ALL NON-SHADED BOXES TO BE INITIALLED UPON COMPLETION OR MARKED N/A AND INITIALLED