Unique Plan Description: ORTHO Total Joint Replacement Post-OpPost Op
Plan Selection Display: ORTHO Total Joint Replacement Post-OpPost Op
PlanType: Medical
Version: 30
Begin Effective Date: 12/15/2025 12/15/2025 10:05
End Effective Date: Current
Available at: ***EMMC***
MERCY HOSPITAL
NL MAINE COAST HOSPITAL
SVH
TAMC - THE AROO
Plan Comment: PRJ0430176_Update Diet order sentences to default Start Meal to Next Scheduled Meal_RK&DV

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

ORTHO Total Joint Replacement Post-OpPost Op
Admit/Dischg/Transfer

- [x] Admission Order (DX)
  IP-meets med nec & ELOS of at least 2 MN, Patient Placement Surgical, Ortho (DEF)*
  Outpatient Extended Recovery (OOB)
- [ ] Transfer Level of Care
- [ ] Change Attending
- [ ] Transfer Review Complete

Code Status

- [x] Code Status and Treatment Restrictions
  Code Status: Full Resuscitation

Vital Signs

- [x] Vital Signs (Frequent)
  Every 1 hour x 4, every 2 hours x 4, then every 8 hours
- [x] Musculoskeletal Checks
  Every 4 Hours, starting on the day of surgery
- [ ] Musculoskeletal Checks
  Every 2 Hours, 12 Doses/Times, on day of surgery
- [ ] **+24 Hours** Musculoskeletal Checks
  Every 4 Hours, 6 Doses/Times, POD #1
- [ ] **+48 Hours** Musculoskeletal Checks
  Every Shift

Activity

KNEE Activity(NOTE)*

- [ ] Activity
  Ambulate with Assist, Three Times Daily, Full Weight Bearing. Out of bed, day of surgery. No sitting for longer than 60 minutes. (DEF)*
  Comments: Target out of bed and ambulation day of surgery. Positioning when in bed: Keep knee in extended state. No pillows under knee. Place pillow under ankle to eliminate pressure.
  Ambulate with Assist, Three Times Daily, Partial Weight Bearing 50-75% Out of bed, day of surgery. No sitting for longer than 60 minutes.
  Comments: Target out of bed and ambulation day of surgery. Positioning when in bed: Keep knee in extended state. No pillows under knee. Place pillow under ankle to eliminate pressure.
  Ambulate with Assist, Three Times Daily, As tolerated, Out of bed, day of surgery. No sitting for longer than 60 minutes.
  Comments: Target out of bed and ambulation day of surgery. Positioning when in bed: Keep knee in extended state. No pillows under knee. Place pillow under ankle to eliminate pressure.

HIP Activity(NOTE)*

- [ ] Activity
  Ambulate with Assist, Three Times Daily, Full Weight Bearing. Out of bed, day of surgery. No sitting for longer than 60 minutes. (DEF)*
  Comments: May turn side-to-side with pillow between legs. May elevate Head of Bed
  Ambulate with Assist, Three Times Daily, Partial Weight Bearing 50-75% Out of bed, day of surgery. No sitting for longer than 60 minutes.

Comments: May turn side-to-side with pillow between legs. May elevate Head of Bed

Ambulate with Assist, Three Times Daily, As tolerated. Out of bed, day of surgery. No sitting for longer than 60 minutes.

Comments: May turn side-to-side with pillow between legs. May elevate Head of Bed

☑ Provider Communication

Ankle pumps 10 times per hour while awake

Diet

☑ Diet

Regular Diet (DEF)*

Diabetes Diet

Cardiac Diet

Patient Care

☑ JPP CAUTI Prevention Adult(SUB)*

☑ JPP Hypoglycemia Adult(SUB)*

☑ JPP Med-Surg Adult(SUB)*

☑ JPP Nurse Directed Patient Care(SUB)*

☑ JPP Nutrition Services(SUB)*

☑ JPP Respiratory Therapy Adult(SUB)*

☑ Intake & Output (I&O)

Every Shift, 48 hr

☑ Compression Stocking TED's

On day of surgery for post-op edema

☑ Notify If

Resp rate less than 10 or greater than 30, Pulse less than 50 or greater than 120, Systolic BP less than 90 or greater than 170 mmHg, Temperature greater than 38.5 C (or greater than 38.0 C if neutropenic)

☐ Drain Care

Other Drain, If drainage exceeds 500 mL, leave drain to gravity and do not recharge.

Comments: Notify surgeon if drain not holding compression

KNEE(NOTE)*

☐ Wound Care/Dressing Change

Daily, Body Site- KNEE-LEFT, Dressing Details: Waterproof/Occlusive dressing. May remove ace wrap. (DEF)*

Comments: Reinforce as needed. Contact Ortho if dressing needs to be changed within first 24 hours Post Op.

Daily, Body Site- KNEE-RIGHT, Dressing Details: Waterproof/Occlusive dressing. May remove ace wrap.

Comments: Reinforce as needed. Contact Ortho if dressing needs to be changed within first 24 hours Post Op.

Daily, Body Site- KNEE-BILATERAL, Dressing Details: Waterproof/Occlusive dressing. May remove ace wrap.

Comments: Reinforce as needed. Contact Ortho if dressing needs to be changed within first 24 hours Post Op.

Daily, Body Site- KNEE-LEFT, Dressing Details: Dry Sterile Dressing, May remove ace wrap.

Comments: Leave dressing intact. Reinforce as needed. Place waterproof/occlusive dressing before discharge.

Daily, Body Site- KNEE-RIGHT, Dressing Details: Dry Sterile Dressing, May remove ace wrap.

Comments: Leave dressing intact. Reinforce as needed. Place waterproof/occlusive dressing before discharge.

Daily, Body Site- KNEE-BILATERAL, Dressing Details: Dry Sterile Dressing, May remove ace wrap.

Comments: Leave dressing intact. Reinforce as needed. Place waterproof/occlusive dressing before discharge.

☐ VAC Dressing

☐ Orthotics/Prosthetics

Knee Immobilizer, Place immobilizer on the operative extremity while standing and/or walking if patient unable to perform straight leg raise with quadricep control. Immobilizer not to be worn in bed or chair.* (DEF)*

Comments: Discontinue use when patient can perform straight leg raise.

Knee Immobilizer, Wear on affected extremity when out of bed until quadricep function returns per PT evaluation.*

☐ Cold Therapy Device

Cold therapy device with barrier to skin to operative knee when not ambulating. If option to set temperature, set at 50 degrees F.

HIP(NOTE)*

☐ Wound Care/Dressing Change

Daily, Body Site- HIP-LEFT, Dressing Details: Waterproof dressing. (DEF)*

Comments: Day of Surgery: Reinforce as needed. Contact Ortho if dressing needs to be changed within first 24 hours Post Op.

Daily, Body Site- HIP-RIGHT, Dressing Details: Waterproof dressing.

Comments: Day of Surgery: Reinforce as needed. Contact Ortho if dressing needs to be changed within first 24 hours Post Op.

Daily, Body Site- HIP-BILATERAL, Dressing Details: Waterproof dressing.

Comments: Day of Surgery: Reinforce as needed. Contact Ortho if dressing needs to be changed within first 24 hours Post Op.

Daily, Body Site- HIP-LEFT, Dressing Details: Dry Sterile Dressing

Comments: Day of Surgery: Leave dressing. Reinforce as needed. Place waterproof/occlusive dressing before discharge.

Daily, Body Site- HIP-RIGHT, Dressing Details: Dry Sterile Dressing

Comments: Day of Surgery: Leave dressing. Reinforce as needed. Place waterproof/occlusive dressing before discharge.

Daily, Body Site- HIP-BILATERAL, Dressing Details: Dry Sterile Dressing

Comments: Day of Surgery: Leave dressing. Reinforce as needed. Place waterproof/occlusive dressing before discharge.

☐ VAC Dressing

☐ Ice Pack

Every 2 Hours, apply ice pack for 20 minutes with barrier to skin while resting.

☐ Precautions

Total Hip Precautions, Posterior approach (DEF)*

Comments: Avoid bending past 90 degrees at the hip. Avoid turning leg inward. Avoid crossing legs.

Total Hip Precautions, Anterior approach

Comments: Do not move affected leg backwards. Do not turn affected leg so toes turn outwards.

Total Hip Precautions, None

Total Hip Precautions, Universal Precautions

Total Hip Precautions, Anterior-Lateral Approach

Continuous Solutions

☐ Sodium Chloride 0.9%

Tot Vol: 1,000 mL, Flow Rate: 125 mL/hr, Soln, IV (DEF)*

Tot Vol: 1,000 mL, Flow Rate: 100 mL/hr, Soln, IV

☐ Lactated Ringers Injection

Tot Vol: 1,000 mL, Flow Rate: 125 mL/hr, Soln, IV

☐ Sodium Chloride 0.9% (Bolus Infusion)

500 mL, Soln, IVPB, ONCE, T;2100, Infuse Over: 30 Minutes

Comments: After 500 mL, resume ordered rate.

☐ Saline Lock

Saline lock IV when patient tolerating PO

Medications

Scheduled Medications

☑ Tylenol

650 mg, Tablet, PO, Every 6 Hours (DEF)*

1,000 mg, Tablet, PO, Every 6 Hours

☑ Toradol

15 mg, Soln, IV Push, Every 6 Hours, 8 Doses/Times

Comments: Contraindicated in patients with Creatinine Clearance less than 30 mL/min

☑ **+48 Hours** Naprosyn
375 mg, Tab, PO, Every 12 Hours
Comments: Contraindicated in patients with Creatinine Clearance less than 30 mL/min

☐ Lyrica
75 mg, Cap, PO, Daily

☐ Neurontin
300 mg, Cap, PO, Twice Daily

Pain-Mild (Pain Score: 1 - 3)
Select only 1 Mild Pain option(NOTE)*

☐ Tylenol
650 mg, Tablet, PO, Every 6 Hours, PRN, Fever/Pain-Mild (Pain Score: 1 - 3)
Comments: For Pain-Mild (Pain Score: 1 - 3) and/or fever greater than 38.5 C. If tolerating PO/enteral.

☐ Ultram
50 mg, Tab, PO, Every 4 Hours, PRN, Pain-Mild (Pain Score: 1 - 3)
Comments: If tolerating PO/enteral

Pain-Moderate (Pain Score: 4 - 6)

☐ Ultram
100 mg, Tab, PO, Every 6 Hours, PRN, Pain-Moderate (Pain Score: 4 - 6)
Comments: If tolerating PO/enteral

☐ oxyCODONE
5 mg, Tab, PO, Every 4 Hours, PRN, Pain-Moderate (Pain Score: 4 - 6)
Comments: If tolerating PO/enteral. If ineffective, may repeat once in 30 minutes. Max dose of 10 mg/4 hours.

☐ Dilaudid
2 mg, Tab, PO, Every 4 Hours, PRN, Pain-Moderate (Pain Score: 4 - 6)
Comments: If tolerating PO/enteral. If ineffective, may repeat once in 30 minutes. Max dose of 4 mg/3 hours.

☐ Dilaudid
0.2 mg, Soln, IV Push, Every 1 Hour Interval, PRN, Pain-Moderate (Pain Score: 4 - 6), 72 hr
Comments: Administer if patient is NPO, not tolerating PO/enteral, or inadequate pain control achieved with PO analgesic. If ineffective, may repeat once in 15 minutes. Max dose of 1 mg/4 hours.

Pain-Severe (Pain Score: 7 - 10)
Select only 1 PO and 1 IV Severe Pain option(NOTE)*

☐ oxyCODONE
10 mg, Tab, PO, Every 4 Hours, PRN, Pain-Severe (Pain Score: 7 - 10)
Comments: If tolerating PO/enteral

☐ Dilaudid
4 mg, Tab, PO, Every 4 Hours, PRN, Pain-Severe (Pain Score: 7 - 10)
Comments: If tolerating PO/enteral

☐ Dilaudid
0.5 mg, Soln, IV Push, Every 1 Hour Interval, PRN, Pain-Severe (Pain Score: 7 - 10), 72 hr
Comments: Administer if patient is NPO, not tolerating PO/enteral, or inadequate pain control achieved with PO analgesic. Max dose of 1 mg/4 hours.

Anticipatory Pain

☐ oxyCODONE
5 mg, Tab, PO, Twice Daily, PRN, Other(comment), 24 hr
Comments: Anticipatory Pain. Prior to mobility for mild or moderate pain score 1-6 for additional pain control. Must wait minimum of 4 hours between another administered dose. Max Dose: 10 mg/4 hours.

☐ Dilaudid
2 mg, Tab, PO, Twice Daily, PRN, Other(comment), 24 hr
Comments: Anticipatory Pain. Prior to mobility for mild or moderate pain score 1-6 for additional pain control. Must wait minimum of 4 hours between another administered dose. Max Dose: 4 mg/3 hours.

Anemia Management

☐ Gentle Iron (Iron Glycinate)
2 CAP, Cap, PO, Daily

☐ Vitamin C
500 mg, Tab, PO, Daily

Antiemetics

☑ Zofran
4 mg, Soln, IV Push, Every 6 Hours, PRN, Nausea and/or Vomiting
Comments: If more than one antiemetic is ordered, give ondansetron before prochlorperazine, before metoclopramide. Do not give if dose administered in PACU within the last 6 hours.

☐ Compazine
10 mg, Soln, IV Push, Every 6 Hours, PRN, Nausea and/or Vomiting
Comments: If more than one antiemetic is ordered, give ondansetron before prochlorperazine, before metoclopramide. Do not give if dose administered in PACU within the last 6 hours.

☐ Reglan
10 mg, Soln, IV Push, Every 6 Hours, PRN, Nausea and/or Vomiting
Comments: If more than one antiemetic is ordered, give ondansetron before prochlorperazine, before metoclopramide. Do not give if dose administered in PACU within the last 6 hours.

Antimicrobials

Cefazolin preferred even if IgE-mediated allergy to penicillins (hives, anaphylaxis, angioedema, laryngeal edema, etc.)(NOTE)*

☐ **+6 Hours** ceFAZolin
2 gm, Soln, IV Push, Every 8 Hour Interval, Indication: Prophylaxis, ORTHO Total Joint Replacement Post-Op, 2 Doses/Times
Comments: Start 8 hours after last dose given. Reconstitute each vial with 15 mL Sterile Water for Injection. IV PUSH over 2 minutes.

Antimicrobials: Beta-Lactam Cefazolin Allergy

1. Reason for ordering Vancomycin must be documented if not due to Cephalosporin/Penicillin Cefazolin allergy;
2. Use only if history of Type I Hypersensitivity to Penicillin Cefazolin (e.g. anaphylaxis, hives, or angioedema) or any allergy to Cephalosporins.(NOTE)*

☐ **+10 Hours** vancomycin
1,000 mg, Soln, IVPB, ONCE, ORTHO Total Joint Replacement Post-Op Prophylaxis, Infuse Over: 60 Minutes, Weight less than 80 kg [Less Than 80 kg] (DEF)*
Comments: Start 12 hours after last dose given. Weight less than 80 kg. No Pharmacy to Dose intervention required.
1,500 mg, Soln, IVPB, ONCE, ORTHO Total Joint Replacement Post-Op Prophylaxis, Infuse Over: 90 Minutes, Weight 80-110 kg [80 - 110 kg]
Comments: Start 12 hours after last dose given. Weight less than 80-100 kg. No Pharmacy to Dose intervention required.
2,000 mg, Soln, IVPB, ONCE, ORTHO Total Joint Replacement Post-Op Prophylaxis, Infuse Over: 120 Minutes, Weight greater than or equal to 110 kg [Greater Than or Equal To 110 kg]
Comments: Start 12 hours after last dose given. Weight greater than or equal to 110 kg. No Pharmacy to Dose intervention required.

☐ **+6 Hours** clindamycin
900 mg, Soln, IVPB, Every 8 Hour Interval, Indication: Prophylaxis, ORTHO Total Joint Replacement Post-Op, 2 Doses/Times
Comments: Start 8 hours after last dose given

Glucose Management

☐ Bedside Glucose Monitoring
Before Meals+Bedtime, notify provider for bedside glucose GREATER THAN 450 mg/dL. If bedside glucose LESS THAN 70 mg/dL see JPP Hypoglycemia for orders.

☐ _Insulin Basal, Pre-Meal, Correction, and Sliding Scale(SUB)*

☐ Insulin Basal/Pre-Meal Transition Protocol (Non Card Surg)(SUB)*

☑ Insulin Infusion Peri-Operative Protocol(SUB)*

Bowel Management

☑ Colace

100 mg, Cap, PO, Twice Daily

☑ Senokot
17.2 mg, = 2 TAB, Tab, PO, Daily, PRN, Constipation
Comments: If tolerating PO/enteral

☐ MiraLax
17 gm, Powder, PO, Daily
Comments: Until BM

☐ Dulcolax Laxative
10 mg, Supp, RECTAL, Every Other Day, PRN, Constipation
Comments: Give if NPO or not tolerating PO/enteral

Other

☐ melatonin
3 mg, Tab, PO, Bedtime, PRN, Insomnia

VTE Prophylaxis

☑ VTE Risk Level (Admission)
Screened Level: High

☑ aspirin
81 mg, EC Tablet, PO, Twice Daily, Indication: VTE(Venous Thromboembolism) Prophylaxis
Comments: Start on day of surgery

☑ Sequential Compression Device (SCD)
Site: CALF-BILATERAL, While in bed until discharge

☐ Mechanical VTE Prophylaxis Not Indicated At This Time
Due to: Other (specify in special instructions), Arterial Insufficiency of Lower Extremities (DEF)*
Due to: Bilateral Lower Extremity Trauma
Due to: Other (specify in special instructions)

☐ Pharmacologic VTE Prophylaxis Not Indicated At This Time
Due to: Risk of Bleeding (DEF)*
Due to: Active Bleeding
Due to: Epidural Catheter for Analgesia
Due to: Thrombocytopenia
Due to: Other (specify in special instructions)
If Aspirin contraindicated, consider:(NOTE)*

☐ Lovenox
40 mg, Soln, SUBCUTANEOUS, Daily, Indication: VTE(Venous Thromboembolism) Prophylaxis, T+1;0800
Comments: Start at 0800 on POD #1
Renal Dosing(NOTE)*

☐ Lovenox
30 mg, Soln, SUBCUTANEOUS, Daily, Indication: VTE(Venous Thromboembolism) Prophylaxis, T+1;0800
Comments: Start at 0800 on POD #1, (Renal Dose) recommended dose if Creatinine Clearance less than 30 mL/min.
Bariatric Dosing(NOTE)*

☐ Lovenox
40 mg, Soln, SUBCUTANEOUS, Every 12 Hours, Indication: VTE(Venous Thromboembolism) Prophylaxis, T+1;0800 [Greater Than or Equal To 150 kg]
Comments: Start at 0800 on Post-Op Day #1, (bariatric dose) recommended dose if weight greater than or equal to 150 kg AND Creatinine Clearance greater than 29 mL/minute
Coumadin for Spinal or Epidural Anesthesia (start 24-hours post-op)(NOTE)*
Anticoagulated patients with spinal or epidural anesthesia are at high risk for spinal hematoma. Consider the risk vs. benefit and consult anesthesiologist when prescribing pharmacologic VTE prophylaxis.(NOTE)*

☐ **+24 Hours** Coumadin
5 mg, Tab, PO, Daily, Indication: VTE Prophylaxis (Venous Thromboembolism)
Comments: LOW RISK Hazardous Drugs For patients with spinal or epidural anesthesia. Start 24 hours post-op if epidural catheter has been out for a minimum of 2 hours.

☐ warfarin - Pharmacy Consult

Reason: Pharmacy to Monitor Only
Comments: Patients with spinal or epidural anesthesia. Start 24 hours post-op if epidural catheter has been out a minimum of 2 hours.

Coumadin for General Anesthesia (start day of surgery)(NOTE)*

☐ Coumadin
5 mg, Tab, PO, Daily, Indication: VTE Prophylaxis (Venous Thromboembolism), NOW
Comments: LOW RISK Hazardous Drugs For general anesthesia Give day of surgery

☐ warfarin - Pharmacy Consult
Reason: Pharmacy to Monitor Only
Comments: Start day of surgery

Direct Oral AntiCoagulant (DOAC)(NOTE)*
Avoid apixaban (Eliquis) in patients with severe hepatic impairment (Child-Pugh class C).(NOTE)*
Avoid apixaban (Eliquis) in patients taking combined p-gp/strong 3A4 inducers (rifampin, carbamazepine, phenytoin, etc.).(NOTE)*
Decrease apixaban (Eliquis) dose by 50% in patients taking combined p-gp/strong 3A4 inhibitors (ketoconazole, itraconazole, ritonavir, etc.(NOTE)*

☐ Eliquis
2.5 mg, Tab, PO, Twice Daily, Indication: VTE Prophylaxis (Venous Thromboembolism), T+1;0001
Comments: Start on POD #1

Avoid rivaroxaban (Xarelto) in patients with hepatic impairment (Child-Pugh class B and C).(NOTE)*
Avoid rivaroxaban (Xarelto) in patients taking combined p-gp/strong 3A4 inducers or inhibitors.(NOTE)*
Avoid rivaroxaban (Xarelto) in patients taking combined p-gp/moderate 3A4 inhibitors (dronedarone, verapamil, diltiazem) with CrCl actual body weight 15-80 mL/min.(NOTE)*
Avoid rivaroxaban (Xarelto) in patients with ESRD or CrCl Actual Body Weight less than 15 mL/min(NOTE)*

☐ Xarelto
10 mg, Tab, PO, Daily, Indication: VTE Prophylaxis (Venous Thromboembolism), T+1;0001
Comments: Start on POD #1

Laboratory

☐ Hemoglobin
BLOOD, Timed Study, Start: T+1;0545, Every AM, 2 Days

☐ Basic Metabolic Panel
BLOOD, Timed Study, Start: T+1;0545, Every AM, 2 Days

☐ PT (Protime) INR
BLOOD, Timed Study, Start: T+1;0545, Every AM, 6 Days

☐ CBC with Differential
BLOOD, Timed Study, Start: T+1;0545, Every AM, 2 Days

Consults

☑ Physical Therapy Evaluation and Treatment Acute
Strengthening and Mobility, Physical therapy twice daily

☑ Occupational Therapy Evaluation and Treatment Acute
Evaluation for ADL's, assistive devices, and functional mobility
Comments: For Mercy Patients Only: Patients who do not require extended same day stay or overnight stay do not need to be seen by OT prior to discharge

Respiratory

☑ Cough Deep Breathe
Every 2 Hours, 24 hr, while awake

☐ Oxygen
Via: Nasal Cannula, Maintain saturation greater than 92%, wean as tolerated.

☐ Oxygen.
Via: Nasal Cannula, Maintain saturation greater than 92%, wean as tolerated.

Providers to select both of the following Incentive Spirometry orders if Respiratory Therapist seeing patient for initial instruct is indicated.(NOTE)*

☐ IS Instruct by Respiratory Therapist

☐ Incentive Spirometry
Every 1 Hour Interval, 10 times every hour while awake

Non Categorized
PACU Orders

☐ Lactated Ringers (Bolus Infusion)
500 mL, Soln, IVPB, ONCE, Rate: 250 mL/hr
Comments: Give in PACU. After 500 mL, resume ordered rate.

☐ Hematocrit
BLOOD, Stat, ONCE, Patient in PACU

☐ Basic Metabolic Panel
BLOOD, Stat, ONCE, Patient in PACU

☐ XR Knee 1-2 Views LT
Portable, Verify component selection/placement; Rule out misalignment, Post-Op Total Knee Replacement, Stat, patient in PACU

☐ XR Knee 1-2 Views RT
Portable, Verify component selection/placement; Rule out misalignment, Post-Op Total Knee Replacement, Stat, patient in PACU

☐ XR Pelvis 1-2 Views
Portable, Verify component selection/placement; Rule out misalignment; Post-Op Total Hip Replacement, Stat, patient in PACU. Low set to include distal prosthesis

Quality

☑ Surgical Procedure at non-Surginet Facility

☑ Provider Communication
Nurse may Initiate Planned PowerPlan upon patient arrival

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase