

**Total Joint Replacement (Hip, Knee) Outpatient Same-Day Clinical Guidelines  
Pre- Admission Preparation**

Daily Outcomes:

- Patient is scheduled for pre-admission testing and orientation through the surgeon's office in coordination with the surgical booking office at Newport Hospital, ideally, 4 weeks prior to surgery.
- Patient completes Pre-Admission screening
- Patient reviews total joint online Pre-Op class and / or reviews Total Joint Replacement patient guide. Patient completes home safety self-assessment.

Diagnostic Tests

- Labs ordered

Consults

- PCP, PRN
- Cardiology, PRN

PAT Assessments

- VS and physical assessment
- Complete Admission History
- Complete Medication Reconciliation
- Confirm patient intent to DC to home same day

PAT Treatments/Procedures

- Education re: at- home preparations (see info sheet standard for PAT)
- Receives Chlorhexidine soap packages, and instructions for use both written and verbally.

Prehab PT Assessment and Training

- Confirm patient intent to be DC to home same day
- Thorough discussion of patient home environment
- Train on forearm crutches or rolling walker
- Instruct patient in pre-op exercise routine, including written instructions
- Assessment of strength, ROM, balance, and gait
- Dispense appropriate assistive device if needed

Pre-Op Total Joint Outreach Call

Patient reviews virtual total joint pre- op video and contents of the Total Joint Replacement patient guide. Within a week of PAT, a representative of the Total Joint program contacts the patient via telephone to review content of the Total Joint Virtual Pre-Op Education Video and Total Joint Pre Op Guide. The telephone call is documented in the surgical encounter. Discussion includes:

- Pre-Op Preparation
  - Home Safety Preparation
  - Personal Health Preparation
  - Pre-Op Exercise Routine
  - Pre-Op Chlorhexidine Shower
- In-Hospital Expectations
  - Pre-Op Preparation
  - Post-Operative Care
  - Preventative Measures regarding Pain, DVT, Pneumonia, Anemia, Constipation, Bladder Function, Falls
  - Expected Mobility Plan regarding Post Op Day ZERO Mobilization and subsequent therapy sessions.
  - Case Management and other team members' Role in discharge planning
- Discharge Planning
  - Confirmation of DC disposition noted on the case as OP Surgery. Patient is asked to review plan for getting home and assistance first 48-72 hours post DC, plan for obtaining post op pain meds.
  - Review determining factors for safe same-day discharge
  - Outpatient Physical Therapy description and recommendations for timing of first follow-up.

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- Allows patient and family time to have personal questions resolved.
  - Outpatient Physical Therapy description and recommendations for timing of first follow-up.
- Allows patient and family time to have personal questions resolved.
- Total Joint Replacement Patient Guide specific to surgery is provided to all patients regardless of their ability to view the Total Joint virtual Pre-Op video.
  
- Total Joint Replacement program number given to provide patient access to Total Joint program staff should questions arise.

### **Total Joint Replacement (Hip, Knee) Outpatient Same-Day Clinical Guidelines Day of Surgery / Discharge**

#### Daily Outcomes:

- Patient is prepared for surgery using Universal Protocol safety measures; undergoes surgery using all appropriate Operating Room safety measures; and recovers from surgery under the supervision of responsible anesthesia and nursing providers, following Perioperative policies and guidelines. Same- day DC status is confirmed with the patient in the pre- op area.
- Patient remains hemodynamically stable with baseline mental status
- Patient has effective pain control
- Surgical site(s) are without significant swelling & drainage
- Patient able to participate in POD0 mobilization (PT) if adequate anesthesia emergence has occurred.

#### Consults

- General Medicine, PRN
- General Surgery, PRN
- Physical Therapy
- Cardiology, PRN
- Occupational Therapy, PRN

#### Assessments

- VS and physical assessment as per PACU/ Nursing Unit standard practices
- Monitor operative site for bleeding/ swelling
- Pain and Sedation assessment and treatment as per protocol and before/ after Physical Therapy

#### Treatments/Procedures

- Bladder scan protocol applied.
- Notify MD if Temp>101.5, HR>120, SBP>180 or <90, RR>28 or <12, SatO2<89%
- Check operative dressings for drainage

#### Medications

- Anticoagulant therapy
- Pre-Op: Antibiotic (x1 dose) and Pre-Op Pain Medication Regimen (see order form)
- Limited IV pain medications in PACU
- Post op pain meds ordered and delivered using Meds to Beds.
- Post op Bowel medications as ordered
- Review and restart Home Medications as appropriate

#### Activity

- Patient participates in PT eval POD 0 if adequate emergence from anesthesia has occurred, and patient is stable. Goal is to ambulate at least 50ft and perform stair training if needed for DC to home.

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### Diet

- Post Op diet for first meal- Transition to Regular diet as tolerated on POD 0, include light meal per same day DC protocol in PACU or DC unit, if other than PACU.

### Patient/Family Education

- RN, NP, PT, OT, CM, MD / PA review DC instructions with the patient in the PACU and / or DC unit, if other than PACU.

### Discharge Planning

- Patient and family/Significant Other discuss DISCHARGE home plans with RN and CM. Discharge if goals met.
- CM to confirm home care referral and coordinate other needs.

## Total Joint Replacement Clinical Guideline References

1. American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Hip Evidence-Based Clinical Practice Guideline. [aaos.org/oahcpg](https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-hip/oa-hip-cpg_6-11-19.pdf). Published March 13, 2017.  
[https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-hip/oa-hip-cpg\\_6-11-19.pdf](https://www.aaos.org/globalassets/quality-and-practice-resources/osteoarthritis-of-the-hip/oa-hip-cpg_6-11-19.pdf)
2. American Academy of Orthopaedic Surgeons. Surgical Management of Osteoarthritis of the Knee Evidence-Based Clinical Practice Guideline. [aaos.org/smoak2cpg](https://www.aaos.org/globalassets/quality-and-practice-resources/surgical-management-knee/smoak2cpg.pdf). Published 12/02/2022.  
<https://www.aaos.org/globalassets/quality-and-practice-resources/surgical-management-knee/smoak2cpg.pdf>
3. American Association of Hip and Knee Surgeons, American Society of Regional Anesthesia and Pain Medicine, American Academy of Orthopaedic Surgeons, The Hip Society, and The Knee Society Anesthesia and Analgesia in Total Joint Arthroplasty. (Endorsed by the American Academy of Orthopaedic Surgeons). Published June 14, 2021. <https://www.aaos.org/globalassets/quality-and-practice-resources/external-quality-products/anesthesia-and-analgesia-in-total-joint-arthroplasty-2021.pdf>
4. Bailey, D R et al. (2019) American Society of Hematology 2019 guidelines for management of venous thromboembolism: prevention of venous thromboembolism in surgical hospitalized patients. *Blood Advances*, 3(23), 3898-3944. <https://ashpublications.org/bloodadvances/article/3/23/3898/429211>
5. Tubb, C C (2020) Diagnosis and Prevention of Periprosthetic Joint Infections. *Journal of the American Academy of Orthopaedic Surgeons*, 28(8), e340-e348, April 15, 2020.  
[https://journals.lww.com/jaaos/Fulltext/2020/04150/Diagnosis\\_and\\_Prevention\\_of\\_Periprosthetic\\_Joint.5.aspx](https://journals.lww.com/jaaos/Fulltext/2020/04150/Diagnosis_and_Prevention_of_Periprosthetic_Joint.5.aspx)

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### Other Helpful sources of information:

1. Pain Management:
  - a. Parvizi, J., Miller, A., Gandhi, K. (2011). Multimodal Pain Management After Total Joint Arthroplasty. *Journal of Bone and Joint Surgery*, 93. doi: 10.2106/JBJS.J.01095
2. SSI / UTI Prevention:
  - a. Smith, M., Dahlen, N. (2013) Clinical Practice Guideline Surgical Site Infection Prevention. NAON, Chicaco, IL
  - b. The Miriam Hospital. (2013). PreOperative Antiseptic Showering, Nasal Screens, and Decolonization Policy (PAT10)
  - c. The Miriam Hospital. (2013). Urinary Catheter Discontinuation Protocol and Procedure (PCS-34)
3. Post Operative Day ZERO Mobilization:
  - a. Morris, B., Benetti, M., Marro, H., Rosenthal, C. (2010). Clinical Practice Guidelines for Early Ambulation Hours after Surgery. *Orthopaedic Nursing*, 29(5). doi: 10.1097/NOR.0b013e3181ef7a5d
4. Pre-Operative Education
  - a. Thomas, K., Sethares, K. (2008). An Investigation of the Effects of Preoperative Interdisciplinary Patient Education on Understanding Postoperative Expectations Following a Total Joint Arthroplasty. *Orthopaedic Nursing*. 27(6), 374-81.