

# Covenant Medical Group • Orthopaedics

## Orthopaedic Surgery & Sports Medicine • Garrett Kerns, DO

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### CLINICAL PROTOCOL FOR DISCHARGE – HIP REPLACEMENT AND RESURFACING

#### IF DISCHARGED TO HOME

- Take 10 deep breaths each hour.
- Get up and walk every hour. Walk as much as possible.
- Use walker only as needed. Progress to full weight-bearing as quickly as possible, unless instructed otherwise.
- Keep incision dry until 5 days after surgery, then you may begin showering. Do not bathe or swim until incision is completely healed.
- A home physical therapist will visit you in your home for the first 2 weeks post-op. As soon as possible, you should transition to therapy in an outpatient physical therapy center.
- If needed, a home health nurse will also visit you in your home. Please share below instructions with them.
- Keep your post-op visit with Dr. Kerns or his physician assistant at 10-14 days post-op.

#### Instructions for Home Physical Therapy:

- See patient 3x/week until able to transition to outpatient PT center. Please encourage transition to outpatient PT center as soon as possible.
- Weight bear as tolerated, unless otherwise stated.
- May obtain a rolling walker, raised toilet seat and/or any other assistive device if needed.
- Instruct patient on hip precautions (posterior THA only) and on home safety.
- Increased mobility with gait training, transfers and stair climbing.
- **PATIENT CANNOT DRIVE UNTIL CLEARED BY DOCTOR.**

#### Instructions for Home Health Nurse:

- See patient once daily for 3 days, then 3x/week. Check vital signs ED visit.
- If on Lovenox® in the hospital and discharged on Lovenox for 2 weeks, convert to aspirin for additional 4 weeks.
- If normally on Coumadin® at home and discharged on Lovenox and regular dose of Coumadin, discontinue Lovenox when therapeutic on Coumadin. **PLEASE REQUEST PRIMARY CARE PHYSICIAN TO MANAGE COUMADIN.**
- Instruct patient on incision care, pain management and hip precautions (posterior THAs only).
- May get incision wet in shower 5 days after surgery. No baths or swimming until incision is completely healed.
- Silver dressing may stay on for 14 days. Only remove if need for incision checks.
  - Let steri-strips fall off on their own if patient is discharged to home before 14 days.
  - Patient needs to return to Dr. Kerns' office for incision check at day 10-14 after surgery.
  - Patient also needs to follow up with Dr. Kerns at 6 weeks post-op.
- Anti-embolism stockings to be worn for 4 weeks.

## IF DISCHARGED TO SKILLED NURSING OR REHABILITATION FACILITY

***RN: Please fax to Rehabilitation Center or Home Health Agency.***

- Physical therapy 2x/daily and occupational therapy to evaluate need.
- If on Lovenox in the hospital and discharged on Lovenox for 2 weeks, convert to aspirin for additional 4 weeks.
- If normally on Coumadin at home and discharged on Lovenox and regular dose of Coumadin, discontinue Lovenox when therapeutic on Coumadin. **PLEASE REQUEST PRIMARY CARE PHYSICIAN TO MANAGE COUMADIN.**
- Instruct patient on incision care, pain management and hip or knee precautions.
- May get incision wet in shower 5 days after surgery. No baths or swimming until incision is completely healed.
- Silver dressing may stay on for 14 days. Only remove if need for incision checks.
  - Let steri-strips fall off on their own if patient is discharged to home before 14 days.
  - Patient needs to return to Dr. Kerns' office for incision check at day 10-14 after surgery.
  - Patient also needs to follow up with Dr. Kerns at 6 weeks post-op.
- Anti-embolism stockings to be worn for 4 weeks.

**For questions, please call Dr. Kerns' office at 989.583.7450.**

*These are general guidelines and may vary depending on your surgery/surgeon.*

