



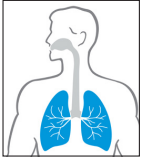




Total Hip

In general, this Care Map is what you can expect during your hospital stay of 3 to 4 days. You will be discharged by 11 a.m. the day you leave the hospital. Your health care team may suggest changes unique to your recovery.

	Hospital Day 1 (day of surgery) Date: _____	Hospital Day 2 (first day after surgery) Date: _____	Hospital Days 3 and 4 (second and third days after surgery) Date: _____
Tests, Labs and Procedures 	<input type="checkbox"/> A drain may be attached near the surgery area to remove extra fluid.	<input type="checkbox"/> You will have blood tests. <input type="checkbox"/> If you have a drain, your nurse will remove it before you leave the hospital.	<input type="checkbox"/> You will have blood tests. <input type="checkbox"/> If you have a drain, your nurse will remove it before you leave the hospital. <input type="checkbox"/> Your dressing will be changed.
Activity 	<input type="checkbox"/> Your nurse will help you change your position in bed. <input type="checkbox"/> You may use a pillow or foam wedge between your legs while you are in bed. <input type="checkbox"/> You will wear leg compression devices to prevent blood clots. <input type="checkbox"/> You will sit on the edge of the bed and stand with help. <input type="checkbox"/> You will sit up in a chair for meals and physical therapy (PT). <input type="checkbox"/> You will learn how to do ankle pumps. Do them 10 times every hour while you are awake. <input type="checkbox"/> You may learn how to use a walker or crutches. <input type="checkbox"/> Use your call light to ask for help when you need to get out of bed, get out of a chair or go to the bathroom to help prevent falls.	<input type="checkbox"/> Wear your leg compression devices as directed. <input type="checkbox"/> You will sit up in a chair for meals and PT. <input type="checkbox"/> Use your call light to ask for help when you need to get out of bed, get out of a chair or go to the bathroom. <input type="checkbox"/> Do your exercises as directed by your physical therapist. <input type="checkbox"/> You will walk during your PT sessions and other times during the day. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Wear your leg compression devices as directed. <input type="checkbox"/> You will sit up in a chair for meals and PT. <input type="checkbox"/> You may have occupational therapy (OT). <input type="checkbox"/> Use your call light to ask for help when you need to get out of bed, get out of a chair or go to the bathroom. <input type="checkbox"/> Do your exercises as directed by your physical therapist. <input type="checkbox"/> You will walk during your PT sessions and other times during the day. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

	Hospital Day 1 (day of surgery) Date: _____	Hospital Day 2 (first day after surgery) Date: _____	Hospital Days 3 and 4 (second and third days after surgery) Date: _____
Food and Drink 	<input type="checkbox"/> After surgery, you may have sips of clear liquids. You may have solid foods if you are not nauseated. <input type="checkbox"/> Medicine and non-medicine options to prevent nausea are available.	<input type="checkbox"/> You may have solid foods if you are not nauseated. <input type="checkbox"/> Drink 6 to 8 glasses of liquids unless you receive other directions. <input type="checkbox"/> Your IV fluids will be stopped if you drink enough liquids. <input type="checkbox"/> Ask for nausea medicine, if needed.	<input type="checkbox"/> Eat your regular foods. <input type="checkbox"/> Drink 6 to 8 glasses of liquids.
Comfort  Your pain goal:	<input type="checkbox"/> You will receive pain medicine by intravenous (IV) line or by mouth. <input type="checkbox"/> Ask for pain medicine as needed. <input type="checkbox"/> Cold therapy will be used to help control pain and swelling. <input type="checkbox"/> Your nurse will ask you often about your pain and help make a plan to manage your pain.	<input type="checkbox"/> Take pain medicine by IV or by mouth. <input type="checkbox"/> Ask for pain medicine as needed. <input type="checkbox"/> Use cold therapy as needed. <input type="checkbox"/> Your nurse will ask you often about your pain.	<input type="checkbox"/> Take pain medicine by mouth. <input type="checkbox"/> Ask for pain medicine as needed. <input type="checkbox"/> Use cold therapy as needed. <input type="checkbox"/> Your nurse will ask you often about your pain.
Breathing 	<input type="checkbox"/> Take deep breaths and cough often. <input type="checkbox"/> Use the incentive spirometer as directed. <input type="checkbox"/> An oxygen machine will check the oxygen level in your blood. <input type="checkbox"/> You may receive oxygen (common during the first night).	<input type="checkbox"/> Use the incentive spirometer every 2 hours while awake. <input type="checkbox"/> An oxygen machine may check the oxygen level in your blood. <input type="checkbox"/> If your oxygen levels are OK, your nurse will remove the oxygen from your nose.	<input type="checkbox"/> Use the incentive spirometer every 2 hours while awake.
Bladder/Bowel 	<input type="checkbox"/> After surgery, you may have a catheter in your bladder. If not, you will be helped to the bathroom or bedside commode. <input type="checkbox"/> You will take medicine by mouth to prevent constipation.	<input type="checkbox"/> Your nurse will remove the bladder catheter, if you have one. <input type="checkbox"/> Talk to your nurse if you are having difficulty passing urine. <input type="checkbox"/> Tell your nurse if you are passing gas or if you have a bowel movement. <input type="checkbox"/> Take medicine to prevent constipation.	<input type="checkbox"/> Talk to your nurse if you have difficulty passing urine. <input type="checkbox"/> Tell your nurse if you have a bowel movement. <input type="checkbox"/> Take medicine to prevent constipation.

	Hospital Day 1 (day of surgery) Date: _____	Hospital Day 2 (first day after surgery) Date: _____	Hospital Days 3 and 4 (second and third days after surgery) Date: _____
Plans for Leaving the Hospital (Discharge) 	<input type="checkbox"/> You can plan to stay in the hospital for 2 to 4 days. <input checked="" type="checkbox"/> After your stay, you are going: <input type="checkbox"/> home <input type="checkbox"/> home with outpatient physical therapy <input type="checkbox"/> home with home care services <input type="checkbox"/> to a short-term rehab facility.	<input type="checkbox"/> Confirm your discharge plan with your nurse. <input type="checkbox"/> Meet with a social worker, if needed. <input type="checkbox"/> Make plans for who will take you home from the hospital. <input type="checkbox"/> You may be able to leave the hospital today if you: • can eat and drink well • can take pain medicine by mouth • can pass urine with no problems • meet physical therapy goals.	<input type="checkbox"/> Meet with a social worker, if needed.

Education Before You Leave the Hospital (Discharge)

- ☐ diet (Chapter 6)
- ☐ pain medicine (Chapters 5 and 6)
- ☐ activity (Chapters 4 and 6)
- ☐ prevent blood clots (Chapter 5)
- ☐ when to call your doctor (Chapter 6)
- ☐ other _____
- ☐ other _____
- ☐ other _____

Discharge Plan

Who will help you at home:

What are your needs at home:

Who is taking you home:
