



# Total Knee Arthroplasty Clinical Pathway

## Plan of Care

Date: \_\_\_\_\_

- Physical Activity in conjunction with Therapy: \_\_\_\_\_
- Precautions: \_\_\_\_\_

**Readiness for Enhanced Therapeutic Management**  
**R/T: impaired physical function, pain and insufficient knowledge of condition, medications, diet, and safety secondary to total hip arthroplasty. Over the next 7-10 days the patient will:**

<b>Nursing</b>	
Goals	Interventions
1. Patient will remain free of skin related breakdown or infection to surgical incision.	<ul style="list-style-type: none"> <li>• Monitor skin with showers and assess wound daily for s/s of infection (temp, swelling, drainage, and erythema)</li> <li>• Provide treatments as ordered</li> <li>• Preventable measures as indicated per care card</li> </ul>
2. Patient will remain free from pain that impacts ability to rest or participate in care.	<ul style="list-style-type: none"> <li>• Complete the pain assessment tool on admission</li> <li>• Assess pain interfering with eating, rest and with activity</li> <li>• Offer non-pharm interventions: _____</li> <li>• Refer to pain committee and physician as needed for uncontrolled pain</li> </ul>
3. Patient will remain free of preventable complications of illness such as DVT and secondary infections.	<ul style="list-style-type: none"> <li>• Monitor vital signs daily and as needed</li> <li>• Monitor lab values as ordered</li> <li>• Observe for signs of DVT – increased swelling, erythema, calf pain</li> <li>• Observe for signs of hip dislocation – uncontrolled pain, marked internal rotation or shortening of the surgical side</li> </ul>

<b>Mobility/Therapy</b>	
Goals	Interventions
1. Patient will perform bed mobility and transfers with the least amount of assistance while maintaining appropriate weight bearing precautions 2. Patient will ambulate with appropriate assistive device for 100 feet over level surfaces with the least amount of assistance for safety. 3. Patient will verbalize understanding of hip precautions including proper positioning of the affected extremity with less than 50% verbal cues 4. Patient will demonstrate appropriate use of adaptive equipment for ADLs. 5. Patient will demonstrate toileting, dressing, hygiene and grooming with the least amount of assistance	<ul style="list-style-type: none"> <li>• Active and passive exercises to extremities and core               <ul style="list-style-type: none"> <li>○ Isometric quad, hamstring and gluteal exercises, SLR, closed chain if appropriate</li> </ul> </li> <li>• Proprioceptive and balance training to improve safety with functional activities (weight shifting, closed kinetic chain activities)</li> <li>• ADL training to encourage highest level of independence and safety, train on adaptive equipment. As independence is increased with ADLs, focus will shift to higher level ADL's such as bathing, cooking by discharge</li> <li>• Gait training over a variety of surfaces, progressing to a less restrictive assistive device if appropriate</li> <li>• Modalities as needed for pain control</li> <li>• Lymphedema therapist to provide MLD if appropriate</li> <li>• Transfer training with appropriate assistive device</li> <li>• Training with use of adaptive equipment for ADLs</li> <li>• Proprioceptive training to improve safety with functional activities</li> <li>• Patterned electrical nerve stimulation (PENS) if poor agonist/antagonist activity noted</li> <li>• Scar massage and mobilization when indicate</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>



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## Education Needs

Goals	Interventions
1. Patient will verbalize and/or demonstrate understanding of education provided.	<ul style="list-style-type: none"> <li>Provide verbal and written education</li> <li>Educate Patient on precautions and body mechanics with adl's and mobility</li> <li>Offer to have family or significant others involved in explanations and teaching sessions. This can encourage their support; reinforce the need for the Patient to assume responsibility for managing as much of care as possible</li> <li>Monitor and educate compliance with hip precautions, DVT prevention, safety considerations and strategies to decrease risk of falls</li> <li>Educate patient on care plan goals, interventions and progress toward anticipated discharge location</li> <li>Educate on causes of skin breakdown and wound infections</li> <li>Educate on DVT prevention, compliance with hip precautions, safety considerations and</li> </ul>

## Social Services

Goals	Interventions
1. Psychosocial factors that may affect overall health will be identified.	<ul style="list-style-type: none"> <li>Accept Patients evaluation of own strengths/limitations while working together to improve abilities</li> <li>Encourage questions and clarify misconceptions</li> </ul>

## Dietary

Goals	Interventions
1. Patient will maintaining weight and voicing understanding of the importance of nutrition and hydration for healing.	<ul style="list-style-type: none"> <li>Food alternatives/increased dietary needs per protocol/utilization of "Real food First". Determine and honor dietary preferences/choices.</li> <li>Weekly weight or weights as ordered</li> </ul>
2. Patient will maintain fluid balance	<ul style="list-style-type: none"> <li>Monitor for s/s of dehydration or fluid volume overload</li> </ul>

## Transition to Home

Goals	Interventions
1. Patient will transition to home by day 10 with all resources in place for success	<ul style="list-style-type: none"> <li>All equipment and services needed are obtained prior to discharge</li> <li>Home health or outpatient orders in place</li> </ul>

## Other

Goals	Interventions
_____ _____ _____	<ul style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> </ul>

Staff/Title/Date: _____	Staff/Title/Date: _____
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