



TOTAL HIP REPLACEMENT

CLINICAL PATHWAY

GREY BRUCE HEALTH SERVICES

- Lion's Head
 Markdale
 Meaford
 Owen Sound
 Southampton
 Tobermory
 Wiarton

PATIENT ID

PROCESS	ONGOING POST-OP CARE	DATE					
		June 16 07	June 17 07	June 18 07			
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	SKIN ASSESSMENT	D					
	VITAL SIGNS WITH O ₂ SATS: Q SHIFT	OK					
	CIRCULATION / SENSATION / MOTION	OK					
	CALF PUMPING	OK					
	SIGNS/SYMPTOMS OF THROMBUS/PHLEBITIS	OK					
	VOIDING QS	OK					
	MONITOR BOWEL MOVEMENT	OK					
OTHER:							
CONSULTS	CCAC AND/OR OUTPATIENT PHYSIO	N/A					
	DISCHARGE PLANNING IF REQUIRED	OK					
	FOLLOW UP APPOINTMENT	N/A					
	ARRANGED: _____	OK					
DIAGNOSTICS/ LABORATORY	OTHER:	/					
	OTHER:	/					
MEDICATIONS	SEE MAR SHEET	OK					
	SELF-MED PROGRAM IF APPROPRIATE	N/A					
	OTHER:	/					
	OTHER:	/					
TREATMENTS/ INTERVENTIONS	ASSESS DRESSING / CHANGE PRN	OK					
	ASSESS WOUND PRN	OK					
	REMOVE DRESSING IF WOUND CLEAN & DRY	N/A					
	REMOVAL OF SUTURES / STAPLES:	N/A					
	DATE: <u>July 1 07</u>	OK					
	TEDS REMOVED FOR SKIN CARE	OK					
	ASSIST/TEACH DRESSING IN STREET CLOTHES	OK					
	OTHER:	/					
OTHER:	/						
NUTRITION	<input type="checkbox"/> REGULAR DIET						
	<input checked="" type="checkbox"/> SPECIAL DIET <u>Diabetic</u>	OK					