

**When Coming To Hospital, Please Bring:**

- \* bottles of medication as requested by Pharmacist.
- \* sneakers or footwear that are easy to put on with good grip and closed back.
- \* loose fitting clothing.
- \* walker, cane or brace if you have been using one at home.
- \* glasses or hearing aid if you are supposed to be wearing any.
- \* list of allergy to any medications or foods, if you have them.

**PLEASE LEAVE VALUABLES AT HOME.  
EXAMPLES: MONEY, JEWELLERY, CHEQUES & CREDIT CARDS  
THE HOSPITAL IS NOT RESPONSIBLE FOR PERSONAL  
ITEMS SUCH AS GLASSES, HEARING AIDS, DENTURES, ETC.**

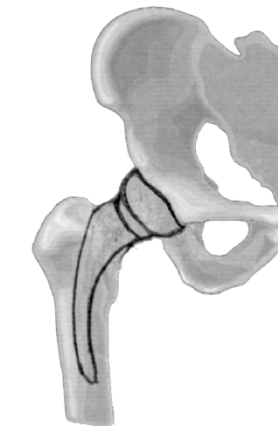
**PLEASE MAKE ARRANGEMENTS FOR SOMEONE TO STAY  
WITH YOU AT HOME AFTER DISCHARGE.**

**FEEL FREE TO VOICE ANY QUESTIONS OR CONCERNS  
THAT YOU MIGHT HAVE ABOUT YOUR STAY.**



Atlantic Health Sciences Corporation  
Corporation des sciences de la santé de l'Atlantique

**PATIENT CARE GUIDE  
FOR  
TOTAL HIP REPLACEMENT**



**A Total Hip Replacement is an operation where your surgeon  
will remove your hip joint and replace it with a new joint.**












**This is your plan for care, please bring it with you on the day of your surgery.**

Patient: \_\_\_\_\_

## PATIENT CARE GUIDE FOR TOTAL HIP REPLACEMENT

Expected Date of Discharge: \_\_\_\_\_

Room: \_\_\_\_\_

|                                                                             | DAY OF SURGERY                                                                                                                                                                                                                                                                                                                                                           | DAY 1 (Post-op)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAY 2                                                                                                                                                                                                                                                                                                                                                                                                | DAY 3                                                                                                                                                                                                                                                                                                                                                   | DAY 4                                                                                                                                                                                                                                                                                                                                                                 | DAY 5 and DAY 6                                                                                                                                                                                                                                                                                                                                                                                                | ● DAY OF DISCHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Nutrition</b>                                                            | <ul style="list-style-type: none"> <li>IV started for fluids and medications.</li> <li>May have liquids or light supper.</li> </ul>                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Full Fluids to regular diet.</li> <li>IV for fluids and medications.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Regular diet (high fiber).</li> <li>IV Removed if drinking enough fluids and medications finished.</li> </ul>                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Regular diet.</li> </ul>                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Continue regular diet.</li> </ul>                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Continue regular diet.</li> </ul>                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Plan for a high fiber diet while on pain medication at home.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Elimination</b>                                                          | <ul style="list-style-type: none"> <li>Urine output monitored.</li> <li>May have catheter.</li> </ul>                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Start stool softeners for bowels.</li> <li>To bathroom by commode/walker with help.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Continue stool softeners.</li> <li>To bathroom for elimination as able.</li> <li>If no bowel movement, may require laxative.</li> </ul>                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Foley catheter may be removed.</li> <li>To bathroom for elimination (no bedpans/urinals).</li> <li>Up in chair for all meals.</li> <li>If no bowel movement, a laxative may be given.</li> </ul>                                                                                                                 | <ul style="list-style-type: none"> <li>May have suppository if no bowel movement since surgery.</li> <li>Up in chair for all meals.</li> <li>To bathroom for elimination.</li> </ul>                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>To bathroom for elimination with minimal assistance.</li> <li>Up in chair for all meals.</li> </ul>                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Ask your nurse if stool softeners are recommended with your pain medication.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Hygiene</b>                                                              | <ul style="list-style-type: none"> <li>Bathed by nurse after surgery.</li> <li>Mouth care by nurse.</li> </ul>                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Bath and mouth care by patient with some help from nurse.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Bathes self with some help from nurse.</li> </ul>                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Dresses self with help.</li> <li>Encouraged to wear own clothes.</li> <li>Encourged to bath self at bedside.</li> </ul>                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Bathes self. Nurse will do back.</li> <li>Dresses self with use of special equipment (reacher, shoe horn).</li> </ul>                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Continue as Day 4.</li> </ul>                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Shower as directed by surgeon.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Wound Care and Test or Treatments</b>                                    | <ul style="list-style-type: none"> <li>Temperature, blood pressure, pulse monitored frequently.</li> <li>Dressing checked and reinforced as required. May need changing.</li> <li>Support stocking to improve blood flow. Special inflatable socks and air pump may also be used.</li> </ul>                                                                             | <ul style="list-style-type: none"> <li>Blood drawn for testing.</li> <li>Dressing and wound monitored.</li> <li>Temperature, blood pressure and pulse monitored.</li> <li>May have x-ray of hip.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Dressing changed.</li> <li>Temperature, blood pressure and pulse monitored.</li> <li>Blood drawn for testing.</li> </ul>                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Dressing changed.</li> <li>Blood drawn for testing.</li> </ul>                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Dressing changed.</li> <li>Blood drawn for testing.</li> </ul>                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Dressing changed.</li> <li>Blood drawn for testing.</li> </ul>                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Staples / Clips to be removed on _____ by _____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Medication</b><br><i>Note: All medications to be given by your nurse</i> | <ul style="list-style-type: none"> <li>Pain Controlled Analgesic (PCA) pump - in your IV.</li> <li>Pain medication - by needles.</li> <li>Pain medication - by mouth.</li> <li>Blood thinner will be given.</li> <li>Antibiotics will be given.</li> <li>May have oxygen.</li> </ul>  | <ul style="list-style-type: none"> <li>Continue pain control by I.V.</li> <li>Continue blood thinners.</li> <li>May have oxygen.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Pain medication changes to pill.</li> <li>Ask nurse for pain pill as needed (every 3-6 hours).</li> <li>Try to take pain pill before getting up with Physiotherapist.</li> <li>Continue blood thinner.</li> <li>Continue with PCA pump for pain.</li> </ul>              | <ul style="list-style-type: none"> <li>Continue pain pills. Remember to ask nurse for pain pills when needed.</li> </ul>                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Continue as Day 2.</li> </ul>                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Continue as Day 2.</li> </ul>                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Ask your nurse about any changes with your home medications.</li> <li>Get prescriptions for any new medications.</li> <li>Get home medications back from nurse.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Activity Rehabilitation</b>                                              | <ul style="list-style-type: none"> <li>Hourly exercises until discharged.</li> <li>- Deep breathing and coughing with breathing device.</li> <li>- Foot and ankle exercises.</li> <li>Pillow or wedge between legs for positioning.</li> </ul>                                        | <ul style="list-style-type: none"> <li>Weight bearing will be explained and demonstrated.</li> <li>Up in chair with nursing staff and/or physiotherapy staff.</li> <li>Movement from bed to chair with assistance using walker.</li> <li>Assessed by Physiotherapist.</li> <li>Start daily exercises in bed and chair and continue until discharge.</li> <li>Continue breathing and coughing exercises.</li> </ul>   | <ul style="list-style-type: none"> <li>Begin at least two walks per day.</li> <li>Transfer in and out of bed frequently.</li> <li>Increase activity.</li> <li>Increase walking distance daily.</li> <li>Continue daily exercises independently.</li> <li>Continue breathing and coughing exercises.</li> </ul>  | <ul style="list-style-type: none"> <li>Occupational Therapist assess needs for safe functioning at home.</li> <li>Up in chair for all meals.</li> <li>Walking is progressed in room, bathroom and hallway 3-4 times daily with walker.</li> <li>Distance of walk should be 50-70 meters.</li> <li>Continue breathing and coughing exercises.</li> </ul> | <ul style="list-style-type: none"> <li>Walking 70-100 meters with less assistance.</li> <li>May start using cane if recommended by Physiotherapist.</li> <li>Walks independently with equipment.</li> <li>Bed exercises done 3-4 times daily on own.</li> <li>In and out of bed with some supervision.</li> <li>Continue breathing and coughing exercises.</li> </ul> | <ul style="list-style-type: none"> <li>Moving about more independently.</li> <li>Demonstrates stair climbing with assistance.</li> <li>Review daily activities, equipment and exercises.</li> <li>Occupational Therapist confirms plans for safety at home.</li> <li>Extra Mural will be contacted if needed.</li> </ul>  | <ul style="list-style-type: none"> <li>Independent with exercises.</li> <li>In and out of bed by self.</li> <li>Climb stairs safely.</li> <li>Able to walk 70-100 meters.</li> <li>Know Hip Precautions.</li> <li>Has required equipment. <ul style="list-style-type: none"> <li>_____ walker</li> <li>_____ cane</li> <li>_____ raised toilet seat</li> <li>_____ tub bench</li> </ul> </li> <li>Extramural services arranged as needed.</li> <li>Continue exercises daily.</li> </ul>   |
| <b>Preparing for Discharge</b>                                              | <ul style="list-style-type: none"> <li>Your discharge is expected within 5-7 days.</li> </ul>                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Referral to Social Work if needed.</li> <li>Need for other services may be identified by Discharge Planner.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Continue as Day 1.</li> </ul>                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Continue discussion of discharge needs with patient/family.</li> <li>Information about community support services discussed with patient/family.</li> </ul>                                                                                                                                                      | <ul style="list-style-type: none"> <li>Date of discharge identified.</li> <li>Begin arrangements for service or equipment needs at home.</li> </ul>                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Continue as Day 4.</li> </ul>                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Follow-up appointment with: Dr. _____ on _____ at _____ in _____</li> <li>Community support services confirmed as required.</li> <li>DO NOT DRIVE until follow up appointment with Surgeon.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                       |