

Dr. Sutherland's Hemi Arthroplasty/Hip nail Discharge Orders

1. Discharge Home / Rehab facility when bed available.
2. Diet: Regular / ADA 200Kcal / Cardiac
3. Dx: R / L, Hemi Arthroplasty / Hip nail
4. Activity: WBAT R / L lower extremity with walker or cane
 - Walker or cane as directed by P.T.
5. Thigh high TED hose for six weeks post-op
6. Wound Care: keep under dressing on until follow-up with Dr. Sutherland, change only if coming off, if fluid is leaking from underneath or saturated
7. Showers may be started 3-4 days post-op with dressing over wound. If dressing falls off clean and dry wound then cover with sterile dressing. NO BATHS.
8. Call Sara at 843-705-9401 with any questions
9. Medications: Restart all home medications at pre-op doses

-Nausea:

Zofran 4mg 1-2 tablets po q 8 hrs prn nausea

Phenergran 25mg tablet po q12 hrs prn nausea

-Pain:

Norco 5/325mg 1-2 tablets po q 4-6hrs as needed for pain

Percocet 5/325mg po 1-2 tablets po q 4-6hrs as needed for pain

Dilaudid 2mg po 1 tablet q 4-6hrs prn pain

Celebrex 200mg po daily

-Constipation:

Colace 200mg po twice daily

-DVT:

Lovenox 40mg subcutaneously daily for 12 days post-op then ASA 325mg by mouth bid for 4 weeks

Xarelto 10mg by po daily for 12 days post-op then ASA 325mg by mouth bid for 4 weeks

Coumadin ____mg po q day

ASA 325mg by po twice daily

Other: _____

10. Follow-up:

- Dr Sutherland's office in Okatie S.C. / Savannah G.A. at _____ o'clock on _____

-Physical Therapy next week

Patient Name/ D.O.B.

Date/Time: _____

George B. Sutherland M.D.