



Queensland
Government

**Total Hip Replacement
Clinical Pathway
For Nursing Use Only**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

**Clinical pathways never replace clinical judgement.
Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient**

Documentation Key

- 1. **Initials** – Indicates action / care has been ordered / administered.
- 2. **N/A** – Indicates preceding care / order is not applicable.
- 3. **Crossing out** – Indicates that there is a change in the care outlined.
- 4. **V** – Indicates a variation from the pathway on that day. Document all variance (V) in progress notes.

Signature Log Every person documenting in this clinical pathway **MUST** supply a sample of their initials and signature below

Initials	Signature	Print name	Role	Initials	Signature	Print name	Role

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 11/2017



SW846

TOTAL HIP REPLACEMENT CLINICAL PATHWAY



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All nursing staff who initial are to sign signature log.

Category	DAY 0 Time (24hr) returned to ward: : Date: / /	Time	Initials	V
Reviews	Nursing plan:			
		AM	PM	ND
Investigations	Post-operative hip x-ray performed			
Medications / Pain management	Medications / Antibiotics given as ordered Pain management: <input type="checkbox"/> PCA <input type="checkbox"/> Infusion <input type="checkbox"/> Epidural <input type="checkbox"/> Oral <input type="checkbox"/> Regional Analgesia adequate / effective and without side effects			
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Post-op observations Acute Pain Management form completed Neuro vascular observations performed IV cannula, patent, no signs of inflammation – insertion date: / / Skin integrity assessment completed			
Treatments	Anti-embolic therapies (e.g. AVI, TEDs, SCUDs) Ice therapy ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Wound / Dressing	Dressing(s) intact <input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount) <input type="checkbox"/> Other: Drain(s) insitu: <input type="checkbox"/> Yes <input type="checkbox"/> No Drain type(s) – 1: 2:			
Elimination	Fluid balance chart completed No sign of urinary retention (if IDC insitu output >30mLs hour)			
Nutrition	Full diet and oral fluids as soon as practical post operatively Special dietary requirements: No nausea or vomiting			
Hygiene / Pressure care	Post-op sponge Pressure injury prophylaxis completed			
Activity / Mobility	As per post-op orders Deep breathing and circulation exercises encouraged			
Patient education / discharge planning	<input type="checkbox"/> Levels of activity <input type="checkbox"/> Wound care <input type="checkbox"/> Diet and pain management <input type="checkbox"/> VTE prophylactic education <input type="checkbox"/> Breathing exercise and circulation			

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Category	DAY 1	Date:	Time	Initials	V
Reviews	<input type="checkbox"/> Consultant <input type="checkbox"/> Registrar <input type="checkbox"/> RMO <input type="checkbox"/> Acute Pain Team <input type="checkbox"/> Other: Nursing plan: / /			
			AM	PM	ND
Investigations	Post-operative hip x-ray performed. Pathology ordered and checked. Hb:				
Medications / Pain management	Medications / Antibiotics given as ordered Medications reviewed and plan confirmed Pain management: <input type="checkbox"/> PCA <input type="checkbox"/> Infusion <input type="checkbox"/> Epidural <input type="checkbox"/> Oral <input type="checkbox"/> Regional				
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Post-op observations completed (Q-ADDS) Acute Pain Management form completed Neuro vascular observations performed IV cannula, patent, no signs of inflammation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Skin integrity assessment completed				
Treatments	Anti-embolic therapies (e.g. AVI, TEDs, SCUDs) Ice therapy as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Wound / Dressing	<input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount) <input type="checkbox"/> Other: Drains removed as ordered and tip checked by two RNs: Left drain – initials 1: 2: Right drain – initials 1: 2:				
Elimination	Fluid balance chart completed No sign of urinary retention (if IDC insitu – output >30mLs hour) IDC removed : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Voided Bowels opened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Last BM: Aperient required: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Nutrition	Full diet and oral fluids Special dietary requirements: No nausea or vomiting				
Hygiene / Pressure care	<input type="checkbox"/> Sponge / <input type="checkbox"/> Shower: <input type="radio"/> Assist x1 <input type="radio"/> Assist x2 Pressure injury prophylaxis completed				
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions SOOB in raised chair with physiotherapist Patient mobilised, time (24hr) 1: : 2: : 3: : Aid: Falls risk assessment completed				
Patient education / discharge planning	<input type="checkbox"/> Levels of activity <input type="checkbox"/> Wound care <input type="checkbox"/> Diet and pain management <input type="checkbox"/> VTE prophylactic education <input type="checkbox"/> Breathing exercise and circulation				



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Category	DAY 2 Date: / /	Time			
		AM	PM	ND	V
Reviews	<input type="checkbox"/> Consultant <input type="checkbox"/> Registrar <input type="checkbox"/> RMO <input type="checkbox"/> Acute Pain Team <input type="checkbox"/> Other: Nursing plan:				
Investigations	As ordered				
Medications / Pain management	Medications / Antibiotics given as ordered Medications reviewed and plan confirmed Pain management: <input type="checkbox"/> PCA <input type="checkbox"/> Infusion <input type="checkbox"/> Epidural <input type="checkbox"/> Oral <input type="checkbox"/> Regional				
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Post-op observations completed (Q-ADDS) Acute Pain Management form completed Neuro vascular observations performed IV cannula, patent, no signs of inflammation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Skin integrity assessment completed				
Treatments	Anti-embolic therapies (e.g. AVI, TEDs, SCUDs) Ice therapy as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Wound / Dressing	Dressing(s) reviewed: <input type="checkbox"/> Changed <input type="checkbox"/> Reinforced <input type="checkbox"/> Intact <input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount) <input type="checkbox"/> Other:				
Elimination	Fluid balance chart completed No sign of urinary retention (if IDC insitu output >30mLs hour) IDC removed : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Voided Bowels opened: <input type="checkbox"/> Yes <input type="checkbox"/> No Aperient required: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Nutrition	Full diet and oral fluids Special dietary requirements: No nausea or vomiting				
Hygiene / Pressure care	<input type="checkbox"/> Sponge / <input type="checkbox"/> Shower: <input type="radio"/> Assist x1 <input type="radio"/> Assist x2 Pressure injury prophylaxis completed				
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions SOOB in raised chair with nurse Patient mobilised, time (24hr) 1: : 2: : 3: : <input type="checkbox"/> Assist x1 <input type="checkbox"/> Assist x2 <input type="checkbox"/> Independent Aid: Falls risk assessment completed				
Patient education / discharge planning	<input type="checkbox"/> Levels of activity <input type="checkbox"/> Wound care <input type="checkbox"/> Diet and pain management <input type="checkbox"/> VTE prophylactic education <input type="checkbox"/> Breathing exercise and circulation				

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Category	DAY 3	Date: / /	Time	Initials	V	
Reviews	<input type="checkbox"/> Consultant <input type="checkbox"/> Registrar <input type="checkbox"/> RMO <input type="checkbox"/> Acute Pain Team <input type="checkbox"/> Other: Nursing plan:					
			AM	PM	ND	V
Investigations	INR checked (if on warfarin)					
Medications / Pain management	Medications / Antibiotics given as ordered Medications reviewed and plan confirmed Pain management: <input type="checkbox"/> PCA <input type="checkbox"/> Infusion <input type="checkbox"/> Epidural <input type="checkbox"/> Oral <input type="checkbox"/> Regional					
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Post-op observations completed (Q-ADDS) Acute Pain Management form completed Neuro vascular observations performed IV cannula, patent, no signs of inflammation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (re-sited: / /) Skin integrity assessment completed					
Treatments	Anti-coagulation therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No Anti-embolic therapies (e.g. AVI, TEDs, SCUDs) Ice therapy as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Wound / Dressing	Dressing(s) reviewed: <input type="checkbox"/> Changed <input type="checkbox"/> Reinforced <input type="checkbox"/> Intact <input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount) <input type="checkbox"/> Other:					
Elimination	Fluid balance chart completed IDC removed : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Voided Bowels opened: <input type="checkbox"/> Yes <input type="checkbox"/> No Aparent required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Nutrition	Full diet and oral fluids Special dietary requirements: No nausea or vomiting					
Hygiene / Pressure care	<input type="checkbox"/> Sponge / <input type="checkbox"/> Shower: <input type="radio"/> Assist x1 <input type="radio"/> Assist x2 <input type="radio"/> Independent Pressure injury prophylaxis completed					
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions SOOB in raised chair with nurse Patient mobilised, time (24hr) 1: : 2: : 3: : <input type="checkbox"/> Assist x1 <input type="checkbox"/> Assist x2 <input type="checkbox"/> Independent Aid: Falls risk assessment completed					
Patient education / discharge planning	<input type="checkbox"/> Levels of activity <input type="checkbox"/> Wound care <input type="checkbox"/> Diet and pain management <input type="checkbox"/> VTE prophylactic education <input type="checkbox"/> Breathing exercise and circulation					

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Category	DAY 4	Date: / /	Time	Initials	V
Reviews	<input type="checkbox"/> Consultant <input type="checkbox"/> Registrar <input type="checkbox"/> RMO <input type="checkbox"/> Acute Pain Team				
	<input type="checkbox"/> Other:				
	Nursing plan:				
			AM	PM	ND
Investigations	INR checked (if on warfarin)				
Medications / Pain management	Medications / Antibiotics given as ordered				
	Medications reviewed and plan confirmed				
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	Post-op observations completed (Q-ADDS)				
	Acute Pain Management form completed				
	Neuro vascular observations performed				
	IV cannula, patent, no signs of inflammation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (re-sited: / /)				
	Skin integrity assessment completed				
Treatments	Anti-coagulation therapy range within normal limits: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Anti-embolic therapies (e.g. AVI, TEDs, SCUDs)				
	Ice therapy as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Wound / Dressing	Dressing(s) reviewed: <input type="checkbox"/> Changed <input type="checkbox"/> Reinforced <input type="checkbox"/> Intact				
	<input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount)				
	<input type="checkbox"/> Other:				
Elimination	Fluid balance chart completed				
	IDC removed <input type="checkbox"/> Voided				
	Bowels opened: <input type="checkbox"/> Yes <input type="checkbox"/> No Aperient required: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Nutrition	Full diet and oral fluids				
	Special dietary requirements:				
Hygiene / Pressure care	<input type="checkbox"/> Sponge / <input type="checkbox"/> Shower: <input type="radio"/> Assist x1 <input type="radio"/> Assist x2 <input type="radio"/> Independent				
	Pressure injury prophylaxis completed				
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions				
	SOOB in raised chair with nurse				
	Patient mobilised, time (24hr) 1: : 2: : 3: :				
	<input type="checkbox"/> Assist x1 <input type="checkbox"/> Assist x2 <input type="checkbox"/> Independent				
	Aid:				
	Falls risk assessment completed				
Patient education / discharge planning	<input type="checkbox"/> Levels of activity				
	<input type="checkbox"/> Wound care				
	<input type="checkbox"/> Diet and pain management				
	<input type="checkbox"/> VTE prophylactic education				
	<input type="checkbox"/> Breathing exercise and circulation				
	<input type="checkbox"/> Mobility aids organised				
	<input type="checkbox"/> Community service contacted				
	<input type="checkbox"/> Discharge transport				
	<input type="checkbox"/> Post discharge physiotherapy required				

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Category	DAY 5	Date:	Time	Initials	V
Reviews	<input type="checkbox"/> Consultant <input type="checkbox"/> Registrar <input type="checkbox"/> RMO <input type="checkbox"/> Acute Pain Team <input type="checkbox"/> Other: Nursing plan: / /			
			AM	PM	ND
Investigations	As ordered				
Medications / Pain management	Medications / Antibiotics given as ordered Medications reviewed and plan confirmed				
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Post-op observations completed (Q-ADDS) Acute Pain Management form completed Neuro vascular observations performed IV cannula, patent, no signs of inflammation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (re-sited: / /) Skin integrity assessment completed				
Treatments	Anti-coagulation therapy range within normal limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Anti-embolic therapies (e.g. AVI, TEDs, SCUDs) Ice therapy as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Wound / Dressing	Dressing(s) reviewed: <input type="checkbox"/> Changed <input type="checkbox"/> Reinforced <input type="checkbox"/> Intact <input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount) <input type="checkbox"/> Other:				
Elimination	Fluid balance chart completed <input type="checkbox"/> Voided Bowels opened: <input type="checkbox"/> Yes <input type="checkbox"/> No Aperient required: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Nutrition	Full diet and oral fluids Special dietary requirements:				
Hygiene / Pressure care	<input type="checkbox"/> Sponge / <input type="checkbox"/> Shower: <input type="radio"/> Assist x1 <input type="radio"/> Assist x2 <input type="radio"/> Independent Pressure injury prophylaxis completed				
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions SOOB in raised chair with nurse Patient mobilised, time (24hr) 1: : 2: : 3: : <input type="checkbox"/> Assist x1 <input type="checkbox"/> Assist x2 <input type="checkbox"/> Independent Aid: Falls risk assessment completed				
Patient education / discharge planning	<input type="checkbox"/> Levels of activity <input type="checkbox"/> Wound care <input type="checkbox"/> Diet and pain management <input type="checkbox"/> VTE prophylactic education <input type="checkbox"/> Breathing exercise and circulation <input type="checkbox"/> Mobility aids organised <input type="checkbox"/> Community service contacted <input type="checkbox"/> Discharge transport <input type="checkbox"/> Post discharge physiotherapy required				

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Category	DAY 6	Date: / /	Time	Initials	V	
Reviews	<input type="checkbox"/> Consultant <input type="checkbox"/> Registrar <input type="checkbox"/> RMO <input type="checkbox"/> Acute Pain Team					
	<input type="checkbox"/> Other:					
	Nursing plan:					
					
					
			AM	PM	ND	V
Investigations	As ordered					
Medications / Pain management	Medications / Antibiotics given as ordered					
	Medications reviewed and plan confirmed					
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Post-op observations completed (Q-ADDS)					
	Acute Pain Management form completed					
	Neuro vascular observations performed					
	IV cannula, patent, no signs of inflammation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (re-sited: / /)					
	Skin integrity assessment completed					
Treatments	Anti-coagulation therapy range within normal limits: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Anti-embolic therapies (e.g. AVI, TEDs, SCUDs)					
	Ice therapy as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Wound / Dressing	Dressing(s) reviewed: <input type="checkbox"/> Changed <input type="checkbox"/> Reinforced <input type="checkbox"/> Intact					
	<input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount)					
	<input type="checkbox"/> Other:					
Elimination	Fluid balance chart completed					
	<input type="checkbox"/> Voided					
	Bowels opened: <input type="checkbox"/> Yes <input type="checkbox"/> No Aperient required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Nutrition	Full diet and oral fluids					
	Special dietary requirements:					
Hygiene / Pressure care	<input type="checkbox"/> Sponge / <input type="checkbox"/> Shower: <input type="radio"/> Assist x1 <input type="radio"/> Assist x2 <input type="radio"/> Independent					
	Pressure injury prophylaxis completed					
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions					
	SOOB in raised chair with nurse					
	Patient mobilised, time (24hr) 1: : 2: : 3: :					
	<input type="checkbox"/> Assist x1 <input type="checkbox"/> Assist x2 <input type="checkbox"/> Independent					
	Aid:					
	Falls risk assessment completed					
Patient education / discharge planning	<input type="checkbox"/> Levels of activity					
	<input type="checkbox"/> Wound care					
	<input type="checkbox"/> Diet and pain management					
	<input type="checkbox"/> VTE prophylactic education					
	<input type="checkbox"/> Breathing exercise and circulation					
	<input type="checkbox"/> Mobility aids organised					
	<input type="checkbox"/> Community service contacted					
	<input type="checkbox"/> Discharge transport					
	<input type="checkbox"/> Post discharge physiotherapy required					

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Category	DAY 7	Date:	Time	Initials	V
Reviews	<input type="checkbox"/> Consultant <input type="checkbox"/> Registrar <input type="checkbox"/> RMO <input type="checkbox"/> Acute Pain Team <input type="checkbox"/> Other: Nursing plan: / /			
			AM	PM	ND
Investigations	As ordered				
Medications / Pain management	Medications / Antibiotics given as ordered Medications reviewed and plan confirmed				
Observations	BGL as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Post-op observations completed (Q-ADDS) Acute Pain Management form completed Neuro vascular observations performed IV cannula, patent, no signs of inflammation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (re-sited: / /) Skin integrity assessment completed				
Treatments	Anti-coagulation therapy range within normal limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Anti-embolic therapies (e.g. AVI, TEDs, SCUDs) Ice therapy as ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Wound / Dressing	Dressing(s) reviewed: <input type="checkbox"/> Changed <input type="checkbox"/> Reinforced <input type="checkbox"/> Intact <input type="checkbox"/> No ooze <input type="checkbox"/> Dry <input type="checkbox"/> Intact <input type="checkbox"/> Ooze: (amount) <input type="checkbox"/> Other:				
Elimination	Fluid balance chart completed <input type="checkbox"/> Voided Bowels opened: <input type="checkbox"/> Yes <input type="checkbox"/> No Aperient required: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Nutrition	Full diet and oral fluids Special dietary requirements:				
Hygiene / Pressure care	<input type="checkbox"/> Sponge / <input type="checkbox"/> Shower: <input type="radio"/> Assist x1 <input type="radio"/> Assist x2 <input type="radio"/> Independent Pressure injury prophylaxis completed				
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions SOOB in raised chair with nurse Patient mobilised, time (24hr) 1: : 2: : 3: : <input type="checkbox"/> Assist x1 <input type="checkbox"/> Assist x2 <input type="checkbox"/> Independent Aid: Falls risk assessment completed				
Patient education / discharge planning	<input type="checkbox"/> Levels of activity <input type="checkbox"/> Wound care <input type="checkbox"/> Diet and pain management <input type="checkbox"/> VTE prophylactic education <input type="checkbox"/> Breathing exercise and circulation <input type="checkbox"/> Mobility aids organised <input type="checkbox"/> Community service contacted <input type="checkbox"/> Discharge transport <input type="checkbox"/> Post discharge physiotherapy required				

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