Queensland Government

Total Knee 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

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v1.00 - 11/2017

SW847

Queensland Government

Total Knee 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	V
Investigations	Post-operative knee x-ray performed				
Medications / Pain management	Medications / Antibiotics given as ordered				
	Pain management: ☐ PCA ☐ Infusion ☐ Epidural ☐ Oral ☐ Regional				
	Analgesia adequate / effective and without side effects				
Observations	BGL as ordered: ☐ Yes ☐ No ☐ 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: ☐ Yes ☐ No				
Wound / Dressings	Dressing intact				
	☐ No ooze ☐ Dry ☐ Intact ☐ Ooze: ..... (amount)				
	☐ Other:				
	Drain(s) insitu: ☐ Yes ☐ 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	☐ Levels of activity				
	☐ Wound care				
	☐ Diet and pain management				
	☐ VTE prophylactic education				
	☐ Breathing exercise and circulation				

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Category	DAY 1 Date: ... / ... / ...	Time	Initials	V
Reviews	☐ Consultant ☐ Registrar ☐ RMO ☐ Acute Pain Team ☐ Other: ..... **Nursing plan:**			

		AM	PM	ND	V
Investigations	Post-operative knee x-ray performed. Pathology ordered and checked. Hb:				
Medications / Pain management	Medications / Antibiotics given as ordered Medications reviewed and plan confirmed				
	Pain management: ☐ PCA ☐ Infusion ☐ Epidural ☐ Oral ☐ Regional				
Observations	BGL as ordered: ☐ Yes ☐ No ☐ N/A Post-op observations completed (Q-ADDS) Acute Pain Management form completed Neuro vascular observations performed IV cannula, patent, no signs of inflammation: ☐ Yes ☐ No ☐ N/A Skin integrity assessment completed				
Treatments	Anti-embolic therapies (e.g. AVI, TEDs, SCUDs) Ice therapy as ordered: ☐ Yes ☐ No				
Wound / Dressings	Exterior wound bandage(s) removed as ordered ☐ No ooze ☐ Dry ☐ Intact ☐ Ooze: ..... (amount) ☐ 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 : ☐ Yes ☐ No ☐ N/A ☐ Voided Bowels opened: ☐ Yes ☐ No ☐ Last BM: ..... Aperient required: ☐ Yes ☐ No				
Nutrition	Full diet and oral fluids Special dietary requirements: .... No nausea or vomiting				
Hygiene / Pressure care	☐ Sponge / ☐ Shower: ◯ Assist x1 ◯ Assist x2 Pressure injury prophylaxis completed				
Activity / Mobility	Deep breathing and circulation exercises encouraged as physiotherapy instructions SOOB in chair with physiotherapist Patient mobilised, time (24hr) 1: ... : ... 2: ... : ... 3: ... : ... Aid: ..... Falls risk assessment completed				
Patient education / discharge planning	☐ Levels of activity ☐ Wound care ☐ Diet and pain management ☐ VTE prophylactic education ☐ Breathing exercise and circulation				

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All nursing staff who initial are to sign signature log.

Category	DAY 2 Date: ... / ... / ...	Time	Initials	V
Reviews	☐ Consultant ☐ Registrar ☐ RMO ☐ Acute Pain Team ☐ Other: ..... **Nursing plan:**			

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

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All nursing staff who initial are to sign signature log.

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

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All nursing staff who initial are to sign signature log.

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

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All nursing staff who initial are to sign signature log.

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

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

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All nursing staff who initial are to sign signature log.

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

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