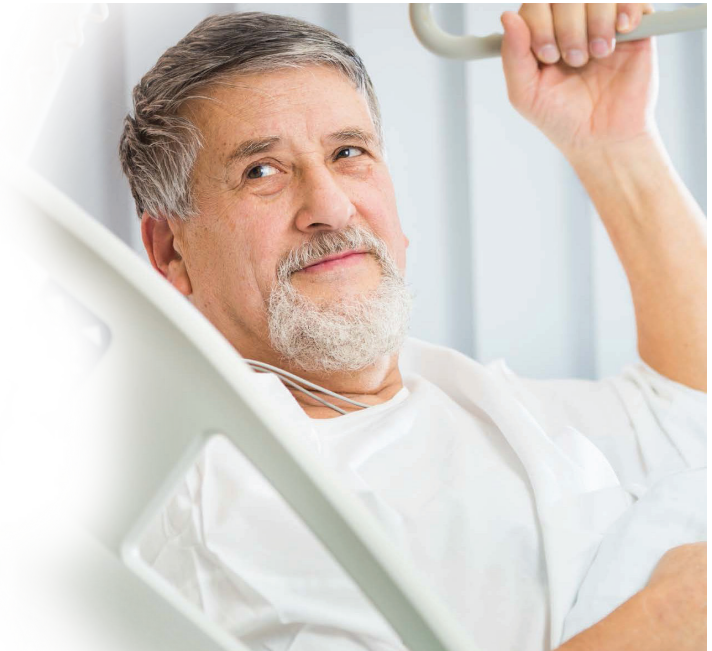


Partner In Care

INPATIENT

EDUCATION



During Procedure

- Staff may contact you with updates via cell-phone during the procedure
- You will speak with the surgeon following the procedure
- Partner in care is not allowed in the Post Anesthesia Care Unit
- After speaking with the surgeon, the partner in care will have time to eat, run home to let a pet out, go up to the patient's room and take a nap, etc...

Visitation

- You will be required to follow visiting protocols in place as of the date of the patient's surgery
- While in the facility with the patient, it is important to listen to and learn any and all teaching given to the patient
- Watch education videos with the patient
- Help maintain the safety of the patient when the staff is not present
- Do not attempt to help the patient up, call for staff assistance
- Do not tamper with equipment, this includes walker heights, chair/bed alarms, etc.

Discharge

- The partner in care is encouraged to be present while the RN reviews the discharge instructions with the patient
- Ask questions if you are unsure of anything and take notes if necessary
- Remember the patient may be on pain medication and may not remember the instructions in their entirety later
- Once home, keep the instructions close by for reference
- Secure needed telephone numbers for the surgeon's office, therapy, etc.
- **IT IS VERY IMPORTANT FOR THE PATIENT TO ADHERE TO THE DISCHARGE INSTRUCTIONS!**

Transfer Home

- Be ready to assist the patient for 5 to 7 days once they are home
- Put the pets up upon arrival then bring the patient into the house, once the patient is seated, the pet can be let out
- Assist with anything the patient may need:
 - Medications
 - Icing the extremity
 - Elevation of extremity
 - In/Out of the shower
 - Carrying items
 - Transportation to doctor/ PT visits

Safety

- Maintaining the safety of the patient is paramount in their recovery process
- Falls can cause significant injury and at times be a life changing set-back
- Encourage the patient to stay off grassy areas, go slow when climbing stairs, remove all throw-rugs while using a walker or cane, use good lighting at night, live on one floor if possible, be aware of loose flooring
- Tie a bag or basket onto the front of the walker for carrying cell-phones, eyeglasses, drinks, snacks, etc.
- Do not let the patient drive until the surgeon allows

Pain Medication

- Encourage the patient to take pain medication when needed
- Watch to make sure they are not letting the pain get out of control
- Taking pain medication simply for recovery from the surgery should not allow for addiction to the medication
- Help them time their pain medication for about one hour prior to exercise or therapy
- Assist them to slowly wean off the narcotic medication to over -the-counter pain relievers such as Tylenol as the pain decreases
- For a refill of pain medication, call the pharmacy
- If a narcotic is refilled, someone will need to pick up the paper prescription from the surgeon's office and take it to the pharmacy to be filled
- Do not let the patient drive while taking pain medication



Watch for Complications

Pulmonary Embolism (PE) – call 911

- Sudden chest or upper back pain, shortness of breath

Infection – call the surgeon

- Increased redness, heat, swelling, pain, and yellow, foul smelling drainage at the incision site

Deep Vein Thrombosis (DVT) – call the surgeon

- Redness, swelling, heat, and pain in the calf area of one or both legs (out of proportion to normal pain and swelling)

Neurovascular damage – call the surgeon

- Inability to move foot (feet)

Pale/cold foot/leg(s) – call the surgeon

- Increased Pain in foot (feet)
- Decreased pulses

RESOURCES

If you or the patient have questions, please feel free to contact the Total Joint Coordinator at (859) 301-0405 or via email at askortho@stelizabeth.com.