Union Hospital Total Joint Replacement Program
Post-Acute Guideline for Home Health *(Publish date: November 2018)*

HH p.1

Admission	7 days per week admission and discharge availability Complete review of discharge instructions and materials provided at Union Hospital. All discharge orders must be integrated with the HH plan of care Medication reconciliation will be completed
Discharge Planning	Discharge planning begins upon HH admission Average therapy visit per episode is usually 9-15 Visits Verify physician f/up appointments scheduled after HH discharge Home Health will contact surgeon's office to confirm if outpatient therapy referral should be made after HHC discharge. Verify any other scheduled post-acute service after HH discharge.
Discharge from HH when:	Can perform sit to stand, stand pivot transfer (bed to chair & toilet), and bed mobility safely Able to enter and exit home safely with available assistance if needed Can walk on even and uneven surfaces safely with or without an assistive device Pt can safely walk the distance from the home to available transportation Patient can safely demonstrate transfer in and out of car with available assistance if needed Demonstrate safe performance of Home Exercise program (HEP) Order received from surgeon to next level of care
At Discharge	Provide an **updated** Home Exercise program for patient/family Provide verified schedule of next physician appointment Inform the surgeon of discharge. If necessary, secure order for next level of post-acute care from surgeon. Provide a list of Union Hospital Preferred Provider for post acute care. Pt may select from this list. Provide the patient/family, a verified schedule of next post-acute care service visit or appointment if needed.
Call Surgeon if	Questions/concerns or if there is lack of progress Temp is greater than 101F, dressing becomes saturated with drainage, or knee flexion does not range 5-80 degrees by POD 4. Inability to bear weight or ambulate Severe swelling that does not resolve with interventions. Consult with PT Suspect Infection, DVT, severe SOB, or fever For clarification of orders or changes to orders
Send to Emergency Department if	***Life-threathening emergency*** : chest pain; sudden SOB; extreme sudden onset of pain that is not relieved; fall; bleeding that does not stop

Union Hospital Total Joint Replacement Program
Post-Acute Guideline for Home Health *(Publish date: November 2018)*

HH p.2

Therapy (Rehab orders)	Therapy (PT and/or OT) plan of care must be individualized to patient-specific needs and pre/post-op condition. *Please refer to specific protocol from the patient's surgeon*. ***There is no substitute for sound clinical judgement.*** If there is ever a question about the proposed course of treatment, or patient condition, the patient's physician should be contacted immediately. Physical Therapy (PT) initiated within 24 hours of discharge from the hospital unless otherwise specified Individual 1:1 PT sessions will be provided up to 5 days/week, or per surgeon's discretion, for a minimum of 45 minutes of formal therapy session excluding routine activities or HEP. Patient will be seen by PT or PTA for formal therapy. Ice/cold therapy provided consistently. Appropriate elevation after exercise/ activity Review of Home Exercise Program (HEP). Educate patient that HEP must be performed outside of the formal therapy session 2-3x/day Educate patient to stay active by doing the following: Perform ankle pumps and circles every hour; stand and walk a short distance within the home every waking hour. Therapy interventions should include Bed Mobility and Transfer training; Gait training including Stair training; Therapeutic exercises; ADL and IADL training as appropriate; Static and Dynamic Balance training.
TKR - ROM Goals	Knee flexion to at least 90 degrees by 2 weeks post-op Knee flexion to at least 110 degrees by 4 weeks post-op AAROM-AROM. Be careful not to cause the wound to split or rupture the patellar tendon with early aggressive passive knee flexion. Do not allow patients to push themselves to the point of extreme pain. Maintain 90 degrees for the first 2 weeks until swelling is controlled. Severe knee swelling may prevent progress. It may be appropriate to back off on the frequency and intensity of exercises if swelling is severe. Do not push a patient too hard with swollen or painful knee. Allow to subside before progressing TERMINAL KNEE EXTENSION is very important Pillow under the ankle while in bed to help keep knees extended
THR Goals	Independent with HEP Patient is able to "teach-back" hip precautions accurately and able to demonstrate hip precautions correctly Demonstrate hip ROM within functional range, good trunk control and sitting and standing balance to allow for safe and independent performance of ADLs including but not limited to bathing, upper & lower body dressing, bed mobility, transfers, walking, stairs and car transfers. Activities must be specific to patient needs. Sufficient strength to allow to return to normal function/ADLs as above Safe ambulation on even and uneven surface (with assistive device if indicated) Household = up to 150 ft; community = 1000 ft
Shoulder Replacement (Total, Hemi or Reverse)	Please refer to individual surgeon protocol

Union Hospital Total Joint Replacement Program
Post-Acute Guideline for Home Health *(Publish date: November 2018)*

HH p.3

Leg/Knee Swelling	Goal for first 2 weeks = CONTROL SWELLING Less swelling = less pain = improved ROM and movement = less side effects due to narcotics. MINIMIZE LEG DEPENDENT POSITION TO 45-60 MINUTES AT A TIME Keep leg elevated when possible Encourage icing/use of ice packs every 2-3 hours for the first 2 weeks. Change ice packs every 30 minutes or when no longer cold. Severe knee swelling may prevent progress. It may be appropriate to back off on the frequency and intensity of exercises if swelling is severe. Do not push a patient too hard with swollen or painful knee. Allow to subside before progressing
Wound Care	Your dressing is waterproof. **You may take a shower**. Do not take tub baths, spa or enter pool/ocean unless cleared by the physician Keep the waterproof dressing clean and dry. Observe daily for signs of infection. If dressing becomes saturated with drainage, call your doctor. Do not remove the waterproof dressing. This dressing will be removed at the physician's office on your first follow-up visit.