

Your total hip replacement

TICK THE BOX WHEN DAILY GOALS ARE MET

Patient Name: _____

Discharge date: _____



DAY 0	DAY 1	DAY 2	DAY 3
<p><input type="checkbox"/> 1 Physios will sit you on the edge of the bed and give you exercises to do. You may stand at the side of the bed with assistance.</p> <p><input type="checkbox"/> 2 Please tell your nurse if you feel sick or are in pain.</p> <p><input type="checkbox"/> 3 You will have TED stockings and SCUDs (sequential compression devices) on your lower limbs to help prevent DVT and reduce swelling</p>	<p><input type="checkbox"/> 1 You will sit in the chair and do some exercises. Our aim is for you to walk with a frame and trial crutches if you are ready.</p> <p><input type="checkbox"/> 2 Please tell your nurse if you are still in pain, or you are feeling nauseous (like you might vomit/be sick).</p> <p><input type="checkbox"/> 3 An x-ray of your hip will be ordered today. You will also have a blood test.</p> <p><input type="checkbox"/> 4 You will practice transfers and be helped to wash and freshen up.</p> <p><input type="checkbox"/> 5 You will be sitting out of bed at meal times and tolerating your full diet.</p>	<p><input type="checkbox"/> 1 Aim to walk at least 3 times today with crutches, do more exercises, and go to the gym. You may also practice steps.</p> <p><input type="checkbox"/> 2 All intravenous lines and your urinary catheter will be removed.</p> <p><input type="checkbox"/> 3 You will walk to the shower and get dressed into your own clothes. Aim to be as independent as possible.</p> <p><input type="checkbox"/> 4 Please tell your nurse when you have passed urine and if you have opened your bowels.</p> <p><input type="checkbox"/> 5 You will take tablets to control your pain. Please make sure you ask for regular pain relief.</p> <p><input type="checkbox"/> 6 You will be going home tomorrow, you will need to organise the following: – Equipment – Appointments – Transport home</p>	<p><input type="checkbox"/> 1 Discharge time is 10am.</p> <p><input type="checkbox"/> 2 The pharmacy will give you your medications.</p> <p><input type="checkbox"/> 3 Your physiotherapist will review your exercise program and arrange follow-up.</p> <p><input type="checkbox"/> 4 Please ensure you have the following: – X-rays – Your personal belongings – Extra wound dressings – Cannula removed – Discharge medication</p>
<p>Did you reach your daily goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?</p>	<p>Did you reach your daily goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?</p>	<p>Did you reach your daily goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?</p>	<p>Did you reach your daily goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?</p>