

LONG TERM CARE FACILITY ADMIT ORDERS

# Oklahoma Joint Reconstruction Institute

**Paul B. Jacob, DO**

**ADMISSION:**

- Admit patient to Skilled Nursing Facility: \_\_\_\_\_
- Admit patient to Acute Rehabilitation Facility: \_\_\_\_\_
- Admit patient to Subacute Rehabilitation Facility: \_\_\_\_\_

Patient has skilled care needs which require extended care services to continue their treatment initiated during the preceding hospitalization. See notes in EHR for supporting documentation.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Expected LOS:
- 3-4 days
  - 5-7 days
  - Greater than 1 week

- Admitting Diagnosis: \_\_\_\_\_
- Surgery: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

**ISOLATION STATUS:**

- None
- Specify: \_\_\_\_\_ Reason: \_\_\_\_\_

**CODE STATUS:**

- Full
- DNRCC (comfort care)
- DNRCCA (comfort care arrest)

**NURSING:****Vital Signs:**

- Vital Signs every 8 hours
- Record orthostatic BP and pulse TWICE DAILY for 48 hours- continue if positive
- Complete MANUAL orthostatics, if systolic BP is less than 100
- Neuro checks bilateral lower extremities every 8 hours
- Vascular checks bilateral lower extremities every 8 hours

Other:

- Weigh patient on admission and then DAILY in AM
- Weigh patient on admission and then WEEKLY
- Intake and Output- strict every 8 hours
- Calf and thigh measurements DAILY
- Calorie counts daily
- Fingertick Blood Glucose BEFORE MEALS and AT BEDTIME
- Incentive Spirometer 10x every hour while awake
- Head of Bed Position:
  - no restrictions
  - 30 degrees
  - 45 degrees
  - 60 degrees
  - Less than 30 degrees
  - Trendelenberg
  - Reverse Trendelenberg
  - Other- \_\_\_\_\_
- Foot of Bed Position:
  - no restrictions
  - Flat- AT ALL TIMES to prevent flexion of knee
  - 30 degrees
  - 45 degrees
  - 60 degrees
  - Less than 30 degrees
  - Other- \_\_\_\_\_
- Foot Dangle Frequency: \_\_\_\_\_
- Toileting:
  - Bathroom privileges
  - Bedside commode
  - Bedpan
  - May stand to void
  - Diaper
  - Other: \_\_\_\_\_

Diet:

- Regular Diet, no restrictions
- Cardiac DASH Diet
- Diabetic Diet
- Renal Diet
- Fluid Restrictions: \_\_\_\_\_
- Other: \_\_\_\_\_

**Labs:**

- BMP, every Monday and Thursday AM
- CBC + Auto Diff, every Monday and Thursday AM
- PT/INR, every Monday and Thursday AM
- Prealbumin, every Thursday AM
- Other: \_\_\_\_\_

**Activity:**

- Bedrest
- Ambulatory aide at all times
- Ambulatory aide with assist at all times
- Mobilize Patient
  - Level of Activity:
    - Unlimited
    - Up to chair
    - Up to chair for ALL meals
    - Up with assistance
    - Other: \_\_\_\_\_
  - Mobilization Frequency:
    - Minimum 3 times per day
    - Minimum 5 times per day
    - Other: \_\_\_\_\_

**Weight Bearing:**

- As Tolerated - Specify:  Right Lower Extremity  Left Lower Extremity
- Non Weight Bearing- Specify:  Right Lower Extremity  Left Lower Extremity
- Partial Weight Bearing: - Specify:  Right Lower Extremity \_\_\_\_%  Left Lower Extremity\_\_\_\_%
- Toe Touch Weight Bearing: - Specify:  Right Lower Extremity  Left Lower Extremity
- Flat Foot Touch Down: - Specify:  Right Lower Extremity  Left Lower Extremity
- Other: \_\_\_\_\_

**Bladder Protocol:**

- If urinary retention, monitor Post Void Residual with bladder scan every 4-6 hours. Intermittent straight cath AS NEEDED to maintain volume less than 400 mL
- Foley Catheter indicated if urinary retention > 400 mL on bladder scan continues after three consecutive straight cath procedures

**Wound Care:**

- NO SHOWERS while dressing is in place. NO EXCEPTIONS.
- Dressing to stay on 7 days. Remove dressing on POD #7.
- Once dressing is removed and there is no drainage for 3 consecutive days, then OK to shower.
- If dressing is saturated, then remove and replace with new dressing. Notify office immediately that wound is draining and dressing had to be replaced.
- NO baths or submersion of incision into water.
- No showers. NO EXCEPTIONS.

- Other:

---



---

**Negative Pressure Wound Therapy (NPWT) Orders:**

- Smith and Nephew **PICO™** single use NPWT dressing to stay on for 7 days. Reinforce as needed for air leaks.
- KCI **Prevena™** single use NPWT dressing to stay on for 7 days. Reinforce as needed for air leaks. Change canister as needed.
- Other:

---



---

**Skin:**

- Notify physician of any skin breakdown (ON DAY SHIFT)
- Suspend heels/elevate heels off bed
- Limit chair sitting to: \_\_\_\_\_ minutes per hour at a time, \_\_\_\_\_ minutes per hour per day
- Specialty overlay/bed/mattress: \_\_\_\_\_
- Elbow/heel protectors to reduce friction and shear; NOT to be used as pressure relief
- Heel Protectors while in bed
- Seating cushion as needed
- Overhead Trapeze to bed if needed

**Orthopaedic Patients:**

- Ice Pack to surgical site 20 minutes every hour
- Encourage ankle pumps, quad sets and gluteal sets every hour while awake
- May roll to operative side
- May NOT roll to operative side
- s/p TOTAL KNEE ARTHROPLASTY patients:**
- CPM machine 2 hours TID
- Start CPM ROM at \_\_\_\_\_ degrees
- Increase CPM degrees ROM daily \_\_\_\_\_
- Knee Immobilizer:  Right Lower Extremity  Left Lower Extremity
- Apply:  When out of bed only  At all times
- Remove:  For PT Exercise  Never  For Wound Care
- Foot of bed locked flat AT ALL TIMES.
- No pillows under knee AT ANY TIME. Can elevate extremity with pillows under ankle.
- s/p TOTAL HIP ARTHROPLASTY patients:**
- Posterior Hip Precautions: no hip flexion beyond 90 degrees, no adduction beyond neutral
- Abduction pillow while in bed
- Pillow between legs while turning in bed
- Foot of bed locked flat at all times.
- Elevated Toilet Seat

- Out of bed operative side only
- Orthoses/brace to be worn at all times except during wound care
- Orthoses/brace to be worn out of bed only

**Precautions:**

- Skin
- Aspiration
- Fall
- Seizure
- Posterior Hip Precautions: no hip flexion beyond 90 degrees, no adduction beyond neutral

**Notify Physician/Midlevel for:**

- Temperature greater than 101.3 for more than 24 hours
- If wound is draining that it saturated the dressing requiring it to be replaced.
- If patient's VTE prophylaxis is changed

**Consults:**

- Physical Therapy
  - Evaluation and Treatment
  - Post-op TKA PT Protocol
  - Post-op THA PT Protocol
  - Reinforce postop THA hip precautions with patient at each PT session
  - Weight Bearing Status operative leg: \_\_\_\_\_
  - Include Weekend Therapy
  - Message for therapist:  
\_\_\_\_\_  
\_\_\_\_\_
  
- Occupational Therapy
  - Evaluation and Treatment
  - Post-op TKA OT Protocol
  - Post-op THA OT Protocol
  - Reinforce postop THA hip precautions with patient at each OT session
  - Weight Bearing Status operative leg: \_\_\_\_\_
  - Include weekend therapy
  - Message for therapist:  
\_\_\_\_\_  
\_\_\_\_\_
  
- Consult Internal Medicine
  - Physician: specify- \_\_\_\_\_
  - Expectation:
    - Consult and co-management
    - Consult and assume care
    - Consult only

- Consult Wound Care Physician for: \_\_\_\_\_
- Consult Wound Care RN for: \_\_\_\_\_
- Consult Case Management- Reason:
  - Discharge planning referral
  - Other: \_\_\_\_\_
- Consult Dietician/Nutrition- Reason: \_\_\_\_\_

**Pain Medication:**

- Acetaminophen APAP (TYLENOL) 1000 mg, ORAL, EVERY 8 HOURS AS NEEDED
  - for **mild** pain (1-3)
  - for fever greater than 38.3 C
  - Do not exceed 4000 mg APAP in 24 hours
- Oxycodone 5 mg, 1-2 tablets ORAL, EVERY 3 hours PRN **moderate** pain (4-6)
- Oxymorphone (OPANA) 5 mg, 1-2 tables ORAL, EVERY 4-6 hours PRN **moderate** pain (4-6)
- Tramadol 50 mg, 1-2 tablets ORAL every 4-6 hours PRN **moderate** pain (4-6)
- Tapentadol (NUCYNTA) 50 mg, 1-2 tablets ORAL every 4-6 hours PRN **moderate** pain (4-6)
- Hydromorphone \_\_\_\_ mg ORAL every 4-6 hours PRN **moderate** pain (4-6)
- Meperidine 50 mg, 1-2 tablets ORAL every 3-4 hours PRN **moderate** pain (4-6)
- Tylenol #3 w/ codeine 30 mg/300 mg, 1-2 tabs every 4-6 hours PRN **moderate** pain (4-6)
- MS Contin \_\_\_\_\_ mg ORAL, EVERY 12 hours PRN **severe** pain (7-10)
- Oxycotin \_\_\_\_\_ mg ORAL, EVERY 12 hours PRN **severe** pain (7-10)
- Oxymorphone ER (Opana ER) \_\_\_\_\_ mg ORAL EVERY 12 hours PRN **severe** pain (7-10)
- Tapentadol ER (Nucynta ER) \_\_\_\_\_ mg ORAL, EVERY 12 hours PRN **severe** pain (7-10)
- Fentanyl Duragesic Patch \_\_\_\_\_ mcg/hr, every 72 hours PRN **severe** pain (7-10)
- Other:

---



---

**VTE Risk Assessment:**

Select one of the following categories:

- VTE risk category : low risk medical- age less than 40, no additional VTE risk factors, same day surgery, No VTE prophylaxis needed
- VTE risk category: at medical risk- older patients (age 40-60) or those with restricted mobility, and/or known risk factors for VTE such as heart failure, active infection, severe respiratory disease, obesity, history of thrombophilia, prior VTE or cancer
- VTE risk category: moderate risk surgery- older patients (age greater than 60) and known risk factors for VTE or any age patient with spinal cord injury, paresis, trauma, lower extremity fracture, OR history of thrombophilia, history of prior VTE, abdominal/pelvic surgery for cancer
- VTE risk category: orthopaedic high risk- patients of any age with total knee arthroplasty, total hip arthroplasty, or hip fracture

**VTE Pharmacologic Prophylaxis:**

- Pharmacologic prophylaxis indicated
- Pharmacologic prophylaxis not indicated due to therapeutic anticoagulation
- Pharmacologic prophylaxis contraindicated because of:
  - Active bleeding
  - Elevated bleeding risk
  - Other: \_\_\_\_\_
  - Patient on continuous intravenous heparin therapy within 24 hours before or after surgery

**Step 1: Pharmacologic Prophylaxis**

- Apixaban (ELIQUIS) \_\_\_\_ mg ORAL TWICE DAILY x 21 days
- Rivaroxaban (XARELTO) KNEE ATHROPLASTY 10 mg ORAL DAILY x 14 days (avoid use when creatinine clearance less than 30 ml/min)
- Rivaroxaban (XARELTO) HIP ATHROPLASTY 10 mg ORAL DAILY x 35 days (avoid use when creatinine clearance less than 30 ml/min)
- Enoxaparin (LOVENOX) 40 mg subcutaneous injection daily x 21 days
- Fondaparinux (ARIXTRA) 2.5 mg subcutaneous injection x 21 days (contraindicated if weight less than 50 kg or Creatinine clearance less than 30 mL/min)
- Enteric Coated Aspirin 325 mg ORAL TWICE DAILY x 28 days
- Other: \_\_\_\_\_

**Step 2: Mechanical Prophylaxis**

- Compression Stockings to be worn continuously except for bathing and skin assessments
  - Side:     Left     Right     Bilateral
  - Type:     Thigh High     Knee High
- Intermittent pneumatic compression (IPC) devices to be worn continuously except for bathing and skin assessments
  - Side:     Left     Right     Bilateral
- Mechanical Prophylaxis not indicated due to appropriate prophylactic anticoagulation
- Mechanical Prophylaxis not indicated due to therapeutic anticoagulation
- Mechanical Prophylaxis not administered:
  - Amputee
  - Lower extremity DVT
  - Lower extremity trauma
  - End of life care
  - Patient refusal
  - Severe Thrombocytopenia
  - Other: \_\_\_\_\_