

Home Health Line Tool

Clinical Care Pathway: Post-operative joint replacement

Use this tool as a reference guide for what should be considered and included when creating a pathway for joint replacement aftercare patients. (See story, p. 6.)

Clinical goals for the 2-4 week home health episode include:

- **Safety and Risk Mitigation:** Audit the home environment to eliminate fall hazards and validate the use of prescribed assistive devices.
- **Physiological Stabilization:** Monitor for surgical site infections (SSI), venous thromboembolism (VTE) and gastrointestinal complications.
- **Multimodal Pain Optimization:** Transition patients from narcotics to non-opioid regimens to facilitate active rehabilitation.
- **Functional Independence:** Restore a normalized gait pattern and transition the patient toward independent activities of daily living (ADLs).

Visit Number	Clinical Focus
Visit 1	Start of Care: Safety, Baseline Assessment, & blood thinner, pain medication, bowel function, safety, equipment and exit strategy education
Visit 2	Stabilization: Critical Complication Monitoring & Pain Strategy. Teach on DVT prevention and safety. • Wound Surveillance: Inspect for "spreading" redness or warmth; audit for purulent drainage. • Edema Tracking: Document swelling levels; validate the use of cryotherapy (ice) for at least 20 minutes every 2 hours. • GI/GU Function: Mandate the 3-day bowel movement rule. If no bowel movement has occurred, immediately intervene to prevent postoperative ileus or bowel obstruction
Visit 3	Wound Healing: Surgical Site Management & Staple/Suture Removal. Pain medication transition, from opioids to non-opioids.
Visit 4	Discharge Readiness: Functional Transition & Care Hand-off Evaluation of mobility, pain and anticoagulation therapy.

Red Flags:

IMMEDIATE SURGEON NOTIFICATION REQUIRED:

- Fever > 101°F.
- Spreading redness, warmth, or purulent drainage
- Sudden increase in pain not controlled by the prescribed regimen

911 / Emergency department triggers:

- Sudden shortness of breath or chest pain (Suspected Pulmonary Embolism)
- Loss of consciousness or acute mental status changes

Procedure Specific Precautions:

Procedure	Clinical Mandates & Precautions
Hip (Posterior)	Strict adherence: No flexion > 90°, no internal rotation, no crossing legs (adduction).
Hip (Anterior)	Generally fewer restrictions; avoid extreme hip extension and external rotation.
Knee	Stay Active Mandate: Aggressive focus on terminal extension and flexion to prevent arthrofibrosis.

Source: This guide was created by Sherri Parson, owner of Sherri Parson Coding/Consulting LLC.