

3 Hip Replacement Teaching Guide

Patient name: _____ Admission: _____

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| | <p>I. The client/caregiver can list indications for hip replacement and repair.</p> <p>A. Arthritis-osteoarthritis or rheumatoid arthritis</p> <p>B. Benign and malignant bone tumors</p> <p>C. Severe hip trauma</p> <p>D. Congenital hip disease</p> | | |
| | <p>II. The client/caregiver can list factors that increase risk of hip fracture.</p> <p>A. Advanced age</p> <p>B. Osteoporosis</p> <p>C. Prolonged immobility</p> <p>D. Poor nutrition</p> | | |
| | <p>III. The client/caregiver can recognize signs and symptoms of hip fracture.</p> <p>A. Shortening of affected extremity</p> <p>B. Severe pain and tenderness</p> <p>C. External rotation</p> <p>D. Inability to bear weight</p> | | |
| | <p>IV. The client/caregiver can define surgical methods to repair or replace a hip fracture.</p> <p>A. Fracture of the femoral neck of the hip is repaired.</p> <ol style="list-style-type: none"> 1. Internal fixation. If the bone is still properly aligned after fracture, a metal screw can be inserted to hold the fractures together until healed. 2. Hemiarthroplasty. If the ends of the broken bones are damaged and not aligned, the head and neck of the femur will be replaced by a metal prosthesis. 3. Total hip replacement. This replaces the upper femur and socket with a prosthesis. This is often used when prior damage from arthritis or prior fracture has occurred. <p>B. Intertrochanteric region fractures have a metal compression screw placed across the fracture and are attached to a plate</p> | <p>running down the side of the femur with a second screw. This compresses the edges, and they heal together.</p> | |
| | | <p>V. The client/caregiver can follow general postoperative orders.</p> <p>A. Follow activity and weight-bearing instructions exactly as ordered by physician.</p> <p>B. Follow precautions to prevent injury to hip.</p> <ol style="list-style-type: none"> 1. Avoid flexion of hip beyond 90 degrees. 2. Avoid bending at the waist. Use adaptive devices such as long-handled shoe horn and so forth. 3. Never cross legs or ankles while standing, sitting, or lying. 4. When sitting keep knees below the hips. Keep feet 6 inches apart when sitting. 5. Bear weight on affected leg only as ordered. 6. Use toilet elevator on toilet seat to ease transfers. 7. Use pillow between legs to sleep for the first 8 weeks after surgery. 8. Avoid sleeping on operative side. 9. Lie on your stomach for 15 minutes every day. 10. Follow progressive exercises as ordered. 11. Do not drive until approved by physician. 12. Use chairs with arms for aid in rising. Avoid low stools or reclining chairs. <p>C. Wear elastic stockings as ordered to prevent embolism.</p> <p>D. Eliminate safety hazards in the home.</p> <p>E. Use ordered assistive devices (walker, cane, crutches) as instructed.</p> <p>F. Provide care for incision as instructed.</p> <ol style="list-style-type: none"> 1. Cleanse the wound as instructed, and keep a dry sterile dressing over the incision as ordered. | |

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- 2. Report any signs of infection such as fever, redness, odor, painful swelling, and drainage.
- G. Nutrition recommendations are
 - 1. Have a diet high in protein, fiber, and vitamins to promote healing and prevent constipation.
 - 2. Increase fluids to help prevent constipation.
 - 3. Limit caffeine and alcohol intake.
- H. Keep follow-up appointments with physician and therapist.
- I. Explore the possible need for extended care or rehabilitation services.

VI. The client/caregiver is aware of possible complications.

- A. Infection
- B. Dislocated prosthesis
- C. Loosening of implant
- D. Thrombophlebitis
- E. Embolus (blood clot that travels to lung or brain)
- F. Neurovascular dysfunction

RESOURCES

Skilled nursing facility or assisted living

Outpatient or home physical and/or occupational therapy

Durable medical equipment companies for adaptive or assistive aids

REFERENCES

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Timby, B. K., & Smith, N. C. (2003). *Introductory medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott Williams & Wilkins.