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Wadha Zaid Al Hajry

05342

DATE OF OPERATION: 27/2/2024

DATE OF DISCHARGE: 2/3/2024

DIAGNOSIS ON ADMISSION: Left Knee Osteoarthritis

REASON FOR ADMISSION/OPERATION: Left total knee arthroplasty

SUMMARIZED HISTORY: 61-year-old, female, with background of DM, HTN, DLP, Asthma, and Hypothyroidism presented complaining of chronic Left knee pain and instability, diagnosed as Left Knee Osteoarthritis, and planned for total knee arthroplasty. Patient underwent Left total knee arthroplasty under spinal anesthesia, operation was done successfully, and no complication or bleeding occurred. Postoperative x-rays were reviewed and showed acceptable alignment and positioning of the prosthesis. Patient then was admitted to the ward for observation and postoperative management.

PATIENT CONDITION ON DISCHARGE:

- Patient discharged on good condition without complaints.
- The patient has been medically stable and cleared by the physical therapy team and internal medicine team for discharge home.
- The patient fulfilled discharge criteria for total knee replacement:
- Stable vital signs.
- Lack of dizziness.
- Ability to void.
- Pain controlled with oral analgesics.
- Medical Clearance by internist.
- Safe transfer in and out of bed.
- Ability to walk 200 feet independently with assisted device.
- Flexion beyond 90 degrees and active extension without lag.
- Medicine schedule explained to family along with postoperative packet.
- Patient and family comfortable to be discharged home.
- Home health follow up arranged as scheduled.
- Home nursing will assess the patient later tonight and twice daily for the next 72 hours. Patient will have daily physical therapy visits for the next 12 days.
- Medications and home supplies were explained to patient and their family.
- They confirmed understanding the medication administration schedule and will call if any questions or concerns.

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MEDICATIONS ON DISCHARGE:

Oral medications:

- Oxycodone/Acetaminophen 5/325 mg every 4 hours according to pain scale 1.5 tablets for 21 days. -**LAST DOSE GIVEN at 1630H**
- Celebrex 200 mg twice daily for 7 days then once daily for 2 weeks- **to start**
- Pregabalin 75 mg capsule once daily at bedtime for 11 days. - **LAST DOSE GIVEN at 1-3-2024 (22000H)**
- Apixaban 2.5 mg tablet every 12 hours for 30 days - **LAST DOSE GIVEN at 0800H**
- Ibuprofen gel to be applied topically around the operated knee three times a day for 30 days. - **LAST DOSE GIVEN at 1400H**
- Ondansetron 4 mg tablet PRN every 8 hours in case of nausea/vomiting for 5 days. **NOT GIVEN**
- Esomeprazole 40 mg tablet twice daily for 2 weeks then once daily for 2 weeks - **LAST DOSE GIVEN at 0600H**
- Dulcolax 5 mg 2 tablets every 12 hours as needed (PRN) for 5 days.- **LAST DOSE GIVEN at 0800H**
- Roxonin 100 mg patch over operated leg at the site of maximum pain (to be changed daily) for 30 days. - **LAST DOSE GIVEN at 1400H**
- Scopolamine patch 1mg/72hours every 3 days (to be changed next on 5/3/2024)for 14 days.**LAST APPLIED 1-3-2024 (0600H)**
- Vitamin D 50,000 capsule once weekly for 60 days. **LAST DOSE GIVEN at 28-02-2024**
- Fucidin cream to be applied topically in the creases folds behind her knees and on ankles TID. - **LAST DOSE GIVEN at 1400H**
- Strepsils tablet every 4 hours. - **LAST DOSE GIVEN at 1600H**
- Feroglobin capsule once daily in the morning for 14 days – **to start**
- NACL 1 gram tablet every 12 hours for 5 days - **LAST DOSE GIVEN at 1000H**
- Reparil gel to be applied to bruises areas in her upper and lower limbs – **to start**

SPECIAL INSTRUCTIONS:

- To be seen and evaluated in ER in any case of emergency.
- Activity as tolerated with no driving for 2 weeks.
- Weight bearing status: WBAT
- The dressing is to be kept dry and clean. The patient may shower by applying Saran wrap on the dressing.
- The dressing is to be changed after the shower.
- Follow up with orthopedic and internal medicine in 5 days with CBC, kidney profile, FBS, GFR and post op knee x ray.
- Follow up with Dr. Sartawi or one of his associates in 2 weeks.
- The patient was instructed to call Dr. Sartawi immediately if there is any drainage, increased redness or severe pain or if they have any concerns.