

**HIP/KNEE REPLACEMENT POST OP - PT**

<b>Name:</b>		<b>PARIS ID:</b>
<b>DOB:</b>	<b>Age:</b>	<b>PHN:</b>
<b>Gender:</b>		<b>Phone:</b>
<b>Home Address:</b>		

**Assessment Start Date:**                      **Assessment End Date:**                      **Carried Out By:**

**Assessment**

Date of Surgery:                                      Type of Surgery:

Post Op Day:

Ambulation & Weight Bearing:

Precautions / Risk Factors:

Pain & Medication:

Diet/Fluid Status, Bowel Regularity:

Edema & Temperature:

Surgical Wound Assessment (Refer to HCN when wound gaping, draining large amounts, indurated, or erythematous)

Incision Status

Approximated                       Gaping\*                       Staples                       Other:

Incision Exudate

Nil                       Serous                       Sanguinous                       Other:

Exudate Amount

Nil                       Scant                       Small                       Large\*

Peri Incisional Area

Intact                       Indurated                       Erythema                       Edema                       Rash  
 Blister                       Other:

Staple Removal Date:

Staple Removed Date:

Treatment

Dry Dressing Applied

Wound Summary Comments (Indicate if any changes in wound status):

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R.O.M.:

Strength:

ADL:

Home Support (Update Home Support Service Summary):

Client Concerns / Support:

Confidence Level (Scale 1-10):

Outpatient Referral Status:

Other:

## Needs

Need	Post to C/P	Processed	Comments
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## Casenote

**Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.**

----- End of Report -----