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Arthroplasty Checklist — Anesthesia

CRNA / anesthesiologist quick checklist · primary hip, knee & shoulder arthroplasty · parallels the Arthroplasty Quick Reference and the Shoulder Arthroplasty Protocol Sheet

One page, in case order, covering hip, knee, and shoulder arthroplasty. Every item traces to the Arthroplasty Protocol Quick Reference and the Shoulder Arthroplasty Protocol Sheet — see them for rationale and the companion Reference & Evidence document for studies. Joint-specific items are flagged inline.

PRE-OP HOLDING

- H&P and consent verified; NPO per ASA — carb drink (Ensure Pre-Surgery) allowed up to 2 h before arrival in non-diabetics.
- Acetaminophen 1,000 mg PO + celecoxib 200 mg PO given (pregabalin 75 mg only if selected).
- Cefazolin 2 g IV (3 g if > 120 kg) started within 60 min of incision. Non-anaphylactic PCN allergy: still cefazolin. Anaphylactic: clindamycin 900 mg. No routine IV vancomycin.
- TXA: oral 1–2 g 2 h pre-op OR IV 1 g before incision. Hold if CrCl < 30, TXA allergy, or VTE within 12 months.
- Forced-air prewarming + warmed IV fluids running; target core ≥ 36 °C throughout.
- Diabetics: baseline glucose; target < 200 mg/dL perioperatively.

ANESTHETIC PLAN

- Spinal is the default — low-dose agent for same-day discharge. General only if the patient cannot have a spinal.
- TKA: single-shot adductor canal block. No femoral nerve block. iPACK only if the surgeon is not doing a PAI or difficult pain is expected.
- Shoulder: interscalene block + general is the default pairing.
- Dexamethasone 10 mg IV at induction — pain, PONV, and length-of-stay benefit. Give even in diabetics with HbA1c < 8% (monitor glucose); single dose only if HbA1c ≥ 8%.

INTRA-OP

- Low-dose ketamine, especially for opioid-tolerant patients: 0.25–0.5 mg/kg bolus + 0.1–0.25 mg/kg/h infusion; stop near closure.
- PONV prophylaxis: the induction dexamethasone + ondansetron.
- Keep opioids minimal — the pathway is built for same-day mobilization; avoid long-acting agents that delay PT clearance.
- Redose cefazolin every 3–4 h in long cases.

PACU

- Ketorolac 15–30 mg IV if not given intra-op.
- Ondansetron 4 mg IV PRN — rescue with a different class than prophylaxis.
- Rescue opioid PRN only; aspirin 81 mg starts the evening of POD 0.

- Discharge from PACU when: stable vitals · pain ≤ 4 on oral meds · nausea controlled · neuraxial block regressing (motor returning, can protect the limb) · not over-sedated · voided or bladder plan in place.

HAND-OFF REMINDER

- Post-op steroid: dexamethasone 16 mg PO the morning after surgery (POD 1) — given in hospital, or sent home with same-day discharges. Confirm it is on the discharge med list.