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Arthroplasty Checklist — Circulator

OR nurse 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

- Patient ID, site, and consent verified.
- Povidone-iodine 5% nasal swab to both nares within 2 h of incision.
- Chlorhexidine or ChloraPrep skin wipe done.
- Forced-air warming blanket on + warmed IV fluids — patient arrives in the room warm (core ≥ 36 °C).
- Antibiotic timing confirmed with anesthesia — cefazolin within 60 min of incision; note the time for redosing (q3–4 h).
- Diabetics: glucose checked; target < 200 mg/dL.

ROOM SETUP

- Clippers available — clip only if needed, incision area only, never a razor.
- TKA: tourniquet available but not applied by default when TXA is used (brief, cementation-only, per surgeon).
- Vancomycin 500 mg in injectable saline prepared for intraosseous use (TKA: 100–150 mL for proximal tibia; THA: greater trochanter; shoulder: proximal humerus).
- PAI ingredients pulled and drawn up (TKA & THA): bupivacaine 0.25%, ketorolac 30 mg, epinephrine 1:1,000, methylprednisolone 40 mg, injectable normal saline (100 mL total mix).
- Topical TXA drawn: 2 g in 50 mL injectable saline for the joint before closure.
- Dilute povidone-iodine irrigation prepared (0.25–0.35%) for pre-closure lavage.
- Waterproof silver dressing on the field. No drain expected.
- No intrawound vancomycin powder — it is off-protocol.

DURING THE CASE

- Keep door openings to a minimum; traffic control throughout.
- Monitor and chart core temperature — normothermia ≥ 36 °C for the whole case.
- Prompt anesthesia for cefazolin redosing at 3–4 h.
- Counts per policy; document PAI, IO vancomycin, topical TXA, and irrigation times.

HAND-OFF TO PACU

- Report what was given: induction dexamethasone, TXA (route), PAI, IO vancomycin, ketorolac (or not — PACU gives it IV if missed).
- Report block type and expected regression (spinal / adductor canal / interscalene).

- Dressing: waterproof silver — stays on; patient may shower with it from POD 1–2.
- Plan: mobilize the day of surgery — PACU should expect PT the same day.