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Arthroplasty Checklist — Surgical PA / First Assist

PA 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.

BEFORE INCISION

- Consent, site marking, and imaging verified; implants and rep confirmed.
- Antibiotic confirmed in within 60 min of incision (cefazolin 2 g / 3 g > 120 kg).
- TXA given (oral 1–2 g 2 h pre-op or IV 1 g pre-incision) unless held for CrCl < 30 or VTE < 12 months.
- Hair clipped only if needed, incision area only — never a razor.
- TKA: no tourniquet by default when TXA is on board (or brief, cementation-only, per surgeon).

INTRA-OP TASKS

- PAI cocktail mixed (TKA & THA; shoulder relies on the interscalene block) — 100 mL total, same recipe: bupivacaine 0.25% 100 mg = 40 mL + ketorolac 30 mg = 1 mL + epinephrine 1:1,000 0.5 mg = 0.5 mL + methylprednisolone 40 mg = 1 mL, then injectable normal saline to 100 mL. Layered infiltration. Not liposomal, not morphine.
- IO vancomycin 500 mg in injectable saline — TKA: proximal tibia (in 100–150 mL); THA: greater trochanter; shoulder: proximal humerus. This is in addition to IV cefazolin.
- Topical TXA 2 g in 50 mL injectable saline into the joint before closure.
- Dilute povidone-iodine (0.25–0.35%) lavage before closure.
- No drain.
- Closure: watertight barbed capsular repair; subcuticular / 2-octyl-cyanoacrylate + mesh for skin.
- Waterproof silver dressing — stays on, patient showers with it from POD 1–2, off at 5–7 days.

POST-OP ORDERS (THE THREE-DRUG BACKBONE + VTE)

- Dexamethasone 16 mg PO on POD 1 — in addition to the induction dose; given in hospital, or sent home with same-day discharges.
- Acetaminophen 1,000 mg PO q8h scheduled (not PRN).
- Celecoxib 200 mg PO BID scheduled — OTC naproxen or ibuprofen may substitute by patient preference (add GI protection; separate from aspirin).
- Aspirin 81 mg PO BID starting the evening of POD 0 — 2 weeks TKA & shoulder / 4 weeks THA. Elevated VTE risk: DOAC instead (rivaroxaban 10 mg daily or apixaban 2.5 mg BID). IPCDs while in-house; no TED hose.
- Senna-docusate + PEG PRN while on opioids; hold for diarrhea.
- Ondansetron 4 mg PO q8h PRN.
- Oxycodone 5 mg PO q4–6h PRN, breakthrough only — small quantity (≈10–20 tabs).

- Tamsulosin 0.4 mg daily for at-risk men; bladder scan protocol, straight-cath > 400 mL or retention.
- No routine post-op labs, radiographs, or duplex ultrasound.

DISCHARGE & FOLLOW-UP

- Mobilize the day of surgery; full weight-bearing (routine cementless per surgeon).
- Milestone-based discharge: pain controlled on orals, safe ambulation and transfers, voiding, tolerating intake, support at home.
- Nurse call POD 1 and POD 2; 24/7 line staffed; in-person visit at 2 weeks.