Total Hip Replacement

Name _____   Date _____

Every Day:

✔ No smoking! Avoid secondhand smoke.

✔ Balance activity and rest.

✔ Resume a well-balanced diet or the specific diet your doctor recommended.

✔ Take your medication as prescribed. Avoid NSAIDS (Advil, Naproxen, Ibuprofen, etc.) until your doctor tells you to take them.

✔ Monitor your surgery site daily.

My Doctor:

_____

Telephone:

_____

Green Zone: All Clear. This is the safety zone if you have:

✔ Pain that is controlled by prescribed pain medications.

✔ No swelling, redness, or draining at your surgery site.

✔ Been keeping all appointments with physical therapy and your doctor.

Yellow Zone: Warning. Call your doctor if you have:

✔ Pain that is not controlled by prescribed pain medications.

✔ Fever higher than 100.5 degrees.

✔ Swelling that seems to be worsening, redness, opening of wound, cloudy or bloody drainage from your surgical site.

✔ Trouble tolerating physical therapy well.

Red Zone: Medical Alert!

Go to the emergency department or call 911 if you have:

✔ A fall at home.

✔ Shortness of breath or chest pain.

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