

Total Knee Replacement

Name: _____

Date: _____

Every Day:

- ✓ No smoking! Avoid second hand smoke.
- ✓ Balance activity and rest.
- ✓ Resume a well-balanced diet or the specific diet your physician 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.