

Care of the Above Knee Amputee

	Hospital Days 1-3	Days 4- 7	Days 8 - Discharge
M o b i l i t y	<p>ESTABLISH MOBILITY LEVEL & COMMUNICATE TO TEAM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete PT/OT evaluations: MMT (include interossei and grip strength)/ ROM/Circumferential measurement of residual limb/skin assessment for sound and residual limb and pain assessment. <input type="checkbox"/> Set goals based on impairments and home environment barriers. <p>ASSESS POSITIONING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review proper positioning with patient and post diagrams displaying proper positioning for sitting and supine. (located at RN station in education files). <p>ASSESS VISION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform vision screen with standard visual acuity tests. <input type="checkbox"/> Make referral to vision clinic if appropriate. 	<p>ESTABLISH THEREX PROGRAM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supine & seated LE Active Ther-Ex <input type="checkbox"/> Progress to standing LE Active Ther-Ex <input type="checkbox"/> Stretching exercises for Hip and Knee extension <input type="checkbox"/> PROM –prone if tolerated <input type="checkbox"/> UE Active Ther-ex for endurance/functional activity tolerance <p>INCORPORATE BALANCE ACTIVITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sitting & Standing <p>PROGRESS MOBILITY LEVEL TO INCLUDE STAIRS & CAR TRANSFERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caregiver training - may need to bump up/down stairs in W/C if patient not able to hop up and down or does not have prosthesis. <p>INCORPORATE EDUCATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fall prevention <input type="checkbox"/> Skin inspection- residual and sound limb <input type="checkbox"/> Sitting tolerance & changing position every 1 ½ - 2 hours <input type="checkbox"/> Proper positioning in bed & chairs <input type="checkbox"/> Pain management-self treatment suggestions (handout available at RN station). <input type="checkbox"/> Edema management/limb shaping: elevation, ace wrap/shrinker sock if indicated. <input type="checkbox"/> Proper hydration and nutrition <input type="checkbox"/> Use of adaptive equipment/DME for home <input type="checkbox"/> Consult with prosthetist to meet with patient to review prosthetic options if indicated. <p>INITIATE DISCHARGE PLANNING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acquire heights of bed, chairs at home <input type="checkbox"/> Home safety information to patient &/or family <input type="checkbox"/> Identify appropriate equipment company, per insurance policy & order equipment to be delivered 1 day before discharge <input type="checkbox"/> Identify home services vs. outpatient 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to progress mobility, ther-ex and balance activities. <input type="checkbox"/> Offer peer visit if appropriate. <input type="checkbox"/> Assist patient in signing up for Amputee Coalition of America resources/ newsletter. <input type="checkbox"/> Continue providing education. <input type="checkbox"/> Complete family teaching to include car transfers & tub/shower transfers if applicable. <input type="checkbox"/> Finalize equipment to be ordered & company to be used. <input type="checkbox"/> Order equipment for delivery 1 day before d/c so equipment can be adjusted to patient. <input type="checkbox"/> Finalize d/c planning & services, any f/u appointments for patient. <input type="checkbox"/> Ensure patient has f/u appointment with surgeon. <p>Created 6/2015 Last Updated: J. Thompson MS, OTR/L 12/2020</p>

