

HIP SURGERY IMMEDIATE POST-OPÉRATIVE CARES

lastname: _____ forename: _____ birthday: / /

Date of surgery: / / surgeon: _____ anesthesiologist: _____

SIDE: right / left

- nerve block
- drainage removal: D 1 D 2 D 3 other: quantity: ___ ml
- standing D 0 D 1 D 2 delayed on :

DAY	0	1	2	3	4	5	6	7
ACTIVE MOB								
STAIRS								
CYCLE								
PAIN EVALUATION								

antalgic: medication:

DAY	0	1	2	3	4	5	6	7	8	9	10

ECHODOPPLER result:

BLOOD : anticoagulation: prescription: mg /day for days
 transfusion prescription: ml date: / /
 medication: prescription: mg during days

complications : none

- phlébitis pulmonary embolism paralysis SPE skin nérosis
- superficial infection deep infection bactery: _____
- other:

TREATMENT of the COMPLICATION:

.....

WAY-OUT of SURGICAL DEPARTMENT: / /

BIOLOGY:

VS=

/

CRP=

Fbng=

BLOOD COUNT=

Hb:

RADIOLOGY

- femerotibial axis: °
- patella: centered not centered high CATON index:
- Tibial slope: °

CLINICAL EXAM of the HIP:

1. aspect : normal inflammatory swelling

2. motion:

Flexion <input type="text"/> Extension <input type="text"/>	Internal rotation <input type="text"/> External rotation <input type="text"/>	Abduction <input type="text"/> Adduction <input type="text"/>

3. pain: EVA: on going treatment :