Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Surgery Date: [Insert Surgery Date]

Procedure: Total Hip Arthroplasty (Left/Right)

Discharge Instructions

1. Wound Care:

- Keep the incision clean and dry.
- Follow specific instructions for dressing changes: [Insert Instructions].
- Do not apply creams or ointments to the incision unless directed.

2. Activity Restrictions and Precautions:

- Adhere to the following hip precautions: [Insert Precautions, e.g., No bending past 90 degrees].
- Use your walker or crutches as instructed by the physical therapist.
- Avoid high-impact activities until cleared by your surgeon.

3. Medications:

- **Pain Management:** [List Medication and Schedule]
- **Blood Thinners:** [List Medication and Schedule]
- **Antibiotics:** [If applicable]

4. Physical Therapy:

Your physical therapy schedule is: [Insert PT Schedule/Location]. Perform your home exercises [Number] times per day.

5. Warning Signs (Contact your doctor immediately if you experience):

- Redness, heat, or increased swelling at the incision site.
- Pus or foul-smelling drainage from the wound.
- Sudden chest pain or shortness of breath.
- Pain or swelling in your calf or thigh.
- Fever over 101F (38.3C).

6. Follow-up Appointment:

Your follow-up visit is scheduled for: [Insert Date and Time] with [Insert Surgeon Name].

Provider Signature: _____

Contact Number: [Insert Clinic Phone Number]