2025 Hospitalization Form-Knee

FOR IDENTIFICATION PURPOSES			
Patient Name:		**Date of Birth:**	MM/DD/YYYY
Joint	☐ Knee	**Date of Surgery:**	MM/DD/YYYY
Side	☐ Left ☐ Right	☐ Bilateral	
Hospital MRN		**Sex:** ☐Male ☐ Female ☐ Intersex ☐ Unknown	
ADMISSION			
Age at Surgery	Auto Calculated		
Payer Type	☐ BCBSM ☐ BCN ☐ Medicare	☐ BCBSM Medicare Advantage ☐ BCN Medicare Advantage ☐ Medicare Advantage	☐ Medicaid ☐ No Insur/Self Pay ☐ Other ___________
Admission Date	MM/DD/YYYY	**Time of Admission:**	
Admission Type	☐ Elective ☐Emergent	☐ Urgent ☐ Unknown	
Discharge Date	MM/DD/YYYY	**Time of Discharge**	
Length of Stay	Auto Calculated		
Discharge Disposition	Discharge Status Code List		
PRE-OP			
Smoking Status	☐ Never ☐ Previous ☐ Current ☐ Unknown **If Current**: Did they stop smoking tobacco/nicotine products within a year before date of surgery: ☐ Yes ☐ No **If Yes:** Smoking cessation confirmed by: ☐ Patient Reported ☐ Clinical Test Result ____DATE____		
History of DVT/PE	☐ No ☐ Yes ☐ Unknown		
Pre-Op Assistive Devices	☐ No ☐ Yes-Ambulatory ☐ Yes-Total ☐ Unknown		
Prehabilitation Program (Choose all that apply)	☐ None ☐ Therapy	☐ X-10	☐ Other ___________
Height	Inches _________	Centimeter _____________	
Weight:	lbs kg	**BMI:**	Auto Calculated
Prior to Admission Medication (Choose all that apply)	☐ Anticoagulation ☐ GLP-1 ☐ Steroids	☐ Antimicrobial ☐ Opioids ☐ None	☐ Antiplatelet ☐ SGLT-2

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Diabetes Mellitus	☐ No ☐ Yes – Type 1 Diabetes ☐ Yes – Type 2 Diabetes ☐ Yes – Type Unknown ☐ Unknown
Diabetes Treatment (Choose all that apply)	☐ Diet ☐ Oral ☐ Insulin ☐ Other ☐ None/No meds taken ☐ Unknown
Joint Education Class	☐ Interactive ☐ Non-interactive ☐ No ☐ Unknown
Pre-op ASA Class	☐ Unknown ☐ I ☐ II ☐ III ☐ IV ☐ V
INTRA-OP	
CPT Procedure	
Principal Procedure ICD10	
Additional Procedures ICD10	
Actual Knee Procedure Type	☐ Primary Total Knee Arthroplasty ☐ Unicompartmental (Lateral condyle) ☐ Bicompartmental ☐ Revision Knee Arthroplasty ☐ Unicompartmental (Medial condyle) ☐ Isolated Patella-Femoral ☐ Revision Isolated Patella
Reason (s) for Revision (Choose all that apply)	☐ Periprosthetic Joint Infection ☐ Malalignment ☐ Metal reaction /Metallosis ☐ Aseptic Loosening ☐ Osteolysis ☐ Arthrofibrosis ☐ Poly liner wear ☐ Implant failure ☐ Instability/Dislocation ☐ Peri-prosthetic fracture (tibia) ☐ Peri-Prosthetic fracture (femur) ☐ Patellofemoral Joint ☐ Conversion of UKA ☐ Extensor Mechanism Failure ☐ Pain
Anesthesia (Choose all that apply)	☐ Block-Single Shot ☐ Epidural ☐ Local ☐ Continuous Peripheral Nerve Block ☐ General ☐ Spinal
Surgical Approach (Choose all that apply)	☐ Lateral Parapatellar ☐ Medial Parapatellar ☐ Mid-Vastus, VMO Splitting ☐ Sub-Vastus ☐ Other ________________
Surgical Incision:	**Open Time** | **Close Time** | **Time from Incision to Close** Auto Calculated

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Device Fixation	☐ **Femoral** ☐ Cemented ☐ Uncemented ☐ Unable to determine ☐ Not replaced ☐ **Tibial** ☐ Cemented ☐ Uncemented ☐ Unable to determine ☐ Not replaced ☐ **Patellar** ☐ Cemented ☐ Uncemented ☐ Unable to determine ☐ Not replaced
Antibiotics added to cement for fixation	☐ Cefazolin ☐ Clindamycin ☐ Vancomycin ☐ Cefuroxime ☐ Colistan ☐ Gentamicin ☐ Other ______________
	☐ Ciprofloxacin ☐ Erythromycin ☐ Tobramycin ☐ No/None
Antibiotics added to cement by	☐ Manufacturer ☐ Surgeon ☐ Manufacturer and Surgeon
Cement used other than for fixation to major component?	☐ Yes ☐ No
Was antibiotic powder introduced into the joint?	☐ Yes ☐ No
Were antibiotics injected into the intraosseous space?	☐ Yes ☐ No
What was used in the irrigant? (Choose all that apply)	☐ Antibiotic solution (for example, Bacitracin) ☐ Normal Saline ☐ CHG-containing solution (for example, Irrisept) ☐ Other ________________ ☐ Povidone-Iodine (for example, Betadine)
Optional Technique (Choose all that apply)	☐ Computer Assisted ☐ Custom Implants ☐ Prefabricated Blocks ☐ Robotic surgery ___TYPE___ ☐ ETO ☐ None
Intra-op Complications (Choose all that apply)	☐ Fracture ☐ Nerve Injury ☐ Tendon/ligament ☐ Vascular Injury ☐ Other _______________ ☐ None
Tranexamic Acid:	☐ No ☐ Yes ☐ Unknown **If yes, specify route (Choose all that apply)** ☐ IV ☐ Topical ☐ Oral

POST-OP		
Mechanical VTE Prophylaxis:	No/None	☐ Yes ☐ No
	Intermittent Pneumatic Compression Devices (IPCs)	☐ Yes ☐ No
	Venous Foot Pumps	☐ Yes ☐ No
	Compression Stockings	☐ Yes ☐ No

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	Other			☐ Yes ☐ No
VTE Prophylaxis:	**VTE Prophylaxis Type**	**Initiation Date**	**Stop Date**	**Med Continued?**
	No/None			
	Antiplatelet (excluding Aspirin)	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Aspirin	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Direct Factor Xa Inhibitor	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Direct thrombin inhibitors	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Low molecular weight Heparin (LMWH)	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Synthetic pentasaccharides	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Unfractionated Low Dose Heparin (LDUH)	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Warfarin (Coumadin)	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No
	Other/Unknown	MM/DD/YYYY	MM/DD/YYYY or ☐Unknown	☐ Yes ☐ No

VTE Diagnostic testing performed	☐ No ☐ Yes ☐ Unknown	**If Yes, VTE Diagnostic test date**	MM/DD/YYYY
		VTE Diagnostic Test Positive Results	☐ No ☐ Yes ☐ Unknown

Post Op Narcotic Prescription

Medication Name	Dose	Dose Units	Route	Total Units Prescribed
No Narcotics Prescribed				
Buprenorphine	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Butorphanol	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Codeine	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#

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Dihydrocodeine	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
FENTanyl ☐ tablets or lozenge ☐ film or oral spray ☐ nasal spray ☐ patch		☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Hydrocodone		☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Hydromorphone	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Levorphanol tartrate	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Meperidine	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#

Post Op Narcotic Prescription (continued)				
Medication Name	**Dose**	**Dose Units**	**Route**	**Total Units Prescribed**
Methadone	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Morphine ☐ Morphine extended release	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Opium	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Oxycodone ☐ OxyContin extended release	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#

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Oxymorphone	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Pentazocine	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#
Tapentadol	#	☐ mgm ☐ mcg	☐Nasa spray ☐Oral ☐Transdermal patch	#
Tramadol ☐ Tramadol extended release	#	☐ mgm ☐ mcg	☐Nasal spray ☐Oral ☐Transdermal patch	#

POST-OP (continued)

Blood Transfusion Given During Stay:	☐ No	☐ Yes	☐ Unknown
If Yes, # of RBC Units Given:	units		

LABS

Staph aureus Screening:	**Screened**	☐ No ☐ Yes		☐ Unknown
	If yes, Screen result	☐ Negative ☐ Positive for MSSA		☐ Positive for MRSA ☐ Unknown
Prophylactic Decolonization	**Internasal**	☐ Mupirocin ☐ Povidone-Iodine (at least 5%)	☐ Other treatment ☐ None	☐ Unknown
	Skin Cleansing	☐ CHG Soap ☐ CHG wipes/cloth	☐ Antimicrobial soap ☐ Other treatment	☐ None ☐ Unknown
Pre-op Labs	**Lab**	**Date**		**Level**
	Albumin:	MM/DD/YYYY		g/dL
	Creatinine:	MM/DD/YYYY		mg/dL

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	Hemoglobin:	MM/DD/YYYY	g/dL
	HbA1c:	MM/DD/YYYY	**%**
	Platelet:	MM/DD/YYYY	k/µL
	INR:	MM/DD/YYYY	%
Post-op Labs	**Hemoglobin:**	MM/DD/YYYY	g/dL
	INR:	MM/DD/YYYY	%

Additional Notes: