2026 Hospitalization Form – Knee

Revised on: 10/2025

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 ☐ BCBSM Medicare Advantage ☐ BCN Michigan ☐ BCN Medicare Advantage ☐ Medicare	☐ Medicare Advantage ☐ Medicaid ☐ No Insurance/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 or nicotine products within a year before date of surgery? ☐ Yes ☐ No **If Yes:** Smoking cessation confirmed by: ☐ Patient Reported ☐ Clinical Test Result, **Date**: MM/DD/YYYY
History of DVT/PE	☐ Yes ☐ No ☐ Unknown	
Pre-Op Assistive Devices	☐ Yes - Ambulatory ☐ Yes - Total ☐ No ☐ Unknown	

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Height	Inches _____ Centimeter _____		
Weight	lbs kg	**BMI**	Auto Calculated
Prior to Admission Medication (Choose all that apply)	☐ Anticoagulation ☐ Antimicrobial ☐ Antiplatelet ☐ GLP-1 Agonist	☐ Opioids ☐ SGLT-2 Inhibitors ☐ Steroids ☐ None	
Diabetes Mellitus	☐ No ☐ Yes – Type 1 ☐ Yes – Type 2 ☐ Yes – Type Unknown ☐ Unknown	**Diabetes Treatment (Choose all that apply)**	☐ No medication taken ☐ Diet ☐ Insulin ☐ Oral, Specify: _____ ☐ Other ☐ Unknown
Joint Education Class	☐ Interactive ☐ Non-interactive ☐ No ☐ Unknown	**Pre-op ASA Class**	☐ I ☐ II ☐ III ☐ IV ☐ V ☐ Unknown

INTRA-OP

CPT Procedure	
Principal Procedure ICD10	
Additional Procedures ICD10	
Actual Knee Procedure Type	☐ Primary Total Knee Arthroplasty ☐ Revision Total knee Arthroplasty ☐ Unicompartmental (Medial Condyle) ☐ Unicompartmental (Lateral Condyle) ☐ Isolated Patella-Femoral Replacement ☐ Bicompartmental Knee Arthroplasty ☐ Isolated Patella Revision
Reason (s) for Revision (Choose all that apply)	☐ Periprosthetic Joint Infection ☐ Malalignment ☐ Metal reaction/Metallosis ☐ Aseptic loosening ☐ Osteolysis ☐ Poly liner wear ☐ Implant failure ☐ Dislocation/Instability ☐ Dislocation/Instability ☐ Peri-prosthetic fracture (Femur) ☐ Peri-prosthetic fracture (Tibia) ☐ Patellofemoral Joint ☐ Conversion of Unicondylar Knee Arthroplasty ☐ Arthrofibrosis ☐ Extensor Mechanism Failure ☐ Pain
Anesthesia (Choose all that apply)	☐ Block – Single shot nerve block ☐ General ☐ Spinal ☐ Epidural

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	☐ Local ☐ Continuous peripheral nerve block		
Surgical Approach **(Choose all that apply)**	☐ Lateral Parapatellar ☐ Medial Parapatellar ☐ Midvastus/VMO Splitting ☐ Sub-vastus ☐ Other _____	**Surgical Incision**	Open Time: Close Time: **Time from Incision to Close:** Auto Calculated
Device Fixation	**Femoral:** ☐ Cemented ☐ Uncemented ☐ Unable to Determine ☐ Not Replaced	**Tibial:** ☐ Cemented ☐ Uncemented ☐ Unable to Determine ☐ Not Replaced	**Patella:** ☐ Cemented ☐ Uncemented ☐ Unable to Determine ☐ Not Replaced
Antibiotics added to cement for fixation	☐ Cefazolin ☐ Cefuroxime ☐ Ciprofloxacin ☐ Clindamycin ☐ Colistin	☐ Erythromycin ☐ Gentamicin ☐ Tobramycin ☐ Vancomycin ☐ Other	
Antibiotics added to cement by	☐ Manufacturer Only ☐ Surgeon Only ☐ Manufacturer & Surgeon	**Cement – Other Use**	☐ 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) ☐ CHG-containing solution (for example, Irrisept) ☐ Povidone-Iodine (for example, Betadine) ☐ Normal Saline ☐ Other		
Optional Technique **(Choose all that apply)**	☐ Computer Assisted ☐ Custom Implants ☐ Prefabricated Blocks ☐ ETO ☐ Robotic surgery ☐ None	**Robotic Surgery Type**	☐ Cori ☐ Mako ☐ Navio ☐ Omnibotic ☐ Velys ☐ Robodoc ☐ Rosa ☐ Other, Specify:_____
Intra-op Complications **(Choose all that apply)**	☐ Fracture ☐ Nerve Injury ☐ Tendon/Ligament ☐ Vascular Injury ☐ Other, Specify: _____ ☐ None		
Tranexamic Acid:	☐ Yes ☐ No ☐ Unknown	**If Yes, specify route (select all that apply)**	☐ Intravenous (IV) ☐ Topical ☐ Oral

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POST-OP

Mechanical VTE Prophylaxis:	☐ Compression Stockings ☐ Intermittent Pneumatic Compression Devices (IPC) ☐ Venous Foot Pump (VFP) ☐ Other, Specify: _____ ☐ Unknown		
VTE Prophylaxis:	☐ No/None ☐ Antiplatelet, excluding ASA ☐ Aspirin ☐ Direct Factor Xa Inhibitor ☐ Direct Thrombin Inhibitors ☐ Low Molecular Weight Heparin (LMWH) ☐ Synthetic Pentasaccharides ☐ Unfractionated Low Dose Heparin (LDUH) ☐ Warfarin (Coumadin) ☐ Other ☐ Unknown		
Prophylaxis Type #1:	**Medication:** **Start Date:** MM/DD/ YYYY	**Stop Date:** MM/DD/ YYYY ☐ Unknown	**Medication Continued:** ☐ Yes ☐ No
Prophylaxis Type #2:	**Medication:** **Start Date:** MM/DD/ YYYY	**Stop Date:** MM/DD/ YYYY ☐ Unknown	**Medication Continued:** ☐ Yes ☐ No
Prophylaxis Type #3:	**Medication** **Start Date:** MM/DD/ YYYY	**Stop Date:** MM/DD/ YYYY ☐ Unknown	**Medication Continued:** ☐ Yes ☐ No
Prophylaxis Type #4:	**Medication:** **Start Date:** MM/DD/ YYYY	**Stop Date:** MM/DD/ YYYY ☐ Unknown	**Medication Continued:** ☐ Yes ☐ No
Prophylaxis Type #5:	**Medication:** **Start Date:** MM/DD/ YYYY	**Stop Date:** MM/DD/ YYYY ☐ Unknown	**Medication Continued:** ☐ Yes ☐ No
VTE Diagnostic testing performed	☐ No ☐ Yes ☐ Unknown	**If Yes, VTE Testing Details:**	**Date of First Test:** MM/DD/YYYY **Any Positive Results:** ☐ **Yes** ☐ **No** ☐ **Unknown**
Post Op Narcotic Prescription			
Opioid Medication Name(s)	☐ No Opioids Prescribed ☐ Buprenorphine ☐ Butorphanol ☐ Codeine ☐ Dihydrocodeine	☐ Levorphanol Tartate ☐ Meperidine ☐ Methadone ☐ Morphine ☐ Opium	

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	☐ Extended Release Oxycontin ☐ Fentanyl - Film or Oral Spray ☐ Fentanyl - Nasal Spray ☐ Fentanyl – Patch ☐ Fentanyl – Tablet or Lozenge ☐ Hydrocodone ☐ HydroMORPHONE	☐ Oxycodone ☐ Oxymorphone ☐ Pentazocine ☐ Tapentadol ☐ Tramadol ☐ Tramadol Extended Release ☐ Morphine Extended Release ☐ Prescription Not Found

Medication Name	Dose	Dose Units	Route	Total Units Prescribed
Incomplete Rx Info.	#	☐ mgm mcg	☐ Oral ☐ Transdermal Patch Nasal Spray	#
Incomplete Rx Info.	#	☐ mgm ☐ mcg	☐ Oral ☐ Transdermal Patch ☐ Nasal Spray	#
Incomplete Rx Info.	#	☐ mgm ☐ mcg	☐ Oral ☐ Transdermal Patch ☐ Nasal Spray	#
Incomplete Rx Info.	#	☐ mgm ☐ mcg	☐ Oral ☐ Transdermal Patch ☐ Nasal Spray	#
Incomplete Rx Info.	#	☐ mgm ☐ mcg	☐ Oral ☐ Transdermal Patch ☐ Nasal Spray	#
Incomplete Rx Info.	#	☐ mgm ☐ mcg	☐ Oral ☐ Transdermal Patch ☐ Nasal Spray	#
Blood Transfusion Given During Stay:	☐ Yes ☐ No ☐ Unknown		**If Yes, # of RBC Units Given:**	# of units

LABS

Staph Aureus screening within 90 days of surgery	☐ Yes ☐ No ☐ Unknown	**If Yes, Screening Result**	☐ Negative ☐ Unknown ☐ Positive for MRSA ☐ Positive for MSSA
Prophylactic Decolonization: Intranasal Product Used	☐ Mupirocin ☐ Povidone-iodine 5% ☐ None ☐ Unknown ☐ Other, Specify: _____	**Prophylactic Decolonization: Skin Cleansing Product**	☐ CHG Soap ☐ CHG Wipes/Cloths ☐ Antimicrobial Soap ☐ None ☐ Unknown ☐ Other, Specify: _____

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Pre-Op Labs			
Lab Type	**Date**	**Level**	**N/A**
Albumin	MM/DD/ YYYY	g/dL	☐
Creatinine	MM/DD/ YYYY	mg/dL	☐
Hemoglobin	MM/DD/ YYYY	g/dL	☐
HbA1c	MM/DD/ YYYY	%	☐
Platelet	MM/DD/ YYYY	k/uL	☐
INR	MM/DD/ YYYY	%	☐
Post-op Labs			
Lab Type	**Date**	**Level**	**N/A**
Hemoglobin	MM/DD/ YYYY	g/dL	☐
INR	MM/DD/ YYYY	%	☐

Additional Notes