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KNEE SURGERY IMMEDIATE POST-OPÉRATIVE CARES

lastname: _____ forename : _____ birthday: / /

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

SIDE: right / left

antialgic: nerve block medication:

- drainage removal: D 1 D 2 D 3 other: _____ quantity: _____ml
- standing D 0 D 1 D 2 delayed on: _____
- C P M start D 0 D 1 D 2 splint

PHYSIOTHERAPY

| DAY | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-----------------|---|---|---|---|---|---|---|---|
| ACTIVE MOB | | | | | | | | |
| C P M | | | | | | | | |
| STAIRS | | | | | | | | |
| CYCLE | | | | | | | | |
| PAIN EVALUATION | | | | | | | | |

antialgic: medication:

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

ECHODOPPLER result at 6th Day:

BLOOD : anticoagul type: _____ prescription: _____ mg /day for _____ days
 transfusion prescription: _____ ml date: / /
 medication: prescription: _____ mg during _____ days

complications : none

- phlébitis pulmonary embolism paralysis SPE skin nécrosis
- superficial infection deep infection bactory: _____
- stiffness
- other:

TREATMENT of the COMPLICATION:

mobilisation under GA: NO YES date: / / angle before: ° angle after: °

other information:

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