UP AND AT 'EM: DECREASING INCIDENTS OF DELAYED AMBULATION OR Control of the second states o **REQUIRING KNEE IMMOBILIZERS FOR AMBULATION AFTER TKA AND UNI**

Background Information

- Chart review revealed anesthesiologist inconsistency in local anesthetic administered during adductor canal block (ACB)
- Local anesthetic administration inconsistency by anesthesia resulted in limitations for use during the procedure
- Knee buckling and use of knee immobilizers resulted in a longer Length of Stay (LOS)





Additional Data

Data after Sept 2023 showed the majority of patients requiring knee immobilizers after receiving the standardized ACB were less than 65" tall . A decreased amount of local for this patient population has now been implemented.

We gratefully acknowledge our physician partners at University Orthopaedic Surgeons, Knoxville Orthopaedic Clinic and University Anesthesiologists

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Discussions with Surgeons and Anesthesia to standardize



Knee Immobilizer with walking

% TKA/UNI patient's LOS > 4 hours d/t leg weakness

——Total TKA/UNI patient population

Objective of Project

Standardize the amount of local anesthetic for ACBs to decrease incidents of delayed ambulation or patients requiring Knee Immobilizers for initial ambulation after total/uni knee replacement.

Implications for Perianesthesia Nursing Practice

• Increase patient safety in ambulation after same day Total and Uni knee replacement

- Decrease with likelihood of Local Anesthesia Systemic Toxicity (LAST)
- Decrease PACU length of stay for Total/Uni knee replacement patients
- Decrease case cost by decreasing likelihood of patient requiring knee immobilizer for ambulation

Statement of Sucessful Practice

Standardization of decreased local anesthetic injected for ACBs in the TKA/UNI patient population has decreased knee buckling or knee immobilizer use for post-operative ambulation and decreased instance of greater than or equal to a 4-hour post-operative LOS.