

Getting back to an active life

Norton Joint Care Program



NORTON
ORTHOPEDIC
INSTITUTE

Norton Joint Care Program

Welcome to the Norton Joint Care Program! We are pleased you chose the Norton Orthopedic Institute team to help you on your road to recovery.

This guidebook was developed for you and your coach to help you prepare for your total joint replacement surgery and recovery.

If you have questions during your time with us, ask any member of your health care team. We are here for you.

The phone numbers listed below will connect you with staff in pre-admission testing. Call one of these numbers if you need to reschedule your pre-admission testing appointment.

- Norton Audubon Hospital(502) 636-7141**
- Norton Brownsboro Hospital(502) 446-8660**
- Norton Hospital(502) 629-2144**
- Norton Women's & Children's Hospital(502) 893-1169**

Total knee replacement surgery

What you should know

If you have arthritis in your knee, you probably have a hard time walking, climbing stairs or even lying in bed. It may be hard to do the things you want or need to do. To get you back to your normal routine and enjoying life, your doctor has recommended total knee replacement surgery. You are not alone. Every year, more than half a million people have knee replacement surgery.

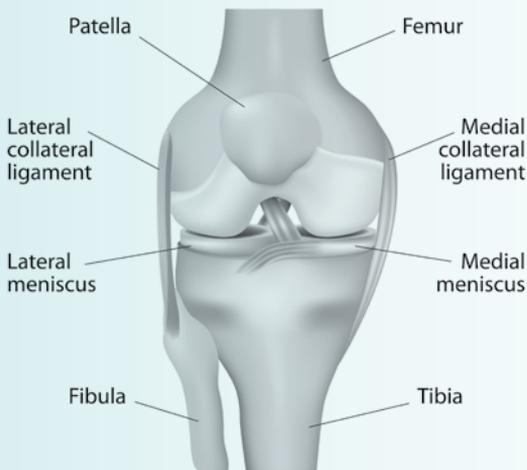
The knee is the largest joint in your body. The knee is made up of the lower end of the thigh bone (femur), which glides on the upper end of the shin bone (tibia). The kneecap (patella) slides in a groove on the end of the thigh bone. Cartilage covers the ends of the femur, tibia and the back of the kneecap. Joint fluid lubricates the knee, making it move smoothly. Ligaments and muscles help keep the knee strong and stable.

When the cartilage starts wearing away, the knee becomes stiff and painful. This is called *arthritis*. Eventually, bone starts rubbing against bone, causing even more pain and loss of function. Knee replacement surgery is used to replace the painful joint with a mechanical one.

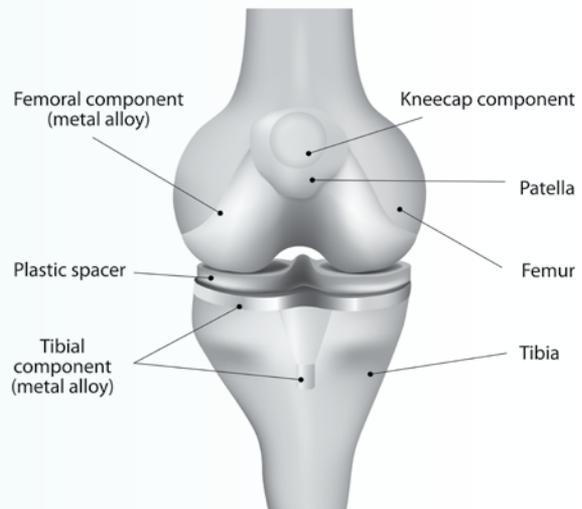
During knee replacement surgery, the surgeon will make an incision on the top of your knee. The ends of the femur and tibia will be shaped and trimmed, then replaced with metal and plastic pieces. A plastic button may be placed on the back of the kneecap if the cartilage is worn out there. The new knee comes in different sizes. Your surgeon will decide which size is the best fit for you.

The incision will be closed with staples, stitches and/or glue. During your recovery process, your pain should be decreased and your knee function should improve. Your surgeon will do the easy part; it's up to you to do the rest — physical therapy and following your surgeon's instructions.

THE HUMAN KNEE



TOTAL KNEE IMPLANT



Total hip replacement surgery

What you should know

Every year, more than 200,000 people have hip replacement surgery. If you have arthritis in your hip, you probably have a hard time walking, climbing stairs or even lying in bed. It may be hard to do the things you want or need to do. To get you back to your normal routine and enjoying life, your doctor has recommended hip replacement surgery.

The hip joint is one of the largest joints in the body. It is made up of the ball (head) of the thigh bone (femur), which fits into a socket (acetabulum) in the pelvis. The ball and the socket are covered with smooth cartilage. This allows the ball to glide easily inside the socket. Muscles and ligaments help keep your hip strong and stable.

When arthritis develops in the hip, the cartilage wears out so there is no longer a cushion for the bones. The bones then become rough as they rub together. The ball grinds in the socket when the leg moves, causing pain and stiffness. Hip replacement surgery can help ease your pain and get you back to enjoying life again.

During hip replacement surgery, the surgeon will make an incision in the front, side or back of the hip. The ball of the femur will be cut off, and an artificial stem will be placed into the thighbone. An artificial ball replaces the ball of the femur. An artificial cup is placed in the socket of the pelvis. These parts fit together to create the new hip joint. The parts of the new hip come in different sizes and materials. Your surgeon will decide which size is the best fit for you.

TOTAL HIP REPLACEMENT (arthroplasty)

Your incision will be closed with staples, stitches and/or glue. During your recovery process, your pain should be decreased and your hip function should improve. Your surgeon will do the easy part; it's up to you to do the rest — physical therapy and following your surgeon's instructions.



Possible joint replacement complications

While your care team will make every effort to ensure your safety and success during and after surgery, complications are always a possibility.

Blood clots

Signs and symptoms:

- Calf swelling/increased leg swelling and warmth
- Extreme pain and tenderness in calf, especially when bending your foot up

How to prevent:

- Your doctor may prescribe aspirin or a blood thinner to help prevent blood clots. If you are prescribed one of these, it is very important to take it when you go home for the length of time prescribed by your doctor.
- While in the hospital, you might have foot/leg pumps or stockings to wear to help with circulation in your legs.
- Elevate your legs when sitting and relaxing, with no pillow under the knee.
- Lie down several times each day and elevate your legs above your heart.
- Do the ankle pump exercises every hour.
- Move your legs around while in bed, and get up and about as much as possible.

Pneumonia

Signs and symptoms:

- Cough/coughing up colored sputum
- Fever
- Generally feeling under the weather
- Shortness of breath

How to prevent:

- Drink lots of fluids.
- Use your incentive spirometer every hour.
- Cough and take deep breaths every hour.
- Get up, walk and reposition yourself in bed frequently.
- Do not smoke. Smoking may delay the healing process and increase your risk of blood clots.



Infection

Signs and symptoms:

- Foul-smelling or cloudy drainage from the incision
- Extreme redness of incision and surrounding area
- Temperature of more than 101 degrees for 24 hours or more
- New pain that is difficult to control

How to prevent an incisional infection:

- Make sure you, your coach and all your caregivers wash their hands before and after caring for you.
- Report any signs and symptoms to your orthopedic doctor as soon as possible.
- Don't put any ointment or medicine on your incision unless your doctor tells you to. Don't pick at your incision.

How to prevent infection in the joint:

If you get any kind of infection in your body, it can travel to your new joint, so you need to be careful. Take these steps to stay infection-free:

- Inform your dentist that you have had joint replacement surgery before your next visit. You may need to take antibiotics prior to any dental work, even teeth cleaning. Your teeth have bacteria on the surface, which can get into your bloodstream when you have dental work. This could possibly cause an infection with your new joint. Once you tell your dentist about your joint replacement, he or she will tell you what you need to take before any dental work.
- Before any medical procedure, remind your doctor or surgeon that you have had joint replacement surgery.
- If you think you may have a bladder or sinus infection, or any other type of infection, call your doctor as soon as possible.
- Wash your hands frequently.



Managing your comfort

It is important that you remain as comfortable as possible and that your pain is manageable. You will have pain related to your surgery. If you are prescribed medicine to help with your pain, take it as directed. Cold therapy (ice packs) also will help control your pain and swelling.

Types of pain

Acute pain can be caused by a health condition, an injury or an operation. This kind of pain usually lasts less than six months.

Chronic pain is long-lasting pain usually due to an ongoing injury or a health condition that can't be cured or easily treated. Common causes include arthritis, back injury, nervous system damage (neuropathic pain) and headaches. Sometimes the exact cause of the pain is unknown.

Knowledge helps lessen pain

Fear and anxiety can make pain seem worse. If you know what to expect, you'll feel less afraid and more in control. This helps make pain a little easier to handle. Exercise, repositioning, relaxation techniques, cold therapy and medications are a few of the methods used for controlling pain.

Communication brings the best results

Your role in managing your pain begins before your surgery. Be sure to tell us all the medicines you take, even the ones you buy in the drug store without a doctor's prescription, such as vitamins. On the day of your surgery, bring a list of everything you take with the following information:

- Name of each medicine
- Strength or dosage of the medicine (e.g., 10 mg tablets)
- How many tablets or capsules you take during a 24-hour period
- How long you have been taking the medicine

Pain control during your hospital stay

Your care providers will ask you to rate your pain using a pain scale. This scale helps you rank your pain and describe it to others. The scale ranges from 0 (no pain) to 10 (worst possible pain).

Pain-relief medications

Oral pain medications and nonsteroidal anti-inflammatory drugs, known as **NSAIDs**, may be used for mild to moderate pain and may help reduce swelling at the surgery site.

Intravenous (IV) pain medications may be used for severe pain while you are in the hospital.

Anesthesia

Several types of anesthesia are used for surgical procedures. A surgeon and anesthesiologist will meet with you before surgery to discuss your options.

Managing pain at home

During your first 24 to 48 hours at home, take your pain medication as directed if needed. The goal is to take the next dose before the last dose wears off. When it comes to managing pain, the tips you learned in the hospital also work at home. To get the best pain relief possible, remember these points:

- Use your medication as directed. As pain lessens, start taking your medication less often.
- Remember that medications need time to work. Most oral pain relievers need at least 30 to 45 minutes to take effect.
- Try to time your medication so that you take it before beginning an activity.
- Cold therapy can help your pain for weeks after surgery.
- Eat lots of fruits and vegetables, drink plenty of liquids and be as active as possible to reduce constipation, a side effect of some pain relievers.

Relax to reduce pain

When you're relaxed, pain medications work better. This is because muscles aren't tense, and signals of fear and anxiety aren't flooding your brain. Try the tips below to help increase your level of relaxation:

- Position yourself for comfort and ease of breathing. Use several pillows to support the new joint.
- Lower nearby lights and breathe deeply. By focusing on your breathing, you can relax tense muscles and take your mind off your pain a bit. Listening to soft music also may help you relax.
- Use your imagination to help reduce tension and pain. First, notice where your body feels tight or sore. Does an image such as knotted muscles come to mind? If so, replace that painful picture with a healing one.





The role of the coach

We all go through times when we need help and support. Having surgery is one of those times. It's important to have a family member, friend or group of people to assist in providing physical and emotional support before and after surgery. We call this helper a "coach."

If you are going to have hip or knee surgery, we ask you to find a coach to help in your preparation before surgery and healing process afterward. Below is a list of ways your coach can help make this journey as easy and stress-free as possible for you:

- Help you prepare for surgery.
 - Your coach can go with you to some or all of your doctor visits. He or she can take along a pad of paper and a pen and help you remember questions to ask your doctor, as well as write down your doctor's answers.
 - Your coach can help you get your home ready so you will be comfortable after surgery.
- Remind you to do your exercises before and after surgery.
- Visit often or stay with you while you are in the hospital to learn how to help you after you go home.
- Be a familiar and trusting source of encouragement, especially when it comes to exercise and therapy.
- Help get you home. It's important to have an extra set of ears to listen to your home care instructions and get your medicines filled.
- Stay with you at home for a few days, if needed, until you feel safe by yourself. Your coach can help by reminding you to take your medicine correctly, go to the grocery store, cook meals and take you to your doctor's visits.

Once you have completed your journey, you will be qualified to be a coach for someone who needs you!



What you and your coach can do to prepare for surgery

Get your home ready

- Remove clutter and tripping hazards.
- Tape down loose carpet and floor edges that stick up.
- Remove all throw rugs and long extension cords.
- Clean your house and do the laundry.
- Put clean sheets on the bed.
- Put night lights in the bathrooms and hallways.
- Gather items you will want nearby, such as your remote control, radio, telephone, tissues, etc., and put them in one central location by a chair (with arms) that you will be sitting in when you come home from the hospital.
- Place a lamp and/or flashlight next to your bed. It is too dangerous to walk around in the dark.
- Put a nonslip rubber mat in your bathtub/shower so that you do not slip. You may want to consider renting, purchasing or borrowing a shower bench for a few weeks. It makes bathing much easier and safer.
- Move the things you use a lot to an easy-to-reach place. Things at waist level are easiest to reach.
- Stock up on groceries. If you like to cook ahead of time, freeze some items that can be reheated easily and served after surgery.
- Make sure the chairs, couches and bed you are going to use are stable and sturdy.

Get yourself ready for surgery

- Follow your diet instructions the day before and morning of surgery. Drink plenty of fluids the day before surgery.
- See your primary care provider and any other doctors you see regularly to make sure they clear you for surgery. This is an elective surgery, and we want you to be in the best shape possible before surgery.
- Bring your living will or power of attorney papers to the hospital.
- Bathe with soap given to you during your pre-admission testing and follow the instructions.
- Stop smoking; it increases your risk for complications.
- Eat a well-balanced diet high in protein and vitamin C to help with the healing process.
- Read page 17 or 18 to prepare for the exercise program you will follow before and continue after your surgery.

On the day of surgery

Follow your doctor's instructions on what to eat and drink the day before and morning of surgery.

Items to bring to the hospital on the day of surgery

- This guidebook
- A walker if you have one (this can stay in the car until you are assigned a room after surgery)
- Clothes to wear after surgery: shorts, T-shirts, loose sweatpants. You are going to be doing lots of therapy and movement, so we want you to be in comfortable clothes.
- Supportive shoes (not slip-ons)
- Personal care and hygiene items
- Entertainment, such as books or magazines
- Your positive attitude!
- If you live far away, bring your cellphone and charger.
- If your insurance requires a copay for your surgery, bring a check with you. To find out the amount of your copay, call the customer service phone number on the back of your insurance card.
- ID (such as driver's license)
- If you would like to use the Norton Pharmacy Meds to Beds prescription delivery service, you will need cash, check or credit card.
- Note to the coach:* Don't forget items for yourself! (medications, clothing, reading materials, etc.)

Leave at home

- All valuables
- Large amounts of money
- Credit cards
- Jewelry
- Your “can't do” attitude — you can do it all with the help of your coach and caregivers

Upon your arrival at the hospital

- Go to Registration.
- The registration person will review your information and make sure all paperwork is complete.
- You will be directed to the pre-operative area. When you get there, the nurse taking care of you will have you change into a hospital gown.
- Your nurse may draw some blood, start your IV and review your medical history.
- Your coach and family members may stay with you in the pre-op area until you are taken to surgery.
- The nurses will prepare your surgery site by cleaning it with a solution to help prevent infection. Your orthopedic surgeon will mark the location of the correct surgical site and confirm it with you.
- The anesthesiologist will review your medical history and talk about the type of anesthesia that is available to you. He or she also will give you some medicine to help you relax and get ready for surgery.
- Any time you or your coach have questions, please ask. We are here to help you, and we want you to know what is going on at all times.
- Time to go to sleep! You will be taken to the recovery room when the procedure is completed.
- Your coach and family members will be kept informed about what is going on and when surgery is finished.





Between surgery and going home

You may have several things attached to you for a day

- IV (gives you medications and fluids)
- Oxygen and pulse oximeter (monitors your oxygen level)
- Foot/leg pump, compression hose (these help with circulation)
- Cold therapy (ice, which helps with swelling and pain)
- Incentive spirometer (breathing tool)
- Drain (removes excess blood from the surgery site)
- Dressing (keeps your wound covered)

Day of surgery

It's important to take deep breaths, cough and use your incentive spirometer every hour while you are awake. This helps your lungs get back to normal after anesthesia. Your coach can help you remember these things.

You may start out on a liquid diet, then slowly start eating regular foods as you can tolerate them. It's important to drink lots of liquids!

Your coach can help you with your bed exercises: ankle pumps, quadriceps sets, gluteal (glute) sets and leg raises.

When you begin to have pain, be sure to tell your nurse. Don't wait until the pain worsens, because it will take a little time for the medication to begin to work.

Do not attempt to walk without assistance. Call a nurse if you need to get up. A therapist or nurse may visit you and get you up and moving. The sooner you start moving, the better off you will be!

First day after surgery and until you leave the hospital

You may have blood drawn once a day (usually at night or early in the morning) so that your doctor can see the lab results.

A physical therapist should see you twice a day until you have reached your goals.

Your nurse may remove any tubes and drains that remain and change your dressing.

Your care team would like to help you get dressed and sit in a chair for meals.

If you do not have a bowel movement by the second or third day after surgery, let the nurse know. If you have been taking a stool softener, you may need more help. Exercise and drinking more water help relieve constipation.

A care manager or social worker will visit you and discuss your plans for going home and what medical equipment you might need. Your nurse will help you understand your home care instructions and answer any questions you have.

Getting the most from your new joint

Rehabilitation

Rehabilitation is a vital part of your care and quick recovery. Carefully following recommendations from your doctor and therapists can greatly improve your ability to get back to your routine as soon as possible. Each person is different, and depending on the type of surgery you are undergoing, your individual rehabilitation program may be different.

The physical therapy staff will begin working with you and your coach after your surgery to gradually increase your activity. They will review the exercise program, how to move in bed, how to get in and out of bed, and how to walk using a walker, or cane.

Occupational therapy may be a part of your care. Occupational therapists will teach you how to perform everyday activities like dressing, bathing, using the toilet and getting around your house.

The therapy you need depends on the type of replacement surgery you have. Together, your nurses and therapists will work with you and your coach to teach you the correct ways to move. After surgery, you will work with physical therapy and/or occupational therapy to achieve these important goals:

- Walk independently with a walker or cane
- Increase strength in the joint that was replaced
- Improve the range of motion of your new joint
- Help you become independent with your daily activities

You will be getting out of bed with assistance while in the hospital, but by the time you leave you should be using the walker or the cane without help from another person. With practice and therapy, you will be walking on your own again soon.

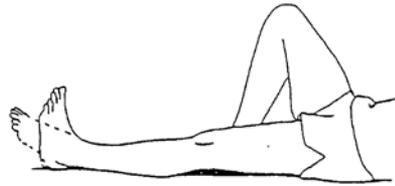
Exercises

Begin practicing the following exercises today. These exercises will help you prepare for your therapy after surgery as well as improve strength/flexibility leading up to your surgery.

Exercises for total knee replacement

Do these exercises 10 times each, two to three times a day.

1. Ankle pumps



Sitting or lying, pump your ankle by pulling the foot and toes up, then pushing down again.

2. Quad set



Lie with your knees straight. Tighten the muscle on top of your thigh (the quadriceps), pulling your kneecap up. Hold for a count of 5.

3. Gluteal set



Squeeze buttocks tightly and hold for a count of 5.

4. Short arc quads



Lie with a towel roll under your knee. Straighten your leg and hold for a count of 5.

5. Straight leg raises



Tighten the thigh as in exercise #2, then lift the leg straight up, even with the opposite knee. Hold for a count of 5.

6. Heel slides



Lying on your back, bend your knee by sliding your heel toward your buttocks.

Exercises for total hip replacement

Do these exercises 10 times each, two to three times a day.

1. Ankle pumps



Sitting or lying, pump your ankle by pulling the foot and toes up, then pushing down again.

2. Quad set



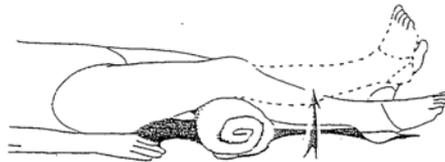
Lie with your knees straight. Tighten the muscle on top of your thigh (the quadriceps), pulling your kneecap up. Hold for a count of 5.

3. Gluteal set



Squeeze buttocks tightly and hold for a count of 5.

4. Short arc quads



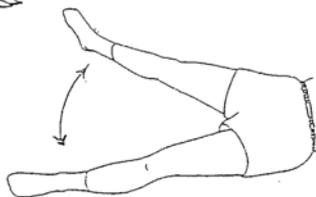
Lie with a towel roll under your knee. Straighten your leg and hold for a count of 5.

5. Heel slides



Lying on your back, bend your knee by sliding your heel toward your buttocks.

6. Hip abduction



Slide your leg out to the side, keeping your knee straight and toes pointing up. Slide back in, but do not cross midline.

Do these exercises before and after surgery on your own or with the help of your coach. Exercises before and after surgery are important to strengthen your muscles and improve your hip or knee movement. They also are important for increasing blood flow to your legs to prevent blood clots. These exercises will help speed your recovery and reduce your pain after surgery.

Tips to improve mobility

Walking

- Stand up straight and look straight ahead with chin up.
- Use a walker or cane to help with walking.
- Keep the length of steps equal for both feet.
- Keep your knee pointing straight ahead.
- Bend your knee when you take a step; try to touch the floor with your heel first.
- Do not pivot or twist on your new joint; instead, pick up your feet when you turn.
- Gradually increase the distance you walk.
- Walk at least four to six times daily.
- Avoid uneven surfaces while using a walker or cane.
- Be cautious with entryways. Wet surfaces, leaves and gravel can be hazardous.
- Slippers and shoes should offer support, comfort and stability. Wear nonslip soles. Do not wear high heels.
- Remove throw rugs from your home.

Using a walker

Once you stand, you will be using a walker. As you progress with safety and comfort, you may learn to use a cane until you don't need any support.

With your back straight, lean on the walker to support your weight. Step with your operated leg first, then the other leg.

Using stairs

• **Walking up stairs**

- Step up first with the leg that did not have surgery, then follow with your leg with the new joint and cane if you are using one.
- Use a handrail if one is available.
- Have someone stand by for safety at first.

• **Walking down stairs**

- Step down with your cane, then with your leg with the new joint, then the leg that did not have surgery.
- The key to maneuvering stairs is to go up the stairs with your stronger leg first and down the stairs with your weaker leg first. If there is a curb or only one step, place your walker/cane up the curb/step or down the curb/step before you step with your feet.

Visit [NortonHealthcare.com/Rehab-Videos](https://www.nortonhealthcare.com/Rehab-Videos) for a selection of videos about exercises and everyday tasks.

Dressing the lower body

- It will be easiest to get dressed while sitting on the edge of your bed or in a chair.
- Dress the operated leg first.
- Elastic shoelaces can turn shoes with ties into slip-on shoes. Use a long-handled shoehorn if needed.
- If precautions are given, a reacher or dressing stick will be needed to pull up and push down your pants over your legs.
- Use a sock aid to pull socks over your foot, and push socks off with a reacher or dressing stick from the inside.

Getting in and out of a car

- You can use the front passenger seat or the back seat.
- Have someone slide the seat back as far as possible and recline it before you get in.
- Back up to the seat and sit down. Keep your hands behind you and lean back to bring your legs in safely without bending beyond 90 degrees at the hips. Someone may need to help you get your legs into the car.
- Place a cushion or folded blanket in the center of the seat to make it level with the sides and build up the height, if necessary.

Bathroom

- If precautions are given, a raised toilet seat will be needed.
- Getting in/out of the tub: Stand sideways at the tub facing the faucet with the walker in front of you. Bend your knee and step over, using the walker for support.

Special precautions with hip surgery

There are two surgical approaches to a hip replacement — anterior (front) and posterior (back). You and your doctor will discuss what approach is best for you. If your surgeon will be using a posterior approach, there are precautions to follow to decrease the risk for dislocation. These include:

- No bending at the waist or hips over 90 degrees.
- No crossing your legs.
- No rotating your foot inward (“pigeon toes”).

Signs of hip dislocation

During the healing process, if you do not follow the hip precautions, your new hip may slip (dislocate) out of the socket. Call your doctor immediately if you notice any of the following signs:

- Sudden, severe hip pain followed by continued pain and muscle spasms when you move your hip.
- A new bulge on your hip you can feel with your hand.
- Abnormal rotation of the leg on the surgery side.
- Shortening of the leg (limp) on the surgery side.
- Decreased sensation in the leg on the surgery side.

Day of discharge

Be patient on discharge day. It takes some time to get your paperwork together and complete any orders your doctor writes. Once all orders are carried out and the nurse provides you and your coach with the discharge instructions and/or equipment, you can leave the hospital.

Your nurse will give you a medication sheet with the medicines your surgeon wants you to take at home along with any specific instructions. Be sure to get any new prescriptions filled and take them as directed. Do not add any new medicines without checking with your doctor.

Homeward bound!

Here is what you should know about what happens when you go home:

- Wash hands frequently to prevent infection.
- You may drive only when your doctor says it is OK. You cannot drive while taking narcotic pain medications.
- Your pain medication may cause one uncomfortable side effect — constipation. Eating a high-fiber diet like fresh fruits, vegetables and whole grain breads, as well as drinking a lot of fluids, at least 4 to 6 eight-ounce glasses, will help prevent constipation. Often, over-the-counter stool softeners or laxatives are needed. If you have not had a bowel movement by the second or third day after surgery you need to start taking a laxative. Exercise will help with constipation. A good, gentle bulk-forming laxative is polyethylene glycol (Miralax), which can be found at drug and grocery stores. Take it as directed on the package. If you continue to have a problem with regular bowel movements, contact your primary care provider.
- Keep clothes, towels and sheets as clean as possible.
- You may shower only when your doctor says it is OK.
- Follow your doctor's orders for taking care of your dressing on your incision.
- Don't put any medications, lotions or ointments on the incision.
- Do your exercises as instructed by your physical therapist.
- If you have staples, they will be removed by your doctor or home health nurse in 10 to 14 days. If you have Steri-Strips on your incision, they will fall off on their own in 7 to 10 days.
- Use cold therapy/ice pack on your incision for swelling and pain relief.
- Use your walker or cane for as long as your physical therapist or doctor instructs.
- When sitting, elevate your legs. If you notice your leg is swelling more, make a point of lying down flat several times a day with your legs elevated higher than your heart. Do not place a pillow under your knee.
- Your incision will look bruised, reddened and swollen. This is normal. If it appears to be getting worse, call your surgeon.
- Eat a well-balanced diet. This is not a good time to go on a weight loss diet. Eat lots of protein, and drink lots of fluids. Your body needs energy to heal and stay strong!
- When you first get home, make sure you get lots of rest. You have been through a lot, and it is normal to need an extra nap or two during the day. Don't worry — that feeling won't last forever. Note to the coach: Get your rest too!
- Your new joint may set off metal detectors at airports or federal buildings. Be prepared for longer wait times while they scan you.

Call your orthopedic surgeon if you:

- Have a fever of 101 degrees or more for 24 hours
- Have increased pain that is unrelieved by your pain medicine
- Have increased swelling, tenderness or redness in calf
- Have cloudy or foul-smelling drainage from your incision
- Are not sure about your symptoms and feel they need to be evaluated

Call 911 if you:

- Have chest pain
- Have sudden shortness of breath
- Have trouble talking/putting your thoughts together
- Have a very fast or irregular heartbeat
- Feel dizzy or like you are going to faint
- Have any medical emergency not listed above

Good luck and thank you for entrusting your care to Norton Healthcare. We wish you the best!



Norton Pharmacy

We want your first stop
to be home

The Norton Pharmacy offers personalized and convenient community pharmacy services.

The pharmacy's Meds to Beds program provides you with bedside pharmacy service and medications upon discharge. Whether you're here for an inpatient stay or outpatient surgery, the Norton Pharmacy offers:

- Bedside medication delivery to your hospital room
- Medication reviews
- Personalized education
- Convenient prescription pickup
- Competitive pricing
- Transfers from other pharmacies
- Prescription refill reminders

For more information or to speak with a member of the Norton Pharmacy staff, call **(502) 446-8800**.



NORTON
PHARMACY



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