



Physician Orders PEDIATRIC: LEB Ortho Accelerated Posterior Spinal Fusion Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
Phase: LEB Ortho Accelerated PSF Post Op Initial Phase, When to Initiate:_____
- ☐ Initiate Powerplan Phase
Phase: LEB Ortho Accelerated PSF Transfer POD 1 Phase, When to Initiate:_____
- ☐ Initiate Powerplan Phase
Phase: LEB Ortho Accelerated PSF POD 2 Phase, When to Initiate:_____
- ☐ Initiate Powerplan Phase
Phase: LEB Ortho Accelerated PSF Discharge Phase, When to Initiate:_____

LEB Ortho Accelerated PSF Post Op Initial Phase

Admission/Transfer/Discharge

- ☐ Return Patient to Room
T;N
- ☒ Transfer Pt within current facility
Level of Care: Med-Surg, To 9th Floor - Ortho, Telemetry: None

Vital Signs

- ☒ Vital Signs
Routine, q4h(std), T;N

Activity

- ☒ Bedrest
Routine, OK to position on side, back, or stomach for comfort.
- ☒ Bath
prn, Sponge bath only if needed or requested

Food/Nutrition

- ☒ NPO
NPO except for ice chips and /or popsicles, maximum of 30mL/hour, patient may chew gum PRN as tolerated, Start at: T;N

Patient Care

- ☒ Neurovascular Checks
q2h(std), until 0800 on POD1, then q4hr
- ☒ Intake and Output
Routine, q2h(std)
- ☒ Elevate Head Of Bed
May elevate HOB 30 degrees
- ☒ Turn
q2h(std), OK to position patient on side, back or stomach for comfort
- ☒ Mouth Care
PRN, if needed or requested





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- ☒ Dressing Care
Dressing change only to be performed by Ortho team.
- ☒ Dressing Care
Action: Reinforce Only, PRN, loose dressing
- ☒ Dressing Remove
Pressure dressing to arterial line site before bedtime.
- ☒ Drain Care
q4h(std), Hemovac to suction, record output q4h
- ☒ Foley Care
Foley to gravity drainage, record output q4h and PRN
- ☒ Incentive Spirometry NSG
10 times per hour
- ☒ Sequential Compression Device Apply
Apply To Lower Extremities, apply at all times until ambulating. Remove q shift and inspect skin.
- ☒ Cold Apply
Back, Cooling Vest, May remove if uncomfortable for patient. Check cooler to ensure filled with 3/4 ice and 1/2 water to fill line only.
- ☒ Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor, Special Instructions: Continuous until PCA discontinued
- ☐ Discontinue CP Monitor
Monitor when ALL Criteria met: No NG-Tube, No PCA, No Chest Tube, No Sepsis Alert notified, PEWS of 0 and 24 hour post op.
- ☒ O2 Sat Monitoring NSG
Continuous until PCA discontinued
- ☒ CSR Supply Request
Geomatt

Nursing Communication

- ☒ Nursing Communication
T;N, No Reverse Trendelenberg unless approved by Anesthesia

Respiratory Care

- ☒ Oxygen Delivery
Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.

Continuous Infusion

- ☒ D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr

Medications

- ☒ **+8 Hours** ceFAZolin
25 mg/kg, Injection, IV Piggyback, q8h, Routine, (for 3 dose), Max dose = 2 gram [Less Than 18 year]





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- ☒ **+6 Hours** vancomycin
10 mg/kg, Injection, IV Piggyback, q6h, Routine, (for 4 dose), Max dose = 1 gram
- ☒ **+1 Hours** famotidine
0.25 mg/kg, Injection, IV, q12h, Routine, (for 2 dose), Max Dose = 20 mg
Comments: First dose to be administered at 2000
- ☒ **+1 Hours** diazepam
0.1 mg/kg, Injection, IV, q6h, Routine, (for 3 dose), Hold dose if patient does not respond to tactile stimulation
Comments: First dose to be administered at 2000. Max dose= 5mg
- ☒ **+1 Hours** ondansetron
0.1 mg/kg, Injection, IV, q6h, Routine, (for 4 dose), Max dose = 8mg/dose
- ☒ **+1 Hours** meperidine
1 mg/kg, Injection, IV, once, Routine, (for 24 hr)
Comments: Only to be given for anesthesia tremors, Max dose = 50mg
- ☒ **+1 Hours** promethazine
12.5 mg, Supp, PR, q6h, PRN Other, specify in Comment, Routine
Comments: For persistent N/V even with administration of ondansetron
- ☒ **+1 Hours** promethazine
0.25 mg/kg, Ped Injectable, IM, q6h, PRN Other, specify in Comment, Routine
Comments: For persistent n/v even with administration of ondansetron
- ☒ **+1 Hours** ketorolac
0.5 mg/kg, Injection, IV, q6h, Routine, (for 4 dose), Max single dose 30 mg
Comments: First dose to be administered at 2000
- ☒ **+1 Hours** gabapentin
5 mg/kg, Cap, PO, q8h, Routine, (for 3 day)
Comments: First dose to be administered at 2000. Max Dose = 300 mg
- ☐ LEB Morphine PCA(SUB)*
- ☒ **+1 Hours** acetaminophen
500 mg, Tab, PO, q4h, PRN Fever, Routine, (for 12 hr), For Temperature Greater than 38.5 Degrees Celsius
Comments: Max Dose = 75 mg/kg/day up to 4g/day; Take with small sips of water

Laboratory

- ☒ Hematocrit & Hemoglobin
Time Study, T+1;0500, q24h x 2 day, Type: Blood

Consults/Notifications/Referrals

- ☒ Notify Resident-Continuing
Notify: Ortho Team, Notify For: if dressing is soiled or saturated.
- ☒ Notify Resident-Continuing
Notify: Ortho Team, Notify For: of drain output greater than 200mL/hr over 4 hours, Hematocrit less





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than 25%, increased O2 requirements, pain not relieved by PCA, persistent nausea or emesis unrelieved by Ondansetron/Phenergan

- ☒ Notify Resident-Continuing
Notify: Ortho Team, Notify For: of ANY changes in neuro status
- ☒ Notify Physician For Vital Signs Of
Notify: Ortho Team, BP Systolic < 100, Celsius Temp > 38.5, Heart Rate < 50, Resp Rate < 10, Oxygen Sat < 92%
- ☒ Physical Therapy Ped Eval & Tx
Routine, Special Instructions: status post spinal fusion (Accelerated Pathway), POD #1: Up to chair in AM/Ambulate in room and/or halls in PM. Patient/Family cannot refuse. POD #2 through DC: OOB to chair TID, Ambulate in halls TID.

LEB Ortho Accelerated PSF Transfer POD 1 Phase

Activity

- ☒ Out Of Bed
Up As Tolerated, First time with PT assistance, Per PT Protocol

Food/Nutrition

- ☒ PO Challenge
T;N, Begin clear liquids. Wait one hour. If tolerated, DC NPO order and advance to full liquids. Clear liquids still allowed.
- ☒ Full Liquid Diet
OK to continue clear liquids as tolerated. Start at: T;N
- ☒ Ensure Clear
of patients flavor choice to be delivered with and between meals

Patient Care

- ☒ Neurovascular Checks
q4h(std), T;0800
- ☒ Indwelling Urinary Catheter Remove
Routine, Remove before physical therapy
- ☒ Catheterize In/Out
Routine, if no void in 8 hours. Please notify provider if no void within 8 hours of foley being discontinued.

Nursing Communication

- ☒ Nursing Communication
Decrease IVF rate to 20mL/hr when PCA continuous rate is discontinued.

Medications

- ☒ Children's Chewable Multivitamins
1 tab, Tab, PO, QDay, Routine, (for 8 dose)
- ☒ diazePAM
2 mg, Tab, PO, q4h, Routine, (for 6 dose), To start once IV doses are completed. Max Dose = 2 mg





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- ☐ docusate
100 mg, Cap, PO, bid
- ☒ ondansetron
0.1 mg/kg, Injection, IV Push, q8h, Routine, (for 3 dose), Max dose = 8 mg/dose
- ☒ ketorolac
0.5 mg/kg, Tab, PO, q6h, Routine, (for 8 dose), Max dose = 10 mg
- ☒ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, Routine, (for 12 dose), Max dose = 10 mg, 1 tab for Mild to Moderate Pain of 1 to 7
- ☒ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, (for 12 dose), Max dose = 10 mg, 2 tabs for Severe Pain of 8 to 10
- ☒ polyethylene glycol 3350
17 g, Powder, PO, QDay, Routine
- ☒ raNITidine
75 mg, Tab, PO, bid, First dose to be given at 2000
- ☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, Routine, (for 12 dose), Max dose = 10 mg, 1 tab for mild to moderate pain of 1 to 7
- ☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, Routine, (for 12 dose), Max dose = 10 mg, 2 tabs for severe pain of 8 to 10

Consults/Notifications/Referrals

- ☒ Consult Clinical Pharmacist
Special Instructions: Discontinue PCA continuous rate only. Boost to continue during transition to oral pain medication and decrease IVF to 20mL/hr. Discontinue PRN APAP due to scheduled hydrocodone.
- ☐ Teacher Consult (School)
Homebound school
- ☒ Dietitian Consult/Nutrition Therapy
Type of Consult: Education, Special Instructions: for wound healing status post spinal fusion

LEB Ortho Accelerated PSF POD 2 Phase

Vital Signs

- ☒ Vital Signs
Routine, q8h(std)

Activity

- ☒ Out Of Bed
tid, w/meals for one hour per nursing staff or family
- ☒ Ambulate
With Assistance, minimum of TID

Food/Nutrition





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- ☒ Low Fat Diet
- ☒ Food Preferences
Protein milkshake to be delivered between meals or with meals per patient preference
- ☒ Ensure Clear
of patients flavor choice to be delivered with and between meals

Nursing Communication

- ☒ Nursing Communication
T;N, Discontinue SCDs and complete SCD order.
- ☒ Nursing Communication
T;N, once patient tolerates up to chair, modify frequency of turn order to be q2h-Awake, q4h while asleep.
- ☒ Nursing Communication
T;N, OK for patient to shower covering dressing with AquaGuard on POD #2 and after. Call NP once shower complete for dressing change.

Medications

- ☐ MS Contin
15 mg, Tab, PO, bid
- ☒ diazePAM
0.1 mg/kg, Tab, PO, q6h, Routine, (for 8 dose), To start once every 4 hour doses completed, Max dose = 5 mg
- ☒ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Routine, (for 6 dose), 1 tab = 5 mg HYRDOcodone, Begin once scheduled doses are complete.
Comments: May give 1 tablet for mild to moderate pain of 1 to 7 or 2 tablets for severe pain of 8 to 10.
- ☒ ondansetron
0.1 mg/kg, Tab, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
- ☒ ondansetron
0.1 mg/kg, Injection, IV, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
- ☒ bisacodyl
10 mg, Supp, PR, QDay, PRN Constipation, Routine, Hold for loose stools
- ☒ morphine
0.1 mg/kg, Injection, IV Push, q2h, PRN Pain, Breakthrough, Routine, Max dose = 2 mg
- ☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Routine, (for 6 dose), 1 tab = 5 mg OXYcodone, Begin once scheduled doses are complete.
Comments: May give 1 tablet for mild to moderate pain of 1 to 7 or 2 tablets for severe pain of 8 to 10.

For Patients 5 to 11 years(NOTE)*





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- ☐ mineral oil
15 mL, Soln, PO, w/ Routine, (for 5 day)
Comments: To be mixed with 1/4 cup pudding and 1/4 cup ice cream (vanilla or chocolate per patient preference). To be given anytime daily between lunch and bedtime per patient preference.

For Patients 12 years old and greater(NOTE)*

- ☐ mineral oil
30 mL, Soln, PO, w/ Routine, (for 5 day)
Comments: To be mixed with 1/4 cup pudding and 1/4 cup ice cream (vanilla or chocolate per patient preference). To be given anytime daily between lunch and bedtime per patient preference.

Consults/Notifications/Referrals

- ☒ Pharmacy Consult
Special Instructions: Discontinue PCA and IVF.

LEB Ortho Accelerated PSF Discharge Phase

Admission/Transfer/Discharge

- ☒ Discharge Patient
Disposition: Home

Condition

- ☒ Condition
T;N, Stable
- ☒ Discharge Instructions
T;N, Activity: Up ad lib, No lifting >5 lbs, twisting, bending, or turning
- ☐ Discharge Instructions
T;N, Activity: _____
- ☒ Discharge Instructions
T;N, Diet: Regular diet for age
- ☐ Discharge Instructions
T;N, Diet: Per special instructions
- ☒ Nursing Communication
T;N, OK for patient to shower covering dressing with AquaGuard prior to DC. Call NP once shower complete for dressing change.
- ☒ Discharge Instructions
T;N, Other Instructions: Notify _____ for excessive swelling, bleeding or pus-like drainage at incision site, or fever greater than 101 degrees Fahrenheit
- ☐ Discharge Instructions
T;N, Other Instructions: Follow Up Appts. with MD's Assistant _____; Phone number: _____
- ☐ Discharge Instructions
T;N, Other Instructions: Follow Up with Dr. _____ at Campbell Clinic in _____ days. Call 759-3100 for appointment questions





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- ☒ Discharge Instructions
T;N, Wound/Incision Care: Dressing to stay clean, dry and intact for 3 days after discharge.
- ☒ Discharge Instructions
T;N, Wound/Incision Care: OK to remove dressing and shower after 3 days
- ☒ Discharge Instructions
T;N, Wound/Incision Care: May pat incision dry and place new dressing for comfort only until follow up appointment
- ☒ Discharge Instructions
T;N, Wound/Incision Care: Ster-strips will fall off over time once beginning to shower
- ☒ Discharge Instructions
T;N, Wound/Incision Care: Do not submerge incision in water - Shower only; no bath until after follow up appointment.
- ☐ Discharge Instructions
T;N, Wound/Incision Care: _____
- ☐ Discharge Instructions
T;N, Other Instructions: _____
- ☒ DC All Lines
T;N

Consults/Notifications/Referrals

Scoliosis Clinic meets on the 1st (WCW), and 3rd (JRS) Wednesday at 12:30 p.m. and the 3rd (DMK) Tuesday @ 12:30 p.m.(NOTE)*

- ☐ Scoliosis Clinic Consult LEB
Call 287-6767 for appointment questions.
- Ortho Newborn Clinic meets every Wednesday at 8:30 a.m.(NOTE)*
- ☐ Ortho Newborn Consult LEB
Call 287-6767 for appointment questions. Details: Ortho Newborn Clinics meets every Wednesday (DMK) at 8:30 a.m. and every 1st and 4th at 12:30 p.m.

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

DEF - This order sentence is the default for the selected order
 GOAL - This component is a goal
 IND - This component is an indicator
 INT - This component is an intervention
 IVS - This component is an IV Set
 NOTE - This component is a note
 Rx - This component is a prescription



Attach patient label here



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SUB - This component is a sub phase, see separate sheet

R-Required order

