



## 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 Accel PSF Post Op Initial Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho Accel PSF Transfer POD 1 Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho Accel PSF POD 2 Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho Accel PSF Discharge Phase, When to Initiate: \_\_\_\_\_*

### LEB Ortho Accel PSF Post Op Initial Phase

#### Admission/Transfer/Discharge

- ☐ Return Patient to Room
- ☒ Transfer Pt within current facility  
*Level of Care: Med-Surg, Telemetry: None*

#### Vital Signs

- ☒ Vital Signs  
*Routine, q4h(std)*

#### 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*
- ☒ 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*





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

- ☒ 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  
*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), Reason for ABX: Prophylaxis, Max dose = 2 gram*
- ☒ **+6 Hours** vancomycin  
*10 mg/kg, Injection, IV Piggyback, q6h, Routine, (for 4 dose), Reason for ABX: Prophylaxis, 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*
- ☒ **+1 Hours** meperidine  
*1 mg/kg, Injection, IV, once, PRN Shivering, Routine, (for 6 hr)*  
*Comments: Only to be given for anesthesia tremors, Max dose = 50mg*
- ☒ **+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. Max Dose = 25mg.*  
*May give PR if patient unable to tolerate IM*
- ☒ **+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** ketorolac





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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 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., 0

**LEB Ortho Accel 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





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

*Decrease IVF rate to 20mL/hr when PCA continuous rate is discontinued.*

#### Medications

- ☒ Chewable-Vite with Iron  
1 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
- ☐ docusate  
100 mg, Cap, PO, bid
- ☒ ondansetron  
0.1 mg/kg, Injection, IV Push, q8h, Routine, (for 3 dose ), Max dose = 8 mg
- ☒ 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 )  
*Comments: Max dose = 10 mg, 1 tab for Mild to Moderate Pain of 1 to 7. If the patient has severe pain (8-10), see prn order to give a total of 2 tablets for the dose.*
- ☒ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
1 tab, Tab, PO, q4h, PRN Pain, Severe (8-10), (for 48 hr )  
*Comments: Max dose = 10 mg. May give with the scheduled dose for a total of 2 tablets when the patient has severe pain (8-10).*
- ☒ 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 )  
*Comments: Max dose = 10 mg, 1 tab for mild to moderate pain of 1 to 7. If the patient has severe pain (8-10), see prn order to give a total of 2 tablets for the dose.*
- ☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet  
1 tab, PO, q4h, PRN Pain, Severe (8-10), Routine, (for 48 hr )  
*Comments: Max dose = 10 mg. May give with the scheduled dose for a total of 2 tablets when the patient has severe pain (8-10).*
- ☐ morphine  
0.1 mg/kg, Injection, IV Push, q2h, PRN Pain, Breakthrough, Routine, Max dose = 2 mg

#### 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 Accel 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*





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

- ☒ Ambulate  
*With Assistance, minimum of TID*

**Food/Nutrition**

- ☒ 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  
*Discontinue SCDs and complete SCD order.*  
☒ Nursing Communication  
*once patient tolerates up to chair, modify frequency of turn order to be q2h-Awake, q4h while asleep.*  
☒ Nursing Communication  
*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  
*1 tab, PO, q6h, Routine, (for 4 dose ), 1 tab= 5 mg HYDROcodone.*  
*Comments: Begin once scheduled doses are complete from POD 1 phase. Max dose = 10 mg. May give 1 tablet for mild to moderate pain of 1 to 7. If the patient has severe pain (8-10), see prn order to give a total of 2 tablets for the dose.*  
☒ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
*1 tab, PO, q6h, PRN Pain, Severe (8-10), (for 24 hr ), 2 tab =10mg HYDROcodone*  
*Comments: Begin once scheduled doses are complete from POD 1 phase. Max dose = 10 mg. May give with the scheduled dose for a total of 2 tablets when the patient has severe pain (8-10).*  
☒ 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*  
*Comments: Give if patient is unable to take PO*  
☒ bisacodyl  
*10 mg, Supp, PR, QDay, PRN Constipation, Routine, Hold for loose stools*  
☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet  
*1 tab, PO, q6h, Routine, (for 4 dose ), 1 tab = 5 mg OXYcodone*  
*Comments: Begin once scheduled doses are complete from POD 1 phase. Max dose = 10 mg. May give 1 tablet for mild to moderate pain of 1 to 7. If the patient has severe pain (8-10), see prn order to give a total of 2 tablets for the dose.*  
☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet  
*1 tab, PO, q6h, PRN Pain, Severe (8-10), (for 24 hr ), 2 tab = 10 mg OXYcodone*  
*Comments: Begin once scheduled doses are complete from POD 1 phase. Max dose = 10 mg. May give with the scheduled dose for a total of 2 tablets when the patient has severe pain (8-10).*  
☐ mineral oil  
*15 mL, Soln, PO, wl, Routine, (for 5 day ) [5 - 11 year]*





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*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.*

☐ mineral oil

30 mL, Soln, PO, wl, Routine, (for 5 day ) [Greater Than or Equal To 12 year]

*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 Accel PSF Discharge Phase**

**Admission/Transfer/Discharge**

☒ Discharge Patient

*Disposition: Home, Discharge Condition Stable*

**Condition**

☒ 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

*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*

☒ 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







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

*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  
SUB - This component is a sub phase, see separate sheet  
R-Required Order

