



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

**Initiate Orders Phase**

**Non Categorized**

R Powerplan Open

**Care Sets/Protocols/PowerPlans**

- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho PSF Post Op Initial Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho PSF Transfer POD 1 Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho PSF Post Op Day 2 Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho PSF Post Op Day 3 Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: LEB Ortho Spinal Fusion Discharge Phase, When to Initiate: \_\_\_\_\_*

**LEB Ortho PSF Post Op Initial Phase**

**Admission/Transfer/Discharge**

- ☐ Patient Status Initial Inpatient  
*T;N Admitting Physician: \_\_\_\_\_*  
*Reason for Visit: \_\_\_\_\_*  
*Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_*  
*Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more*
- ☐ Notify Physician-Once  
*Notify For: of room number on arrival to unit*
- ☐ Return Patient to Room
- ☐ Transfer Pt within current facility

**Vital Signs**

- ☒ Vital Signs Per Unit Protocol  
*Monitor and Record T,P,R,BP*

**Activity**

- ☒ Bedrest
- ☒ 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*

**Patient Care**

- ☒ Neurovascular Checks  
*q1h(std) For 24 hr, then q2hr*
- ☒ Intake and Output  
*Routine, q2h(std)*
- ☒ Elevate Head Of Bed  
*30 degree; Must be 8 hours after initiation of spinal anesthesia-see anesthesia record.*
- ☒ 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*





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- ☒ Drain Care  
*q4h(std), Hemovac to suction, record output q4h*
- ☒ Foley Care  
*Foley to gravity drainage*
- ☒ 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 1/2 ice and 1/2 water to fill line only.*
- ☒ Cardiopulmonary Monitor  
*Routine, Monitor Type: CP Monitor*
- ☐ Discontinue CP 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
- ☒ CSR Supply Request  
*Geomatt*
- ☐ Indwelling Urinary Catheter Insert-Follow Removal Protocol

#### 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, (for 3 dose ), Reason for ABX: Prophylaxis, Max dose = 1 gram*
- ☒ **+6 Hours** vancomycin  
*10 mg/kg, Injection, IV Piggyback, q6h, (for 4 dose ), Reason for ABX: Prophylaxis, Max dose = 1 gram*
- ☒ **+1 Hours** famotidine  
*0.25 mg/kg, Injection, IV, q12h, Routine, (for 4 dose ), Max dose= 20mg*
- ☒ **+1 Hours** diazePAM  
*0.1 mg/kg, Injection, IV, q8h, (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, N/A, PRN Other, specify in Comment, Routine, (for 1 dose ), Only to be given for anesthesia tremors, Max dose=50mg  
Comments: Only give 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** ketorolac





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0.5 mg/kg, Injection, IV, q6h, Routine, (for 4 dose ), Max dose= 30mg

- ☐ LEB MorPHINE PCA(SUB)\*
- ☒ **+1 Hours** acetaminophen  
500 mg, Tab, PO, q4h, PRN Fever, For Temperature Greater than 38.5 Degrees Celsius  
Comments: Max Dose = 75 mg/kg/day up to 4g/day

#### Laboratory

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

#### Diagnostic Tests

- ☐ Chest 1 View  
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable  
Comments: status post spinal fusion

#### 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
- ☒ Notify Resident-Continuing  
Notify: ICU/IMCU Team, Notify For: of ANY changes in neuro status
- ☒ Notify Physician For Vital Signs Of  
Notify: ICU/IMCU Team, BP Systolic < 100, Celsius Temp > 38.5, Heart Rate < 50, Resp Rate < 10, Oxygen Sat < 92%, Urine Output < 1mL/kg/hr over \_\_\_\_\_
- ☒ Physical Therapy Ped Eval & Tx  
Routine, Special Instructions: status post spinal fusion, POD #1- dangle feet/bed to chair, POD #2- Sit up in chair TID/ambulate in room, POD #3- ambulate halls

#### LEB Ortho PSF Transfer POD 1 Phase

##### Admission/Transfer/Discharge

- ☒ Transfer Pt within current facility

##### Activity

- ☒ Out Of Bed  
Up As Tolerated, First time with PT assistance, Per PT Protocol
- ☒ Dangle At Bedside  
if not able to tolerate up to chair

##### Food/Nutrition

- ☒ Clear Liquid Diet  
Start at: T;N, Adolescent (13-18 years)
- ☒ PO Challenge  
Begin clear liquids. Wait one hour. If tolerated, DC NPO order and continue clear liquids
- ☒ Ensure Clear  
of patients flavor choice to be delivered with and between meals

##### Patient Care

- ☒ Arterial Line Remove  
Special Instructions: prior to transfer and after AM lab drawn and apply pressure dressing.
- ☒ Dressing Remove  
Pressure Dressing to arterial line site before bedtime.





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- ☒ Continue Foley Per Protocol  
Reason: Spinal/Pelvic issue requires immobility

#### Medications

- ☒ **+1 Hours** Unicomplex M  
1 tab, Tab, PO, QDay
- ☒ **+1 Hours** diazePAM  
0.1 mg/kg, Tab, PO, q6h, (for 8 dose ), To start once IV doses completed, Max dose= 5mg.
- ☒ **+1 Hours** docusate  
100 mg, Tab, PO, bid, With a sip of water if not tolerating PO
- ☒ **+1 Hours** ondansetron  
0.1 mg/kg, Injection, IV Push, q8h, Routine, (for 3 dose ), Max dose= 4mg/dose
- ☒ **+1 Hours** ketorolac  
0.5 mg/kg, Tab, PO, q6h, Routine, (for 8 dose ), Max dose= 10mg

#### Consults/Notifications/Referrals

- ☐ Teacher Consult (School)  
Homebound school
- ☒ Dietitian Consult/Nutrition Therapy  
Type of Consult: Education, Special Instructions: for wound healing status post spinal fusion
- ☒ Physical Therapy Subsequent Order  
Routine, Special Instructions: status post spinal fusion, POD #1- dangle feet/bed to chair, POD #2- Sit up in chair TID/ambulate in room, POD #3- ambulate halls

#### LEB Ortho PSF Post Op Day 2 Phase

##### Activity

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

##### Food/Nutrition

- ☒ Regular Pediatric Diet
- ☒ Full Liquid Diet  
Start at: T;N, Advance slowly to Regular Diet.
- ☒ Ensure Clear  
of patients flavor choice to be delivered with and between meals

##### Patient Care

- ☒ In and Out Cath  
once if no void in 8 hours after foley removal and notify Ortho
- ☒ Foley Remove  
Routine

##### Nursing Communication

- ☒ Nursing Communication  
Decrease IV fluid rate to 20mL/hr when PCA continuous rate discontinued
- ☒ Nursing Communication  
once patient tolerates regular diet, discontinue clear liquid diet order.
- ☒ Nursing Communication  
once patient tolerates being up to chair, modify frequency of turn order to be q2h-Awake, q4h while asleep

##### Medications

- ☒ **+1 Hours** raNITidine  
75 mg, Tab, PO, bid, No Formulary Alternative Exists, Start once IV scheduled doses completed.
- ☒ **+1 Hours** ondansetron  
4 mg, Tab, PO, q8h, PRN Nausea/Vomiting, Max dose = 4mg





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- ☒ **+1 Hours** ondansetron  
4 mg, Injection, IV, q8h, PRN Nausea/Vomiting, Max dose = 4mg
- ☐ **+1 Hours** MiraLax  
17 g, Powder, PO, QDay, Constipation, Hold for loose stools
- ☒ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  - ☐ 1 tab, Tab, PO, q4h, (for 6 dose ), (1 tab = 5 mg of HYDROcodone) (DEF)\*  
Comments: May give 1 tablet for mild pain to moderate pain (Pain score 1 to 7) or 2 tablets for severe pain (Pain score 8 to 10).
  - ☐ 1 tab, PO, q4h, PRN Pain, Severe (8-10)  
Comments: Give in addition to q4h scheduled dose when pain scale is severe (8-10). Do not exceed a total of 2 tablets per dose.
- ☐ **+1 Hours** mineral oil  
15 mL, Soln, PO, wl, (for 5 day ) [5 - 11 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.
- ☐ **+1 Hours** mineral oil  
30 mL, Soln, PO, wl, (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.

#### Laboratory

- ☐ Hematocrit & Hemoglobin  
Routine, T;N, once, Type: Blood

#### Consults/Notifications/Referrals

- ☒ Pharmacy Consult  
Special Instructions: Discontinue PCA continuous rate only. Boost to continue during transition to oral pain medication.

#### LEB Ortho PSF Post Op Day 3 Phase

##### Food/Nutrition

- ☒ Regular Pediatric Diet  
Adolescent (13-18 years), Advance slowly to regular diet.

##### Nursing Communication

- ☒ Nursing Communication  
Discontinue PCA pump and continuous IV fluids.

##### Medications

- ☒ **+1 Hours** diazepam  
0.1 mg/kg, Tab, PO, q6h, PRN Muscle Spasm, Max dose = 5mg
- ☐ **+1 Hours** bisacodyl  
10 mg, Supp, PR, QDay, PRN Constipation
- ☒ **+1 Hours** morphine  
0.1 mg/kg, Injection, IV Push, q3h, PRN Pain, Max dose= 2mg. For break through pain
- ☒ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
2 tab, Tab, PO, q4h, PRN Pain, Routine, (2 tab = 10 mg HYDROcodone)

#### Laboratory

- ☐ CBC  
Routine, T;N, once, Type: Blood

#### Consults/Notifications/Referrals

- ☐ Pharmacy Consult  
Reason: Discontinue PCA order and IVF order

#### LEB Ortho Spinal Fusion Discharge Phase





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**Admission/Transfer/Discharge**

- ☒ Discharge Patient  
*Disposition: Home, Discharge Condition Stable*

**Condition**

- ☒ Condition  
*Stable*
- ☒ Discharge Instructions  
*Activity: Up ad lib, No lifting >5 lbs, twisting, bending, or turning*
- ☐ Discharge Instructions  
*T;N, Activity: \_\_\_\_\_*
- ☒ Discharge Instructions  
*Diet: Regular diet for age*
- ☐ Discharge Instructions  
*Diet: Per special instructions*
- ☒ Discharge Instructions  
*Other Instructions: Notify \_\_\_\_\_ for excessive swelling, bleeding or pus-like drainage at incision site, or fever greater than 101 degrees Fahrenheit*
- ☐ Discharge Instructions  
*Other Instructions: Follow Up Appts. with MD's Assistant \_\_\_\_\_; Phone number: \_\_\_\_\_*
- ☐ Discharge Instructions  
*Other Instructions: Follow Up with Dr. \_\_\_\_\_ at Campbell Clinic in \_\_\_\_\_ days. Call 759-3100 for appointment questions*
- ☒ Discharge Instructions  
*Wound/Incision Care: Dressing to stay clean, dry and intact for 3 days after discharge.*
- ☒ Discharge Instructions  
*Wound/Incision Care: OK to remove dressing and shower after 3 days*
- ☒ Discharge Instructions  
*Wound/Incision Care: May pat incision dry and place new dressing for comfort only until follow up appointment*
- ☒ Discharge Instructions  
*Wound/Incision Care: Ster-strips will fall off over time once beginning to shower*
- ☒ Discharge Instructions  
*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

**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.*

Date

Time

Physician's Signature

MD Number





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

**\*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

