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
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- 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

Nursing Communication
- Nursing Communication
  No Reverse Trendelenberg unless approved by Anesthesia

Respiratory Care
- Oxygen Delivery
  Special Instructions: Titrage 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
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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)

- **diacePAM**
  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

- **raNITldine**
  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
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- 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, w/ 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
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T:N, Other Instructions: ______________

☐ DC All Lines
T:N

Consults/Notifications/Referrals

☐ Scoliosis Clinic consult LEB
   Call 287-6767 for appointment questions.

☐ Ortho Newborn Clinic 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

*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