Initiate Orders Phase
Non Categorized

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
**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

**Nursing Communication**

- Indwelling Urinary Catheter Insert-Follow Removal Protocol

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

- 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: if 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.
Physician Orders PEDIATRIC: LEB Ortho Posterior Spinal Fusion Post Op Plan

☑ 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

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

- **+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, w/ (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, w/ (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
Physician Orders PEDIATRIC: LEB Ortho Posterior Spinal Fusion Post Op Plan

Admission/Transfer/Discharge

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

Condition

- **Check** Condition
  
  Stable

- **Check** Discharge Instructions
  
  Activity: Up ad lib, No lifting >5 lbs, twisting, bending, or turning

Discharge Instructions

- **Check** T;N, Activity: _______

- **Check** Discharge Instructions
  
  Diet: Per special instructions

- **Check** 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

- **Check** Discharge Instructions
  
  Other Instructions: Follow Up Apipts. with MD's Assistant ______; Phone number: __________

- **Check** Discharge Instructions
  
  Other Instructions: Follow Up with Dr. ______ at Campbell Clinic in ______ days. Call 759-3100 for appointment questions

- **Check** Discharge Instructions
  
  Wound/Incision Care: Dressing to stay clean, dry and intact for 3 days after discharge.

- **Check** Discharge Instructions
  
  Wound/Incision Care: OK to remove dressing and shower after 3 days

- **Check** Discharge Instructions
  
  Wound/Incision Care: May pat incision dry and place new dressing for comfort only until follow up appointment

- **Check** Discharge Instructions
  
  Wound/Incision Care: Ster-strips will fall off over time once beginning to shower

- **Check** Discharge Instructions
  
  Wound/Incision Care: Do not submerge incision in water - Shower only; no bath until after follow up appointment.

- **Check** Discharge Instructions
  
  T;N, Wound/Incision Care: ___________

- **Check** Discharge Instructions
  
  T;N, Other Instructions: ___________

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)*

- **Check** 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