**Physician Orders**

**LEB Ortho Posterior Spinal Fusion Transfer Plan**

[X or R] will be ordered unless marked out.

**Pediatric**

<table>
<thead>
<tr>
<th>Height:</th>
<th>cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight:</td>
<td>kg</td>
</tr>
</tbody>
</table>

**Allergies:** [ ] No known allergies

- [ X ] Initiate Powerplan Phase
  
  T;N, Phase: LEB Ortho Post Spinal Fusion Transfer Phase

**Admission/Transfer/Discharge**

- [ ] Admit Patient to Dr.
  
  T;N

- [ ] Transfer Patient
  
  T;N

- [ ] Transfer-Physician NonMed Orders Review
  
  T;N, Active Non Med Orders Reviewed by Physician: _____ YES

- [ ] Notify Physician Once
  
  T;N, of room number on arrival to unit

**Primary Diagnosis:**

**Secondary Diagnosis:**

**Vital Signs**

- [ ] Vital Signs
  
  T;N, Monitor and Record T,P,R,BP, q4h(std)

**Activity**

- [ ] Bedrest
  
  T;N

- [ ] Activity As Tolerated
  
  T;N, Per PT Protocol

**Food/Nutrition**

- [ ] NPO
  
  Start at: T;N, Instructions: NPO except for ice chips, and/or popsicles, maximum of 30 mL/shift

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

**Patient Care**

- [ ] Neurovascular Checks
  
  T;N, q2h(std)

- [ ] Strict I/O
  
  T;N, Routine, q2h(std)

- [ ] Arterial Line Remove
  
  T;N

- [ ] Elevate Head Of Bed
  
  T;N, equal to or greater than 30 degrees

- [ ] Turn
  
  T;N, q2h-Awake

- [ ] Dressing Care
  
  T;N, only to be performed by Ortho team

- [ ] Dressing Care
  
  T;N, Routine, Action: Reinforce Only, PRN, Reinforce loose dressing PRN

- [ ] Drain Care
  
  T;N, q-shift, Hemovac to gravity, record output q-shift

- [ ] Foley Care
  
  T;N, q2h(std), Foley to gravity, record output q2h

- [ ] Sequential Compression Device Apply
  
  T;N, Apply To Lower Extremities, apply at all times until ambulating.

- [ ] Cardiopulmonary Monitor
  
  T;N Stat, Monitor Type: CP Monitor

- [ ] O2 Sat Monitoring NSG
  
  T;N

- [ ] CSR Supply Request
  
  T;N, geomatt

**Respiratory Care**

- [ ] Oxygen Delivery
  
  T;N, _____ L/min, Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.

- [ ] Incentive Spirometry Teaching by RT
  
  T;N q2h-Awake, series of 10 breaths
**Physician Orders**

**LEB Ortho Posterior Spinal Fusion Transfer Plan**

[X or R] = will be ordered unless marked out.

### Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>multivitamin (Unicomplex M)</td>
<td>1 tab, Tab, PO, QDay, Routine, T;N</td>
</tr>
<tr>
<td>Template Non-Formulary: Power Pudding</td>
<td>120 mL, Susp, PO, wl, Routine, T+1, N; Order Comment: Subject#:_________; To be given between 11 am and 4 pm daily per patient preference. To be discontinued, once patient has bowel movement.</td>
</tr>
</tbody>
</table>

### Consults/Notifications

<table>
<thead>
<tr>
<th>Consult/Notification</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Resident-Continuing</td>
<td>T;N, Notify Ortho team if dressing is soiled or saturated.</td>
</tr>
<tr>
<td>Notify Physician For Vital Signs Of</td>
<td>T;N, Notify: Ortho Team, BP Systolic &lt; 100, Celsius Temp &gt; 38.5, Heart Rate &lt; 50, Resp Rate &lt; 10, Oxygen Sat &lt; 92%, Urine Output &lt; 1ml/kg/hr over</td>
</tr>
<tr>
<td>Notify Resident-Continuing</td>
<td>T;N, Notify: Ortho Team, of drain output &gt;200mL/h over 4 hours, Hematocrit less than 25%, increased O2 requirements, pain not relieved by PCA.</td>
</tr>
<tr>
<td>Teacher Consult</td>
<td>T;N, Homebound school</td>
</tr>
<tr>
<td>Dietitian Consult</td>
<td>T;N, Type of Consult: Education, Special Instructions: for wound healing status post spinal fusion</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

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