

Spinal Fusion Surgical Pathway Phase II - Post-op Management & Discharge

Goal: Discharge on Post-op Day 2/3

Updated 6/11/2013

Discharge Criteria:

- Tolerating regular diet
- Pain controlled with oral medications
- Ambulate without assistance per PT Protocol
- Caregivers verbalize spinal fusion precautions and activity modifications

This pathway is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care.

Timeline	Surgical Day	Post-op Day 1	Post-op Day 2	Post-op Day 3
Unit	Admit to Inpatient : General floor preferred	Inpatient	Inpatient	Inpatient
Assessment & Monitoring	VS q 4hr including Braden Q every 12hr Neurovascular (NV) checks q 2hr Continuous Pulse Ox & O2 to keep sats > 93% Strict Intake & Output q 4hr including drains	VS q 4hr including Braden Q Neurovascular (NV) checks q 4hr Strict Intake & Output q4hr including drains Wean O2 to keep sats > 93%	VS q 4hr including Braden Q Neurovascular (NV) checks q 4hr Strict Intake & Output q4hr including drains Discontinue Pulse Ox if sats > 93% on RA and PCA pump discontinued	VS q 4hr including Braden Q Neurovascular (NV) checks q 4hr Discontinue PO if sats > 93% on RA and PCA pump discontinued Routine Intake & Output including drains
MD Notification	Notify MD: Change in VS or NV status UOP < 0.5ml/kg/hr times 2hr Hemovac output is >200ml/8 hrs	Notify MD: Change in VS or NV status Hemovac output is >200ml/8 hrs UOP < 1ml/hr/kg over 4hrs No void in 6hrs after foley discontinued	Notify MD: Change in VS or NV status UOP < 1ml/hr/kg over 4hrs Hemovac output is >200ml/8 hrs	Notify MD: Change in VS or NV status Hemovac output is >200ml/8 hrs
Laboratory	H&H in am	H&H @ 0500		
Radiology		Upright T/L Spine x-ray 2 views follow-up if not done in PACU		
Medications & IV Therapy	IV Fluids Zofran IV 0.1 mg/kg per dose (max dose of 4 mg) IV q8h PRN N/V Antibiotics: Dual Therapy Vancomycin 20 mg/kg (max 1gm) IV q8 hours times 2 doses Ceftazidime 25mg/kg (maximum dose 1gm) IV q 8 hours times 2 doses	IV fluids - INT IV & discontinue IV Fluid when tolerating PO liquids without N/V Discontinue antibiotics after 24hrs Start Miralax 0.5 gram/kg everyday, with a max dose of 17 grams	INT IV if tolerating PO liquids Continue Miralax Consider MOM or Dulcolax Suppository if bowel sounds present and no stool	Discontinue IV Continue Miralax Consider MOM or Dulcolax suppository if bowel sounds present and no stool
Pain Control	Pain Control: Valium 0.1 mg/kg IV q4h PRN muscle spasticity PCA pump with bolus doses Optional: Neurontin 5mg/kg TID, PO, max 300mg TID Toradol 0.5mg/kg IV q 6hr, max 8 doses - Zantac 1 mg/kg/day IV q 8h (max dose 50mg) if using Toradol ONQ pain pump with Bupivacaine	Pain Control: Valium 0.1 mg/kg IV q4h PRN muscle spasticity Discontinue PCA Pump Start Percocet OR Norco PO Routine q 4hr IV Morphine Sulfate for breakthrough pain Toradol 0.5mg/kg IV q 6hr, max 8 doses - Zantac 1mg/kg/day IV q 8 hr, (max dose is 50mg) if using Toradol Optional: Neurontin 5mg/kg TID ONO pain pump with Bupivacaine	Pain Control: IV Morphine Sulfate for breakthrough pain Percocet OR Norco q 4hr PRN pain Change Valium to PO q 4hr PRN muscle spasticity	Pain Control: Discontinue Toradol Continue pain management program until discharged
Respiratory & Treatments; Procedures	Incentive Spirometry q 2hr when awake Check Surgical dressing q 4hr & reinforce PRN Foley to straight drain	Incentive Spirometry q 2hr when awake MD to discontinue drains Discontinue foley if UOP >1ml/kg/hr AND PCA is discontinued	Incentive Spirometry q 2hr when awake MD to discontinue drains	Incentive Spirometry q 2hr when awake
Nutrition GI	Ice chips and sips of clears as tolerated Assess bowel sounds	Clears - Advance diet as tolerated Assess bowel sounds Encourage gum chewing	Regular diet as tolerated Encourage gum chewing	Regular Diet as tolerated Encourage gum chewing
Activity	Log roll q 2hr and PRN until patient is rolling independently	Log roll q 2hr and PRN until patient is rolling independently OOB to Chair TID Ambulate TID	Continue to log roll independently OOB to Chair TID Ambulate TID Begin stairs	Continue to log roll independently OOB to Chair TID Ambulate TID Conquer stairs
Consults	Case Management to assess for Durable Medical Equipment	PT to see patient 2xday Child Life	PT to see patient 2xday OT to see patient for ADLs x1 Child Life	PT to see patient 1 xday Child Life
Partnering with Parents & Education	Reinforce Education (Teaching Sheets) Pain management Spinal Fusion Spinal Fusion Movement: Log rolling and sidlie to sit & sit to stand transfers	Reinforce Education (Teaching Sheets) Spinal Fusion Movement: Ambulation Partner with parents for ambulation schedule	Reinforce Education (Teaching Sheets) Spinal Fusion Movement: Precautions and body mechanics Partner with parents for ambulation schedule	Home Care Teaching Sheets Partner with parents for ambulation schedule
Discharge Planning	Assess Home Health Needs Assess Transportation Needs Provide Family with written needs	Assess Home Health Needs	Ensure Home Health needs are available Ensure Transportation needs are available for next day Plan for follow-up arranged with Physician	Ensure Home Health needs are available on discharge Plan for follow-up arranged with Physician