

# SPINAL SURGERY

## POST-OP ORDERS

CHECK BOX TO ACTIVATE ORDER IF APPLICABLE  
 CROSS OUT NON-APPLICABLE ORDERS WITH SINGLE LINE

<b>ADMISSION INFORMATION</b>	<b>ADMIT TO HOSPITALIST SERVICE /</b> Admitting Physician—Peter Pappas, MD <input type="checkbox"/> Med/Surg <input type="checkbox"/> ICU (see Crit. Care Auth. Sheet) <input type="checkbox"/> Telemetry (see Tele Orders) Dx: _____ Surgery: _____ Secondary diagnoses: _____ <input type="checkbox"/> 2 <sup>nd</sup> Stage Anterior Surgery scheduled for (date/time): _____ . See 2 <sup>nd</sup> Stage Pre-op orders. Condition: <input type="checkbox"/> stable <input type="checkbox"/> fair <input type="checkbox"/> guarded <input type="checkbox"/> critical <b>Allergies:</b> <input type="checkbox"/> NKDA <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Other _____ <input type="checkbox"/> Isolation Precautions for _____ Code Status: see Goldenrod Advance Directives: <input type="checkbox"/> on chart <input type="checkbox"/> completed by PCP - please call _____ for copy <input type="checkbox"/> unknown
<b>REFERRALS</b>	<input type="checkbox"/> Discharge Planning <input type="checkbox"/> Financial Services <input type="checkbox"/> Social Services <input type="checkbox"/> Other: _____ Integrative Health: <input type="checkbox"/> Integrative Medical Consult <input type="checkbox"/> Acupuncture <input type="checkbox"/> All OK PRN pt request <input type="checkbox"/> Massage therapy <input type="checkbox"/> Guided Imagery/Hypnosis <input type="checkbox"/> Music Care <input type="checkbox"/> Osteopathic Manipulative Treatment
<b>NURSING CARE</b>	Post-op VS: every 15 mins until stable, then every 30 mins x 4, then every hour x 4 VS: <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Every 8 hours <input type="checkbox"/> Per ICU Protocol <input type="checkbox"/> CSM checks _____ extremity(s) every hour x 12, then every 4 hours I&O daily <input type="checkbox"/> Weigh daily <input type="checkbox"/> Foley catheter—UA dip to Lab with insertion <input type="checkbox"/> DC Foley on POD _____ <input type="checkbox"/> If unable to void in 6 hours, straight cath, leave in place if residual >700ml Blood Guys: reinfuse blood and then convert to suction per protocol. Keep strict I & O on drainage/reinfusion <input type="checkbox"/> JP to bulb suction – Hospitalist to D/C before discharge <input type="checkbox"/> Hemovac to manual suction – Hospitalist to D/C before discharge Notify Hospitalist if: <input checked="" type="checkbox"/> SBP < 90 or > 150 <input checked="" type="checkbox"/> DBP < 30 or > 110 <input checked="" type="checkbox"/> HR < 50 or > 120 <input checked="" type="checkbox"/> RR < 8 or > 30 <input checked="" type="checkbox"/> urine output < 20ml/hr x 2 hours <input checked="" type="checkbox"/> temp > 101.5 <input checked="" type="checkbox"/> SpO2 < 90% <input checked="" type="checkbox"/> hemoglobin < 30% <input type="checkbox"/> Notify surgeon if: surgical dressing saturated or JP output >80ml / 12 hr Dressing changes: reinforce as needed. If change required, notify Dr Pappas Remove trapeze from bed Surgical Precautions/Activity: <input type="checkbox"/> <b>Patients post-op for I &amp; D &amp; Hardware removal:</b> Elevate legs 30° and lie flat on back on rolled towel to create pressure dressing for 4 hours or until bleeding subsides <input type="checkbox"/> <b>Lumbar Precautions:</b> HOB 0-40 degrees Position on back – logroll to side every 2 hrs, do not leave on side No twisting or hip flexion >60 degrees Logroll when exiting the bed Commode at perch position NO BEDPAN <input type="checkbox"/> Ambulate. with brace x3 daily <input type="checkbox"/> Ambulate without brace x3 daily <input type="checkbox"/> <b>No Lumbar Precautions</b> <input type="checkbox"/> <b>Cervical Precautions</b> HOB 0-60 degrees Keep Aspen collar in place <input type="checkbox"/> Suture removal set at bedside <input type="checkbox"/> Amb. x3 daily
<b>REHAB</b>	<input type="checkbox"/> PT/OT—Evaluate and treat
<b>LAB</b>	Hemogram @ _____ day of surgery <b>See Blood Bank Order form for transfusion parameters/orders</b> CBC every am. If HCT < 30, notify hospitalist immediately
<b>X-RAY</b>	Morning after surgery: <input type="checkbox"/> AP/Lateral of L-spine <input type="checkbox"/> AP/Lateral of C-spine

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<b>DIETARY</b>	<input type="checkbox"/> Progress diet as tolerated: <input checked="" type="checkbox"/> Clear liquids when bowel sounds present <input checked="" type="checkbox"/> Full liquids when tolerating clear liquids <input checked="" type="checkbox"/> When tolerating full liquids: <input type="checkbox"/> Regular <input type="checkbox"/> Cardiac <input type="checkbox"/> _____ Gm Sodium <input type="checkbox"/> _____ Calories ADA <input type="checkbox"/> Encourage PO fluids <input type="checkbox"/> Clear liquids only – staged procedure
<b>RESPIRATORY</b>	Pneumonia prophylaxis: IS every 1-2 hrs WA, cough and deep breathe every 2 hours WA O2 to keep O2 Sat > 92% Wean and D/C PRN <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>IV</b>	D51/2% NaCl @ 80 ml/hr or <input type="checkbox"/> _____ @ _____ ml/hr Saline lock when taking PO fluids well. D/C saline lock prior to discharge. <input type="checkbox"/> PICC consult/protocol
<b>ANTIBIOTICS</b>	<input type="checkbox"/> Cefazolin 1gm IVPB every 8 hours x 3 doses <input type="checkbox"/> Vancomycin 1gm IVPB every 12 hours x 2 doses (severe PCN allergies)
<b>INFECTION PREVENTION</b>	<input type="checkbox"/> Isolation Precautions—for: _____ <b>MRSA LEGAL REQUIREMENTS:</b> <input checked="" type="checkbox"/> MRSA NARES SCREEN ON <u>ADMIT</u> if: Discharged from an acute care hospital within past 30 days; <b>OR</b> Transferred from a nursing facility; <b>OR</b> Admission to ICU (one screen per hospital stay) <input type="checkbox"/> Completed at pre-op appointment <input type="checkbox"/> Positive MRSA History—Test to see if MRSA is resolved. Start Glove Precautions while awaiting results. <input checked="" type="checkbox"/> MRSA NARES SCREEN ON <u>DAY OF DISCHARGE</u> if Palm Drive LOS > 10 days <b>AND</b> patient was in ICU. <b>CULTURES:</b> <input type="checkbox"/> wound <input type="checkbox"/> aspiration closed wound <input type="checkbox"/> sputum (PNA) <input type="checkbox"/> U/A with UTI symptoms/Hx <input type="checkbox"/> Blood <b>DIARRHEA:</b> ( $\geq 3$ unformed stools/past 24 hrs) - Notify IP x4352 Start Contact Plus Precauts. Send stool for C-Difficile Other etiologies: <input type="checkbox"/> Bacterial (stool culture) <input type="checkbox"/> Norovirus <input type="checkbox"/> Parasites x3 (O&P) rate <input type="checkbox"/> Other: _____
<b>VTE PROPHYLAXIS</b>	<input type="checkbox"/> TED hose <input type="checkbox"/> SCD to lower extremities bilaterally. <input type="checkbox"/> No pharmacological prophylaxis because (check one): <input type="checkbox"/> documented active bleeding or excess bleeding risk <input type="checkbox"/> patient is on therapeutic anticoagulation <input type="checkbox"/> possible return to OR within 24 hours
<b>PEPTIC ULCER PROPHYLAXIS</b>	<input type="checkbox"/> Famotidine (Pepcid) 20 mg PO / IV BID <input type="checkbox"/> Pantoprazole (Protonix) 40mg PO / IV daily
<b>GLYCEMIC CONTROL</b>	<input type="checkbox"/> Notify hospitalist if AM fasting blood sugar is > 140 <input type="checkbox"/> Sliding Scale Insulin (See sliding scale order sheet) <input type="checkbox"/> Intensive Insulin Protocol (ICU only – see order sheet)
<b>VACCINES</b>	Do not administer any vaccines.
<b>NAUSEA VOMITING</b>	<input type="checkbox"/> Dolasetron (Anzemet) 12.5 mg IV push every 6 hours PRN N/V, may repeat x 1 in 30 min <input type="checkbox"/> Ondansetron (Zofran) 4 mg IV every 6 hrs PRN (do NOT repeat if first dose ineffective) <input type="checkbox"/> Promethazine (Phenergan) 25mg every 6 hrs PRN N/V PO (if tolerated)/ PR / IM <span style="float: right;"><i>(Alert: if on PCA, refer to PCA order section)</i></span> <input type="checkbox"/> Metoclopramide (Reglan) 10mg slow IV push over 2 minutes every 6 hrs PRN N/V
<b>ANXIETY</b>	<input type="checkbox"/> Lorazepam (Ativan) 0.5mg PO or IV every 4 hrs PRN mild anxiety <input type="checkbox"/> Lorazepam (Ativan) 1mg PO or IV every 4 hrs PRN moderate anxiety <span style="float: right;"><i>(Alert: if on PCA, refer to PCA order section)</i></span> <input type="checkbox"/> Lorazepam (Ativan) 1.5mg PO or IV every 4 hrs PRN severe anxiety
<b>PAIN</b> <i>For all patients - both PCA and Non-PCA</i>	<input type="checkbox"/> Ketorolac (Toradol) 15mg IV every 6 hours around the clock x _____ doses. Not to exceed 5 days of therapy. <input type="checkbox"/> Acetaminophen (Ofirmev) _____ mg IVPB every 6 hours PRN pain (recommended dose: • $\geq 13$ years and $\geq 50$ kg = 1000mg every 6 hours, • < 50kg = 15mg/kg every 6 hours)

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<p><b>PAIN</b></p> <p>Patients without PCA and/or after PCA D/C'd</p>	<p><u>For IV pain control:</u> (do not give any PO pain meds while patient receiving IV pain meds)</p> <p><input type="checkbox"/> Morphine Sulfate _____ mg IV every 15 min PRN pain</p> <p><input type="checkbox"/> HYDROMorphone (Dilaudid) _____ mg IV every hour PRN severe pain (max = _____ mg in 4 hours)</p> <p><u>For PO pain control:</u> ( may give IV pain med only if ordered for breakthrough pain)</p> <p><input type="checkbox"/> OXYcodone/Acetaminophen (Percocet) 5/325mg 1 tab PO every 3 hours PRN mild to mod pain (&lt;5/10)</p> <p><input type="checkbox"/> OXYcodone/Acetaminophen (Percocet) 5/325mg 2 tabs PO every 3 hours PRN mod to severe pain (≥5/10)</p> <p><input type="checkbox"/> HYDROcodone/Acetaminophen (Norco) 5/325mg 1 tab PO every 4 hrs PRN mild to mod pain (&lt; 5/10 )</p> <p><input type="checkbox"/> HYDROcodone/Acetaminophen (Norco) 5/325mg 2 tabs PO every 4 hrs PRN mod to severe pain ( ≥ 5/10)</p> <p><input type="checkbox"/> Morphine Sulfate _____mg IV every 1 hour PRN for breakthrough pain</p> <p><input type="checkbox"/> HYDROMorphone (Dilaudid) _____ mg IV every 1 hour PRN for breakthrough pain</p>
<p><b>PAIN</b></p> <p>Patients with PCA</p>	<p><input type="checkbox"/> PCA For the <b>NON-CHRONIC (OPIOID NON-TOLERANT) PAIN PATIENT:</b></p> <p><b>See "PCA Physician Order Form"</b> Pts may receive <b>only</b> those meds ordered on PCA form. Pain, sedation, and nausea meds ordered in other sections may be initiated <b>after</b> PCA orders D/C'd</p> <p style="text-align: center;">*** OR ***</p> <p><input type="checkbox"/> PCA For the <b>CHRONIC (OPIOID TOLERANT) PAIN PATIENT:</b></p> <p>(Opioid tolerant = 60mg morphine, 30mg oral OXYcodone, or 8mg oral HYDROMorphone (Dilaudid) daily or equianalgesic opioid dose for 1 week or longer and none of the following risk factors; obese, hx sleep apnea, hx asthma, age &gt;65, any condition causing decreased ventilatory capacity)</p> <p>PCA—<b>See "PCA Physician Order Form"</b></p> <ul style="list-style-type: none"> <li>▪ Pain, sedation, and nausea meds ordered in other sections may be initiated <b>after</b> PCA orders D/C'd.</li> <li>▪ Pts may receive the following meds for breakthrough pain while on PCA.             <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul> </li> <li>▪ For Anxiety while on PCA:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Alprazolam (Xanax) 0.25 mg PO every 6 hours PRN anxiety or</li> <li><input type="checkbox"/> Lorazepam (Ativan) 0.5 mg IV / PO (circle one) every 4 hrs PRN anxiety</li> </ul> </li> </ul> <p>Physician Signature: _____ DATE _____ TIME _____</p>
<p><b>BOWEL CARE</b></p>	<p><input checked="" type="checkbox"/> Follow PDH "Bowel Care Protocol": <input type="checkbox"/> DSS 250 mg PO daily <input type="checkbox"/> Dulcolax Supp PR daily PRN constipation</p> <p><input type="checkbox"/> MOM 30 ml PO daily PRN constipation <input type="checkbox"/> Fleet Enema daily PRN constipation</p>
<p><b>SLEEP</b></p>	<p><input type="checkbox"/> Temazepam (Restoril) PO HS PRN insomnia MR X1 in 1 hour <span style="float: right;"><i>(Alert: if on PCA, refer to PCA order section)</i></span></p> <p><input type="checkbox"/> 7.5 mg (rec. for &gt;65 yrs) <input type="checkbox"/> 15 mg (for &lt;65 yrs)</p>
<p><b>OTHER MEDICATIONS</b></p>	<p><input type="checkbox"/> Methylprednisolone sodium succinate (Solumedrol) 125mg IV 3 hrs after intraop dose (intraop dose time _____)</p> <p><input type="checkbox"/> Ferrous Gluconate 324 mg PO BID with meals <input type="checkbox"/> Multivitamin with minerals 1 tab PO daily</p> <p>Nicotine Patch: <input type="checkbox"/> 7 mg daily <input type="checkbox"/> 14 mg daily <input type="checkbox"/> 21 mg daily</p> <p><input type="checkbox"/> Acetaminophen (Tylenol) 650mg PO every 4 hours PRN temp &gt;101 or mild pain <span style="float: right;"><i>(Alert: if on PCA, refer to PCA orders)</i></span></p> <p>(total Acetaminophen dose, including Norco, Percocet, and Ofirmev not to exceed 4 gms/24 hours)</p> <p><input type="checkbox"/> (Maalox) 30 ml PO every 4 hours PRN indigestion</p>
<p><b>OTHER ORDERS</b></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Palm Drive Hospital

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Physician Signature: _____	DATE _____ TIME _____
Transcriber Signature: _____	DATE _____ TIME _____