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Posterior Lumbar Fusion Post Op v2

Diagnosis

- Primary Diagnosis:
Secondary Diagnosis:

Service Designation

- Attending: Dr.
Hospitalist: Dr.
Date:
Time:

Hospital Status

- Inpatient
Observation
Outpatient
Note: Observation is for further evaluation of patient's condition due to diagnosis
Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short-term outpatient procedures or services

Hospital Location

- Med/Surg
ICU
PCU

Activity

- Bed rest day of surgery with logroll every 2 hours only
Elevate head of bed may be elevated PRN, make sure patient flexes through hip joints, NOT THE BACK
Up w assistance at least every shift starting Post Op Day #1

Allergies

- Update Allergies with Reactions:

VTE PE Prophylaxis Spine

- Reason for no chemical prophylaxis - Surgical contraindication
Sequential Compression Device Left Calf remove daily for skin checks
Sequential Compression Device Right Calf remove daily for skin checks
Sequential Compression Device Left Foot remove daily for skin checks
Sequential Compression Device Right Foot remove daily for skin checks
Reason for no SCD's
- CIRCLE ONE:
Acquired deform lowr limb
Amputation L leg
Amputee - limb
BKA right
Burn of lower limb
Congestive heart failure
Deformity of leg
Edema of lower extr
Hypervolemia
Ischemia peripheral
Skin graft disorder
Sensory neuropathy
AKA left
Amputation R leg
At risk for falls
Bil traum amp legs w comp
Clouded consciousness
Critical lower limb ische
DVT lower extremity
Hx lower limb amputation
Injury of lower extremity
Peripheral vascular dz
Suspected DVT
AKA right
Amputee
BKA left
Bil traum amp legs wo com
Confusional state
Dermatitis
Edema of leg
Hx occl dz lower extr art
Ischemia lower limb
Surg proc on lower extr
Vasc insufficiency limb

Physician Signature:

Date / Time:

PATIENT STICKER



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Vital Signs

- Vital Signs Q1HX4, Q2HX4, Q4HX6, Q6H
- Vital Signs Q1HX4, Q4H if admitted to PCU
- Vital Signs Q1H if admitted to ICU

Nursing Orders

- Trapeze to Bed
- Turn, cough and deep breathe every 1 hour while awake
- Foot and ankle exercises every 1 hour while awake
- Drain -drains to bulb suction, keep armed at all times. Record output every 8 hours
- Catheter Indwelling to gravity
- Intake and Output every 8 hours until indwelling catheter and drains are removed
- Neurovascular Checks lower extremity Q1HX4, Q2HX4, Q4HX6, Q8H
- Phy Notify Lumbar Surgery for: neurological deterioration, fecal or urinary incontinence, inadequate pain relief, respiratory distress, saturated dressing

Diet

- NPO except ice chips
- Advance Diet as Tolerated to High Protein Fiber, No Caffeine Diet when bowel sounds present

IV Fluids

- Dextrose 5% with 0.9% NaCl and KCl 20 mEq/L 100 milliliter/hour intravenously

Medications

- No Toradol, NSAIDS or Caffeine

Antibacterial Agents

- ceFAZolin (Ancef) 1 gram intravenously every 8 hours x 6 doses
- vancomycin (if PCN allergic) 1 gram intravenously every 12 hours x 2 doses, infuse over 90 minutes

Analgesics

- PCA per PCA order sheet
- acetaminophen (Tylenol) 650 milligram orally every 4 hours as needed for pain 1-5 or temp > 101.5
- oxyCODONE (Roxicodone) 5 milligram orally every 4 hours as needed for pain scale 1-5 in addition to PCA
- oxyCODONE (Roxicodone) 10 milligram orally every 4 hours as needed for pain scale 6-10 in addition to PCA
- oxyCODONE-acetaminophen 5 mg-325 mg/5 mL oral soln (Roxicet) 5 milliliter orally every 4 hours as needed for pain scale 1-5 in addition to PCA if swallowing difficulty
- oxyCODONE-acetaminophen 5 mg-325 mg/5 mL oral soln (Roxicet) 10 milliliter orally every 4 hours as needed for pain scale 6-10 in addition to PCA if swallowing difficulty

Medications Other

- famotidine (Pepcid) 20 milligram orally 2 times a day
- famotidine (Pepcid) 20 milligram intravenously 2 times a day if NPO
- metoclopramide (Reglan) 10 milligram intravenously every 6 hours for 8 doses then discontinue
- multivitamin 1 tablet orally once a day
- Senna-Docusate Sod 8.6-50 MG (Senna Plus/Pericolace) 2 tablet orally once a day, at bedtime (Hold for diarrhea)

Physician Signature: _____

Date / Time: _____

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Ancillary Medications

- diphenhydrAMINE (Benadryl) 25 milligram orally every 6 hours as needed for itching
- Sore throat lozenges (Cepastat) 1 lozenge orally as needed for sore throat
- Sore throat spray (Chloraseptic) as needed for sore throat
- bisacodyl (Dulcolax) 1 suppository rectally once a day as needed for constipation starting POD #2 if no BM
- aluminum/magnesium/simethicone antacid susp (Maalox Plus, Mylanta) 30 milliliter orally every 6 hours as needed for indigestion/heartburn
- trimethobenzamide (Tigan) 200 milligram intramuscularly every 6 hours as needed for nausea after maximum Zofran dose given
- ondansetron (Zofran) 4 milligram intravenously every 4 hours as needed for nausea up to 8 mg in 24 hours

Additional Medications

- _____
- _____
- _____
- _____
- _____

Laboratory

- CBC w Auto Differentiation on Post Op Day #1, 2, 3 & 4
- Magnesium on Post Op Day #1, 2, 3 & 4
- Metabolic Panel (Basic) on Post Op Day #1, 2, 3 & 4
- Phosphorus (Inorganic) on Post Op Day #1, 2, 3 & 4

Respiratory

- Incentive spirometry every 1 hour while awake
- Oxygen via nasal cannula 2 lpm humidified
- O2 Oxygen Titration SpO2 > 93%

Ancillary Services

- Physical therapy for gait training, transfer training and exercise twice a day
- Occupational therapy for ADL's and adaptive equipment

Consults

- CC Consult Discharge Planning
- CC Consult DME Other Equipment acquire equipment orders per PT & OT
- 1. _____
- 2. _____

Other

- _____
- _____
- _____

Physician Signature: _____

Date / Time: _____

