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Cervical Discectomy & Fusion v3

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

- Elevate head of bed at least 30-45 degrees
Up to chair w assistance 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

Nursing Orders

- Apply trapeze to bed
Turn, cough and deep breathe every 1 hour while awake
Foot and ankle exercises every 1 hour while awake
Drain management -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 -upper and lower extremity checks every hour x 4, every 2 hours x 4, every 4 hours x 6, then every 8 hours
Phy Notify Cervical Surgery for: neurological deterioration, respiratory distress, fecal or urinary incontinence, inadequate pain relief, saturated dressing, difficulty swallowing

Diet

- Clear Liquid Diet
Other Diet No Caffeine
Advance Diet as Tolerated to Soft Diet with no Caffeine as tolerated

IV Fluids

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

Medications

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
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
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

- aluminum/magnesium/simethicone antacid susp (Maalox Plus, Mylanta) 30 milliliter orally every 6 hours as needed for heartburn
- bisacodyl (Dulcolax) 1 suppository rectally if no BM by Post op Day #2
- bisacodyl (Dulcolax) 1 suppository rectally once a day as needed for constipation
- diphenhydrAMINE (Benadryl) 25 milligram orally every 6 hours as needed for itching
- ondansetron (Zofran) 4 milligram intravenously every 4 hours as needed for nausea up to 8 mg in 24 hours
- Sore throat lozenges (Cepastat) 1 lozenge orally as needed for sore throat
- Sore throat spray (Chloraseptic) as needed for sore throat
- temazepam (Restoril) 15 milligram orally once a day, at bedtime as needed for insomnia
- tiZANidine (Zanaflex) 4 milligram orally every 4 hours as needed for muscle spasm
- trimethobenzamide (Tigan) 200 milligram intramuscularly every 6 hours as needed for nausea after maximum Zofran dose given

Laboratory

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

Respiratory

- Incentive spirometry every 1 hour while awake
- O2 Oxygen Via Nasal Cannula 2 lpm humidified
- O2 Oxygen Titration Spo2 > 93%

Ancillary Services

- PT Physical Ther Evaluate & Treat for gait training, transfer training and exercise twice a day
- OT Evaluate and Treat for ADL's and adaptive equipment

Consults

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

Physician Signature: _____

Date / Time: _____

