

LAMINECTOMY WITH OR WITHOUT FUSION
ANTERIOR CERVICAL DISC FUSION
POSTOP ORDERS

ADMIT TO: Inpatient Status

SERVICE: [] Orthopedics [] Joint Express [] Telemetry [] Stepdown [] SCU [] Intensive Care [] Stepdown

ADMITTING PHYSICIAN: _____

DIAGNOSIS: (list all) _____

ALLERGIES: _____

HEIGHT _____ WEIGHT _____

[X] Discontinue all pre-procedural medications. May utilize the TMO to specify all post-procedural medications.

MEDICATIONS: (Administer if not allergic)

Prophylactic Antibiotics:
[] CeFAZolin (KEFZOL) 1 gm IVPB if weight less than 50 kg, 2 gm if weight 50-120 kg, 3 gm if weight greater than 120 kg.
First dose to be given upon arrival in PACU _____ (Date / Time)
Repeat every 8 hours times 2, then discontinue
Second dose due _____ (Date / Time)
Third and final dose due _____ (Date / Time)
If life-threatening angioedema or anaphylaxis to cephalosporin or penicillin:
[] Clindamycin (CLEOCIN) 600 mg IVPB First dose to be given upon arrival in PACU _____ (Date / Time)
Repeat every 8 hours times 2, then discontinue
Second dose due _____ (Date / Time)
Third and final dose due _____ (Date / Time)

or

[] Vancomycin 1000 mg IVPB if weight less than 70 kg; 1500 mg if pt greater than 70 kg; to run over at least 90 minutes, every 12 hours times 2 doses - First dose to be given upon arrival in PACU - PACU dose given _____ (Date / Time)
Second and final Post Op dose due _____ (Date / Time)

OR

Therapeutic alternative Antibiotics: Please write for therapeutic Antibiotics, if indicated on lines below
[] _____
[] _____
Indication Required:
[] Abscess [] Blood stream infection [] Surgical site infection [] Urinary Tract Infection
[] Other (document site of infection and description in progress notes)

IV Fluids: [] D5 0.45% NaCl [] 0.9% NaCl [] D5LR [] LR at _____ mL / hour until taking PO fluids well.
Saline Lock when antibiotics completed, Hgb stable, and PCA discontinued.

Antiemetics:

[] Ondansetron (ZOFTRAN) 4 mg IVP every 4 hours PRN for nausea

Physician Signature _____

Date (required) _____

Time (required) _____



PT.

MR.#/P.M.

DR.

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MEDICATIONS continued:

Analgesia: If not allergic:

PCA	<input type="checkbox"/> Morphine 1 mg / mL	<input type="checkbox"/> HYDRomorphone 0.5 mg / mL
Dose	0.5 mg / hour	0.25 mg / hour
Delay	10 minutes	10 minutes
One Hour Limit	10 mg	2 mg
Dose Increase if pain not controlled	May be increased by 0.5 mg increments to 1.5 mg / dose	May be increased by 0.25 mg increments to 0.75 mg / dose
Basal Rate Select one of the following	<input type="checkbox"/> None <input type="checkbox"/> 0.5 mg / hour (start in PACU)	<input type="checkbox"/> None <input type="checkbox"/> 0.25 mg / hour (start in PACU)

Naloxone (NARCAN): If respirations less than 10 breaths/minute, 0.4 mg, QS to 4 mL with 0.9% NaCl and give slow IV push in 1 mL increments until respirations greater than 10 breaths/minute.

Notify physician STAT

Discontinue PCA upon successful initiation of oral pain meds

Pain meds:

- Discontinue PCA Basal Rate, start PO pain meds in am of POD 1,
- Discontinue PCA upon successful initiation of oral pain meds on POD1

Pain Scale	<input type="checkbox"/> Hydrocodone/ Acetaminophen 5/325 (Norco)	<input type="checkbox"/> Ketorolac (TORADOL)	<input type="checkbox"/> Acetaminophen 325 mg / Codeine 30 mg (TYLENOL # 3)
Mild 1-3	1 tab PO every 4 hours PRN		1 tablet PO every 4 hours PRN
Moderate 4-7	2 tabs PO every 4 hours PRN	If patient 65 years old or greater, 15 mg IVP every 6 hours ATC x 24 hours. If patient less than 65 years old, then 30 mg IVP every 8 hours PRN.	2 tablets PO every 4 hours PRN
Severe 8-10	Call Physician for further orders		

Acetaminophen (TYLENOL) 650 mg PO every 6 hours PRN, for Pain or Fever greater than 101° F

Diazepam (Valium) 2 mg PO every 6 hours for muscle spasms

Miscellaneous:

Diphenhydramine (BENADRYL)

- 50 mg if patient less than 65 years old PO nightly PRN for sleep
- 25 mg if pt 65 years old or older PO nightly PRN for sleep.

If not effective, give

Zolpidem (AMBIEN) 5 mg PO nightly times one if needed (Diphenhydramine not effective)

Use of Zolpidem (AMBIEN) Contraindicated in patients greater than 65 yrs of age.

Further assessment by physician is needed

Ferrous sulfate 325 mg PO along with Vitamin C 500 mg PO daily after lunch

Docusate (COLACE) 100 mg PO daily; may repeat X 1, PRN for constipation. If no BM in 24 hours, give

Bisacodyl (DULCOLAX) suppository per rectum X 1. **If no response, call physician.**

Cepacol lozenges every 1 hour PRN for throat discomfort

Physician Signature

Date (required)

Time (required)

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- 1. Initiate Adult DVT / VTE Assessment and Orders, Order Set number M1708-106
2. VITAL SIGNS: Upon admission to unit and then every 4 hours throughout the night, then every shift if stable.
3. NEUROVASCULAR CHECKS: every 15 minutes X 1 hour in PACU; then every 1 hour X 4; then every 4 hours X 24 hours; then every shift until stable.
4. DIET: Advance to Pre-Op diet when bowel sounds present.
5. ACTIVITY:
- [X] Up with help and advance activities as tolerated, Post OP day 0.
- [] Laminectomy without fusion is to do knee chest flexion exercises.
- [] Cervical fusion to do ROM of shoulders.
- [] Patients with lumbar fusion & spinal cage procedures are to do sitting straight leg exercises. No flexion exercises.
- [] Physical Therapy to evaluate and treat.
6. RESPIRATORY: Incentive Spirometry every 1 hour while awake.
7. CONSULTATION:
- [] Consult primary physician / or Staff Medicine for opinion regarding and home meds
8. Foley Catheter:
- [] Discontinue foley in recovery room
- [] Discontinue foley POD1
- [] Discontinue foley POD2
- [X] Step 1: If patient unable to void in 6 hours scan bladder for residual urine. If greater than 250 mL residual, straight cath every 6 hours PRN X 3.
- [X] Step 2: If patient unable to void after 24 hours, insert foley catheter and notify attending surgeon.
- [] Foley to remain (MUST check a reason below)
- [] Incontinence with stage 3 to 4 decubitus and patient is confused
- [] High dose IV diuretics
- [] Obtunded
- [] Urinary retention
- [] Urologic Procedure / Studies
- [] Terminally ill
- [] On Ventilator support
- [] Urinary obstruction
- [] Neurogenic bladder
- [] Gross hematuria with clots

- 9. LABS:
- [X] CBC X ___ Days
- [X] Lytes postop day 1
- [X] BUN and Creatinine X 2 days, notify physician if Creatinine is 0.5 mg/dL greater than pre-op value or if GFR is decreased more than 20%.

10. X-RAY of: _____

- 11. MISCELLANEOUS:
- [X] Apply ice continuously to incisions (and hip, if applicable) for 24 hours, then PRN.
- [X] Continue Intermittent Pneumatic Compression Device (IPC)'s bilateral lower extremities while in bed
- [] May shower 1st post-op day with Tegaderm dressing. If Steri Strips present, leave intact.
- [] Cervical collar to neck after all anterior cervical fusions; wear at all times, including shower
- [] LSO Brace, document need: _____

Other: _____

Physician Signature

Date (required)

Time (required)

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DR.