

(place patient label here)

Patient

Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**CERVICAL SPINE FUSION ORDERS - DR. DUBE**

**Version 5 Approved 11/27/18**

Condition:

Vitals every 15 min. X 4, every ½ hour X 4, every 1 hour X 4, then every 4 hours

Activity: Out of bed with assistance when fully awake

Nursing: Routine I&O's

\*CSM/neuro check every 1 hour x 4, then every 4 hours

\*TLS to be recorded every shift, D/C drain in a.m.

\*DSD post op day #1 and then daily

\*D/C foley catheter 1st day post op

\*St cath prn

\*Miami collar Yes \_\_\_\_\_ No \_\_\_\_\_

Diet: Advance as tolerated

IV: D5 1/2 with 20 mEq KCl/L at \_\_\_\_\_ ml/hr. Decrease to 30 ml/hr when taking po >500 per shift

Medications:

\_\_\_\_\_ Ancef 1 gram IV every 8 hours X 24 hours

\_\_\_\_\_ If PCN allergy then Cleocin 600 mg IV every 8 hours X 24 hours

\_\_\_\_\_ Zofran 4 mg IV every 4 hours as needed for nausea

\_\_\_\_\_ Percocet 5/325 1 or 2 tablets po every 3 hours as needed for moderate pain

\_\_\_\_\_ PCA: Morphine or Demerol (Circle One); standard settings prn severe pain, D/C post-op day 1

\_\_\_\_\_ Valium 2.5 mg po every 6 hours as needed for spasms

\_\_\_\_\_ Tylenol 650 mg po every 4 hours as needed for fever

\_\_\_\_\_ Chloraseptic lozenges prn throat discomfort

\_\_\_\_\_ Laxative of choice \_\_\_\_\_

Check box if ordered:

SCD,

AVI

Thigh TEDS

Knee TEDs

X-ray: AP and lateral of cervical spine in RR

Initials \_\_\_\_\_

(place patient label here)

Patient Name:



PROVIDER ORDERS

Order Set Directions:

- (v)- Check orders to activate; Orders with pre-checked box [x] will be followed unless lined out.
Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
Initial each page and Sign/Date/Time last page

VTE Prophylaxis

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

- LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation
Order for all LOW risk patients IF not already ordered.
Ambulate 3 times a day
MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY (Patients with one or more VTE risk factors)
HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

- Prophylaxis already addressed post-operatively- See post-op orders

Pharmacological VTE Prophylaxis

- Order for MODERATE and HIGH risk patients unless contraindicated

- No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS

Absolute

- Active hemorrhage or high risk for hemorrhage
Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks

Relative

- Craniotomy in last 2 weeks
Intracranial hemorrhage in 12 mos.
Intraocular surgery in last 2 wks
GI, GU hemorrhage in last 30 days
Thrombocytopenia (< 50,000)
Coagulopathy (PT > 18 sec)
Active intracranial lesions/ neoplasms
Hypertensive emergency
Post-op bleeding concerns
Scheduled to return to OR in the next 24 hrs
Epidural catheters or spinal block
End stage liver disease

OTHER:

Medications

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 12 hours
5,000 unit subcutaneously every 8 hours

- Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)

fondaparinux (ARIXTRA)

- 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min
Other Medication:

Laboratory

- CBC without differential every 3 days IF pharmacological prophylaxis is ordered

Mechanical VTE Prophylaxis

- Order for HIGH risk patients and MODERATE risk patients without pharmacological prophylaxis

- No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications

- Bilateral lower extremity amputee
Bilateral lower extremity trauma
Other:

Intermittent pneumatic compression

- Sequential compression device (SCD)
Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)

- knee high
thigh high

Provider Signature: Date: Time: