	(place patient label here)
Patient	T T
Name:	

BENEFIS HEALTH SYSTEM

- Order Set Directions: $\succ \qquad (\sqrt{})\text{- Check orders to activate; Orders with pre-checked box } \boxtimes \text{ will be followed unless lined out.}$
 - 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:		

POSTOP LUMBAR DECOMPRESSION/DISCECTOMY/LAMINECTOMY -Schaefer **RX = LUMBSCHAEF**

Version 10 Approved 11/27/2018

- 1. Vital signs every 15 min. x 4, every ½ hour x 4, every 1 hour x 4, then every 4 hours.
- 2. Neuro checks every 1 hour X 4, then every 4 hours.
- 3. May be out of bed with assistance when fully awake. Ambulate in halls.
- D5 1/2 NS with 20 mEq KCL/liter at 80 ml/hour. 4. Saline Lock IV when po intake adequate and tolerating oral pain pills
- 5. Antibiotics: _
- 6. Valium 5 mg IM/PO q 6 hours around the clock x 3 days, then 5 mg PO q 6 hours PRN muscle spasm.
- 7. PCA pump (Morphine or Demerol) per standard settings PRN severe pain (Circle one)
- Tylenol 650 mg po q 4 hours PRN. pain/fever. 9.
- Laxative of choice 9.
- 10. Oral pain med: moderate pain (fill in)
- Zofran 4mg IV q 6 hours PRN nausea 11.
- 12. Clear liquids when awake, advance as tolerated.
- 13. Straight cath PRN.
- 14. **SCDs**

	re-checked box ⊠ will be followed unless lined out. It where changes such as additions, deletions or line outs have been m age	BENEFIS HEALTH SYSTEM BENEFIS HEALTH SYSTEM HOSPITALS HOSPITALS PROVIDER ORDERS				
VTE Prophylaxis Step 1: VTE Risk Assessment: S						
□ 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 I. □ Ambulate 3 times a day 	<u>Fnot already ordered</u> .					
□ 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 add	dressed post-operatively- See post-op order	rs				
 Pharmacological VTE Prophyla Order for MODERATE and HIGH 	risk patients unless contraindicated					
□ No pharmacological prophylaxi	s due to the following contraindications: SE	LECT ALL THAT APPLY				
<u>CONTRAINDICATIONS</u>						
Absolute ☐ Active hemorrhage or high risk for hemorrhage ☐ Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks	☐ Intracranial hemorrhage in 12 mos. ☐ H☐ Intraocular surgery in last 2 wks ☐ P☐ GI, GU hemorrhage in last 30 days ☐ S☐ Thrombocytopenia (< 50,000) ☐ E☐	ctive intracranial lesions/ neoplasms ypertensive emergency ost-op bleeding concerns cheduled to return to OR in the next 24 hrs pidural catheters or spinal block nd 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						
☑ CBĆ 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						
	tee □ Bilateral lower extremity trauma □ Ot	her:				

Intermittent pneumatic compression

☐ Sequential compression device (SCD)

☐ Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)

☐ knee high
☐ thigh high