

(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.
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Diagnosis: _____

Allergies with reaction type: _____

**LUMBAR SPINE FUSION POST-OP ORDERS - DR. DUBE
RX = SPINE**

Version 10 Approved 11/27/2018

Condition:

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

Neuro check every 1 hour X 4, then every 4 hours

Activity:

- _____ No brace
- _____ Brace, put on while sitting in bed.

- _____ PT
- _____ OT (start 1st day postop)

_____ Strict flat bedrest

Nursing: (Check box if ordered)

- _____ Foley to gravity, I&O's q shift
- _____ Hemovac and JP drain to be recorded q shift
- _____ D/C drains on POD 2,
- _____ DSD POD #2 and then daily
- _____ D/C Foley catheter 2nd postop

Diet: NPO - ice chips only
Advance diet only if BS are adequate and per nurse's assessment

IV: D5 1/2 normal saline w/ 20 mEq KCl/L at _____ ml/hr
Decrease to 50 ml/hr. when taking po >500 ml per shift.

Labs: H&H in RR, H&H q AM x 3 days.
CBCND Q3 days while on Arixtra

Meds:

- _____ Ancef 1 gm IV Q 8 hrs X 24 hrs
If PCN allergy, then Vancomycin 1 gm IV Q 12 x 24 hrs
- _____ PCA: Morphine or Demerol (Circle One); standard settings prn severe pain.
- _____ Percocet 1-2 tablets PO q 3 hours PRN – moderate pain
- _____ MOM 30 ml PO PRN - constipation
- _____ Colace 100 mg PO BID
- _____ Dulcolax tab 5 mg PO BID
- _____ Dulcolax 10 mg PR daily 10 a.m.

Initials _____

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- _____ Reglan 10 mg IV/PO Q6 hrs until pt has BM, then Q6 PRN N/V
- _____ Tylenol 650 mg PO q 4 PRN - pain/fever mild pain
- _____ Zofran 4 mg IV q 4 h PRN - nausea
- _____ Pepcid 20 mg PO/IV BID. Change to PO once IV is discontinued.
- _____ Arixtra 2.5 mg sq. daily

Incentive spirometer q 1 hr W/A

Check box if ordered:

- SCD, AVI Thigh TEDS Knee TEDs

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

Consults:

Initials _____

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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: _____