

(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/CERVICAL DISC ORDER POST-OP - Dr. VanGilder  
RX = LUMB/CERV**

Version 9 Approved 11/27/2018

- \_\_\_\_\_ Lumbar artificial disc
- \_\_\_\_\_ Lumbar disc/decompression (Observation)
- \_\_\_\_\_ Cervical disc/decompression (Observation)
- \_\_\_\_\_ Lumbar fusion
- \_\_\_\_\_ Cervical fusion/Artificial Disc (Observation)

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

Neuro-Checks every 1 hour x 4, then every 4 hours.

**ACTIVITY: Check box if ordered**

- \_\_\_\_\_ No brace
- \_\_\_\_\_ Brace
- \_\_\_\_\_ Must put on brace before getting up
- \_\_\_\_\_ PT
- \_\_\_\_\_ OT (start 1st day post-op)
  
- \_\_\_\_\_ Strict flat bedrest

Call HO with T > 38.5, neuro changes

If no void 6 hours after arriving to floor or having foley d/ced SC and leave foley if >300 ml

D/C Foley in a.m. if Foley present when arriving to floor

Clear liquids advances as tolerated

I/O's

D5 NS with 20 mEq KCl/L at 100 ml/hr, saline lock with good PO

Meds:

- \_\_\_\_\_ Cefazolin 1 gram IV q 8 hours x 24 hours
- \_\_\_\_\_ If PCN allergy, then Clindamycin 600 mg IV q 8 hours x 24 hours
- \_\_\_\_\_ Reglan 10 mg IV/PO Q6 hours until pt has BM, then Q6 PRN N/V
- \_\_\_\_\_ Morphine PCA - standard settings PRN severe pain
- \_\_\_\_\_ Flexeril 10 mg po TID prn - muscle pain
- \_\_\_\_\_ Colace 100 mg po BID
- \_\_\_\_\_ Dulcolax 10 mg pr daily prn - constipation
- \_\_\_\_\_ Fleets enema 1 pr daily prn - constipation
- \_\_\_\_\_ Percocet 5/325 mg 1 - 2 tabs po q 4 hrs prn – moderate pain
- \_\_\_\_\_ Tylenol 650 mg po q 4 hr prn - pain/fever
- \_\_\_\_\_ Zofran 4 mg IV q 4 hr PRN - nausea

Initials \_\_\_\_\_

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**PROVIDER ORDERS**

\_\_\_\_\_ AP and lat C-spine films today.

\_\_\_\_\_ AP and lat L-spine films in a.m.

Labs:

Check box if ordered:

- SCD       AVI       Thigh TEDS       Knee TEDs

\_\_\_\_\_ Cervical drain to bulb. Remove in am.

\_\_\_\_\_ Lumbar drain to bulb. Remove when output is less than \_\_\_\_\_ cc per shift.

Incentive Spirometry to use 10 X/hr while awake

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: \_\_\_\_\_