

(place patient label here)

Patient

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



PROVIDER ORDERS

Order Set Directions:

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

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

**SPINE DEFORMITY POSTOP - DR. LUCKETT  
RX = SPINE DEF**

Version 8 Approved 11/27/2018

**IN RECOVERY ROOM:**

1. AP/lateral x-ray of:    \_\_\_\_\_cervical spine    \_\_\_\_\_thoracic spine  
                                  \_\_\_\_\_lumbar spine    \_\_\_\_\_full spine
2. Hgb and Hct.
3. Other labs/x-rays: \_\_\_\_\_

**ON NURSING UNIT:**

1. Neuro and vascular checks to both lower extremities Q4 X 24H then Q8
2. Vitals signs every 15 min. X 4, every ½ hour X 4, every 1 hour X 4, then every 4 hours
3. Neuro checks every 1 hour X 4, then every 4 hours.

**INTAKE AND OUTPUT X 72 HOURS:**

1. Hemovac- measure and record output Q4H X 24H, then Q8H
2. Foley- measure and record output Q4H X 8H, then Q8H  
D/C Foley when able to stand  
If unable to void after 5 hours, residual > 300 ml (BVI), Straight cath PRN

**DIET:**

1. NPO -- ice chips ONLY prn
2. Advance diet only if bowel sounds adequate and pt is passing gas
3. Rectal tube for 20 minutes PRN

**ANTI-EMBOLISM DEVICE:**

1. Check box if ordered:  
 SCD            AVI                    Thigh TEDS            Knee TEDs

**RESPIRATORY CARE:**

1. Incentive spirometer Q2 hours
2. Cough and deep breathe Q2 hours.
3. Other: \_\_\_\_\_

**ACTIVITY: Check box if ordered**

- \_\_\_\_\_ No brace
- \_\_\_\_\_ Brace
- \_\_\_\_\_ Must put on brace before getting up
- \_\_\_\_\_ PT
- \_\_\_\_\_ OT (start 1st day post-op)
- \_\_\_\_\_ Daily dressing change after hemovac D/C. Use Betadine solution on incision.
- \_\_\_\_\_ Strict flat bedrest

Initials \_\_\_\_\_

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**FOR ANTERIOR FUSIONS: Check box if ordered**

- \_\_\_\_\_  NG to low intermittent suction prn
- \_\_\_\_\_  Replace NG output ml for ml with IV maintenance fluid Q 4 hours
- \_\_\_\_\_  Chest tube to continuous suction, measure and record Q 8 hours
- \_\_\_\_\_  Portable AP CXR in AM and when chest tube is removed

IV Solution: \_\_\_\_\_ Rate: \_\_\_\_\_

Saline lock IV fluid antibiotics completed, patient on general diet and po intake > 500 ml per shift.

**MEDICATIONS: Check box if ordered**

- \_\_\_\_\_  Cefazolin (Ancef) 1 gram IV Q 8h X24H. If PCN allergy, then Clindamycin 900mg X24H.
- \_\_\_\_\_  Morphine 4 mg IV push Q 10 minutes PRN breakthrough severe pain.
- \_\_\_\_\_  PCA: Morphine or Dilaudid (Circle one) standard settings PRN severe pain.
- \_\_\_\_\_  Ondansetron (Zofran) 4 to 6 mg IV Q4 PRN nausea/vomiting.
- \_\_\_\_\_  Acetaminophen (Tylenol) 650 mg PO or PR for temperature >101.4 F. May repeat Q4 hours X2. If temperature remains >101.4 F. Notify doctor.
- \_\_\_\_\_  Reglan 10 mg IV/PO Q6 hours until pt has BM, then Q6H PRN N/V.
- \_\_\_\_\_  Bisacodyl 5 mg po BID, hold for loose stools.
- \_\_\_\_\_  Docusate 100 mg po BID, hold for loose stools.
- \_\_\_\_\_  Bisacodyl PR 10 mg Q a.m. @ 1000, hold for loose stools.
- \_\_\_\_\_  Milk of Magnesia 30 ml po every bedtime, hold for loose stools.
- \_\_\_\_\_  Maalox Extra Strength or equivalent, 15 ml po qid PRN indigestion.
- \_\_\_\_\_  Pepcid 20 mg IV BID X 48 hours, then change to po.
- \_\_\_\_\_  Pharmacy Pain Service (check if requesting)

Consults: \_\_\_\_\_

Labs: \_\_\_\_\_

X-rays: \_\_\_\_\_

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: \_\_\_\_\_