

(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: _____

**POST-OP ANTERIOR CERVICAL DISCECTOMY & FUSION-
D.M. SCHAEFER, M.D.
RX = CERVICAL**

Version 9 Approved 11/27/2018

1. Vitals 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. Miami collar YES NO
4. Out of bed with assistance when fully awake.
5. D5 1/2 NS with 20 mEq KCL/liter at 80 ml/hour.
Saline lock when po intake adequate and tolerating oral pain pills
6. PCA pump Morphine or Demerol (Circle one) standard settings prn severe pain.
7. Laxative of choice
8. **ANTIBIOTICS:** _____
9. Clear liquids when awake, advance as tolerated.
10. Chloraseptic lozenges PRN throat discomfort
11. Tylenol 650 mg po q 4 hours PRN pain/fever
12. Oral pain pills: moderate pain (fill in) _____
13. Zofran 4mg IV q 6 hours PRN nausea
14. Straight cath prn
15. SCDs

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: _____