

(Check boxes/ fill in to activate. Line through to cancel pre-checked orders)

Allergies: NKDA _____

Diagnosis/ Procedure: _____

Status: Inpatient Observation Same Day Care (SDC) Admit to: Critical Care Telemetry

NURSING INTERVENTIONS:

- I & O every 8 hours until voiding on own
- Sequential Compression Device (SCDs)
- Change dressing with Medipore & gauze, if saturated
- OK to shower POD # _____
- Incentive spirometry every 1 hour X 10 breaths while awake
- O₂ via nasal cannula at 0 - 3 L/ M PRN SaO₂ less than or equal to 92% or new onset of confusion. Notify physician if greater than 3 L O₂ used
- Record Hemovac/ JP drainage output every 4 hours
- Discontinue drain if output less than _____ mL within 4 hours
- Discontinue indwelling urinary catheter on POD # 2 in AM
- If no void in 6 - 8 hours, bladder US and straight cath for volumes greater than 400 mL. If catheterization necessary a second time, insert indwelling urinary catheter

Remove drain(s): POD # 1 POD # 2

Head of bed: Up to 45° Flat

Vital Signs/ Neuro Checks:

- On arrival to unit, 15 minutes X 1, 30 minutes X 1, every hour X 2, every 4 hours X 24 hours, then every shift
- Neuro checks: every 1 hour X 4 hours, every 2 hours X 12 hours, every 4 hours X 48 hours, then every 4 hours while awake

Activity:

- Up as tolerated for meals
- Ambulate with assistance (nursing or PT) → begin Day of surgery POD # 1
- Do not use overhead trapeze Ok to use overhead trapeze
- Bedrest overnight → then _____ _____ _____
- Bedrest
- Sitting: OK up to 30 minutes No restrictions No sitting

Brace/ collar:

- Out of bed without brace until brace arrives When out of bed At all times
- Patient may get up to put on brace
- Aspen Vista Soft Foam Aspen Quick Draw Aspen Contour Clamshell

Other: _____

Notify Physician If:

- Hemovac/ JP output greater than _____ mL in 4 hours

DIETARY:

- Scant ice chips PRN then clear liquids progressing to diet as tolerated
- NPO

IV THERAPY:

IV fluid: _____ to infuse at _____ mL/ hour until tolerating PO fluids then,
 TKO Saline Lock Discontinue at _____

LABORATORY/ DIAGNOSTICS:

Hematocrit POD # 1 POD # 2 Notify physician if: Hematocrit less than 30 Hematocrit less than 27
 X-Rays: _____ In PACU POD # 1 POD # 2 Reason: _____
 Other: _____

Physician Signature

Date

Time

P H Y S I C I A N O R D E R



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SPINAL SURGERY POSTOP ORDERS Page 1 of 2

P0119D (Rev 1011) White – Chart/ Scan to Pharmacy

DISCHARGE PLANNING/ CONSULTS:

- Physical Therapy evaluate and treat, order DME if indicated → Begin: Day of surgery POD # 1
- Occupational Therapy; evaluate and treat, order DME if indicated
- Send home with 4 dressings. After discharge, change dressings daily until no drainage, then discontinue dressings
- Follow up with physician in 1 - 3 weeks. Call office for appointment

VTE Risk Assessment:

Pulmonary Embolism = PE

<input type="checkbox"/> Standard PE & Standard major bleeding risk	<input type="checkbox"/> ELEVATED PE & Standard major bleeding risk
<input type="checkbox"/> Standard PE & ELEVATED major bleeding risk	<input type="checkbox"/> ELEVATED PE & ELEVATED major bleeding risk

MEDICATIONS:

Pharmacist may adjust doses for age or renal function

*Not to exceed 4000 mg of acetaminophen/ 24 hours. If 65 or older, do not exceed 3000 mg of acetaminophen/ 24 hours

<input type="checkbox"/> ceFAZolin (ANCEF) 1 g IV every 8 hours X 2 postop doses. If 80 kg or greater, increase ceFAZolin to 2 g. If allergic, change to clindamycin 900 mg IV every 8 hours X 2 postop doses. <i>Give 1st post-op antibiotic dose at next standard administration time, regardless of when preop dose was given</i>	Prophylaxis Antibiotics
<input checked="" type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools senna/ docusate 8.6 mg/ 50 mg (SENNAS) 1 PO BID. Hold for loose stools polyethylene glycol (MIRALAX) 17 g PO daily. Hold for loose stools If no BM in 48 hrs, bisacodyl (DULCOLAX) suppository PR X 1. If no results, FLEETS or warm tap water enema PRN	Constipation
<input type="checkbox"/> <i>SubQ Sliding Scale Insulin Orders</i>	Blood Glucose
<input type="checkbox"/> HYDRomorphone (DILAUDID) <i>PCA Orders</i> <input type="checkbox"/> morphine <i>PCA Orders</i> <input type="checkbox"/> fentaNYL <i>PCA Orders</i>	Mild to Severe Pain (1-10) PCA
<input type="checkbox"/> morphine 1 - 5 mg IV every 1 hour PRN. If allergic or if pain unrelieved, change to HYDRomorphone (DILAUDID) 0.5 - 1 mg IV every 2 hours PRN. If pain unrelieved in 4 hours, notify physician	Severe Pain (7-10) IV
<input type="checkbox"/> oxyCODONE 5 – 15 mg PO every 3 hours PRN	Severe Pain (7-10) PO
<input type="checkbox"/> *HYDRocodone 5 mg/ acetaminophen 325 mg (NORCO) 1 – 2 tabs PO every 4 hours PRN	Moderate Pain (4-6) PO
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV every 6 hours PRN X 6 doses. If 65 or older or weight less than 50 kg, change to ketorolac 15 mg IV every 6 hours PRN X 6 doses	Moderate Pain (4-6) IV
<input type="checkbox"/> hydroXYzine (VISTARIL) 25 – 50 mg PO every 4 hours PRN if narcotics ineffective alone. Do not give if 65 or older	Moderate to Severe Pain (4-10) Adjunct
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) 5 - 10 mg PO every 6 hours PRN. If 65 or older, change to methocarbamol (ROBAXIN) 500 mg PO every 8 hours PRN	Muscle Spasms
<input type="checkbox"/> LORazepam (ATIVAN) 0.5 – 1 mg PO/ IV every 4 hours PRN	Anxiety
<input type="checkbox"/> *acetaminophen (TYLENOL) 325 - 650 mg PO every 4 hours PRN <input type="checkbox"/> *acetaminophen (TYLENOL) 650 mg PR every 4 hours PRN	Mild Pain (1-3), Headache, Temp >38° C
<input type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPazine) 2.5 - 5 mg IV every 6 hours PRN (2nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting
<input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN. If 65 or older, change zolpidem to 2.5 mg. May repeat X 1	Insomnia
<input type="checkbox"/> magnesium hydroxide/ aluminum hydroxide/ simethicone (MAALOX) 15 mL PO every 4 hours PRN	Indigestion
<input type="checkbox"/> menthol (HALLS) lozenges every 2 hours PRN	Sore Throat
<input checked="" type="checkbox"/> lidocaine 2% jelly (URO-JET) apply PRN	Catheter Placement Pain

Physician Signature

Date

Time

P H Y S I C I A N O R D E R



Assessment of elevated risk (greater than standard risk) of PULMONARY EMBOLISM (PE):

Previous history of cancer, thromboembolism
Hypercoagulable states (ie., polycythemia, spinal cord injury, multi-trauma patients)
Previous documented pulmonary embolism
Genetic predisposition for developing pulmonary embolism

Assessment of elevated risk (above standard risk) of MAJOR BLEEDING:

Previous history of uncontrolled bleeding
Known coagulation factor deficiency
Recent history of GI bleeding
Recent hemorrhagic stroke

For patients with:

- ① Standard risk of PE and standard risk of major bleeding; use Aspirin, LMWH, Fondaparinux or Warfarin
- ② Standard risk of PE and ELEVATED risk of major bleeding; use Aspirin, Warfarin, or none
- ③ ELEVATED risk of PE and standard risk of major bleeding; use LMWH, Fondaparinux, or Warfarin
- ④ ELEVATED risk of PE and ELEVATED risk of major bleeding; use Aspirin, Warfarin, or none

Adapted from AAOS Clinical Practice Guideline on Prevention of Pulmonary Embolism in patients Undergoing Total Hip or Knee Arthroplasty (published May 2007)