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| **TIMELINE** | **SURGERY DAY** | **POST-OP DAY 1** | **POST-OP DAY 2** | **POST- OP DAY 3** |
| **UNIT** | post-op admit to PICU | transfer to floor - 4 Tower | 4 Tower | 4 Tower |
| **ASSESSMENT** | per PICU | VS q 4 hrs. NV checks q 4, strict I & O q 4 hrs. including all drains | VS q 4 hrs. NV checks q 4 hrs. , strict I & O q 4 hrs. including all drains if still present | VS q 4 hrs. NV checks q 4 hrs. , strict I & O q 4 hrs (drains should be d/c'd) |
| **LABS** | H & H 6-8 hours post-op | H & H in AM | H & H per attending | None |
| **X-RAYS** | as indicated | as indicated | Order Scoliosis Series | Scoliosis Series must be done and reviewed prior to d/c |
| **ANTIBIOTICS** | Antibiotics (Cefazolin and Tobramycin) as per spine protocol | Antibiotics to be d/c'd within 24 hours of surgery end time | NO antibiotics | NO antibiotics |
| **PAIN MEDS** | Prescribed Neurontin taken at home  Post-op PCA as per pain team | 24 HOURS FROM START OF CASE BEGIN - Toradol (0.5 mg/kg/dos) q 6 hrs. ATC, max dose of 30 mg/dose for a total of 20 doses then STOP | D/C PCA, Start PO pain meds: Oxycodone( 0.05 - 0.1mg/kg/dose) q 4 hrs. ATC/PRN. If indicated, Pain Team may recommend a long acting pain medication in addition to ATC Oxycodone. | Continue Oxycodone (0.05 - 0.1 mg/kg/dose) q 4 hrs. PRN. If indicated continue long acting pain medication as recommended by Pain Team. At completion of Toradol start PO Motrin to continue at home. |
| **DRAINS** | 2 hemovac drains, monitor output closely | if each drain puts out < 200 mL per 12 hour shift may consider d/c | if each drain puts out < 200 mL per 12 hour shift d/c | no drains should be in |
| **DRESSING** | Post-op Ioban dressing in place, reinforce PRN | Ioban dressing remains intact, reinforce PRN | May change Ioban dressing at this time to an Aquacel dressing using sterile protocol | Aquacel dressing for home to stay in place for 7-10 days reinforce PRN with tegaderm |
| **NUTRITION/GI** | ice chips/clears as tolerated, assess BS, encourage chewing gum | clears as tolerated may advance to regular slowly with good BS, encourage chewing gum | regular diet as tolerated with good BS | regular diet |
| **ACTIVITY** | log roll q 2 hrs. and PRN, gradually elevate HOB as tolerated, dangle legs on side of bed in PM | continue to log roll q 2 hrs. and PRN, sit up and dangle legs off side of bed, OOB to chair with PT/OT, if able ambulate to BR and within room with PT/OT BID | continue to log roll q 2 hrs. and PRN, OOB to chair BID with PT/OT, ambulate to BR and on unit with PT/OT BID, if able conquer stairs with PT/OT, begin safe teaching of transferring patient with parent supervision | Continue to log roll q 2 and PRN, continue safe teaching of transferring patient with parent supervision. OOB to chair and bathroom PRN, ambulate in hallways, conquer stairs with PT/OT |
| **D/C PLANNING** | Assess home health needs, Assess transportation needs, Assess need for home PT/OT and/or Home nursing care | Assess home health needs, Assess transportation needs, Assess need for home PT/OT and/or Home nursing care | Confirm all home needs are in place, write all Rx's for patient including, Oxycodone PRN , Colace/Senna/Miralax, Tylenol PRN, Ibuprofen PRN - be sure that if patient is going home on Liquid Oxycodone that family fills this Rx at Melbran Pharmacy (212-568-1300) | Confirm all home needs are in place, home Rx's for patient including, Oxycodone PRN , Colace/Senna/Miralax, Tylenol PRN, Ibuprofen PRN, be sure that if patient is going home on Liquid Oxycodone that family fills this Rx at Melbran Pharmacy (212-568-1300),F/U appt for 7-10 days with NP/PA. |