**PEDIATRIC ORTHOPAEDIC SPINE FUSION CHECKLIST**

 **PARENT/PATIENT CHECKLIST place patient label here**

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| **YES** | **NO** |  |
| ☐ | ☐ | We received a phone call from the OR nursing staff the night before surgery. |
| ☐ | ☐ | My child showered/bathed AND used the Chlorhexidine Gluconate wipes the night before surgery. |
| ☐ | ☐ | My child DID NOT shower/bathe the morning of surgery. |
|  |  |  |
| ☐ | ☐ | My child took Neurontin on the morning of surgery |
| ☐ | ☐ | I was asked pre-operatively about a history of MRSA (methicillin-resistant staphylococcus aureus) infections in my child and/or in my family. |

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| --- | --- |
| **YES** | **NO** |
| ☐ | ☐ | My child and I were given information and education about the pain medications that will be used immediately post-operatively. |
| ☐ | ☐ | My child had acceptable pain control throughout the hospitalization. |
| ☐ | ☐ | My child and I were given information and education about the pain medications we would be taking at home. |
| ☐ | ☐ | My child and I were provided with education and instructions about a necessary post-operative bowel regimen. |

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| **YES** | **NO** |  |
| ☐ | ☐ | My child’s surgical dressing was changed by the Pediatric Orthopaedic Team prior to going home. |
| ☐ | ☐ | My child and I were given clear instructions about the care of the dressing when we go home. |
| ☐ | ☐ | My child and I were given clear instructions about post-operative activity restrictions at home. |
| ☐ | ☐ | My child and I were given clear instructions about post-operative bathing at home. |
| ☐ | ☐ | Post-operative nutrition, including discussion of iron rich foods, was addressed. |
| ☐ | ☐ | My child and I were given clear instructions about our post-operative follow up appointment. |