

# PEDIATRIC ORTHOPAEDIC SPINE FUSION CHECKLIST

## PARENT/PATIENT CHECKLIST

place patient label here

### 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.

### 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.

### 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.