**PEDIATRIC ORTHOPAEDIC SPINE FUSION CHECKLIST**

**INPATIENT NURSE PRACTITIONER CHECKLIST place patient label here**

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| **YES** | **NO** |  |
| ☐ | ☐ | Patient received IV antibiotics x 24 hours post-op then they were d/c’d. |
| ☐ | ☐ | Foley d/c’d POD # 1 (if possible)or POD # 2 (at latest). |
| ☐ | ☐ | Drains d/c’d when drainage is <100 cc per nursing shift (POD # 1 /POD # 2). |
| ☐ | ☐ | IV Toradol was initiated at 24 hours POD # 1 WITH ATTENDING APPROVAL. |
| ☐ | ☐ | EKG (portable) ordered/done POD # 1 in prep for possible Methadone. |

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| **YES** | **NO** |  |
| ☐ | ☐ | Standing Scoliosis X rays ordered, completed and reviewed prior to d/c home. |
| ☐ | ☐ | Surgical spine dressing changed to Aquacel prior to d/c home. |
| ☐ | ☐ | Reviewed specific activity restrictions for home. |
| ☐ | ☐ | Reviewed NO dressing changes until first post-op visit (reinforce PRN). |

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| **YES** | **NO** |  |
| ☐ | ☐ | VNS and PT/OT orders for home - provided patient/family with necessary Rx’s. |
| ☐ | ☐ | Provide patient with all necessary Rx’s for home (pain meds and bowel regimen). |

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| **YES** | **NO** |  |
| ☐ | ☐ | Review all discharge medications with patient and family (dose, schedule, taper, SE’s). |
| ☐ | ☐ | Review when to call Peds Ortho (increased drainage, redness, swelling, pain and/or fever >101). |
| ☐ | ☐ | Confirm that family knows to call Peds Ortho to make follow up appt, 212-305-9757/305-4787). |
| ☐ | ☐ | All spine patients know to follow up with NP/PA in 7 -10 days. |
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