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**CERVICAL SPINE POSTOP ORDERS**

**General: Level of Care Determination**

**Physician Inpatient–Only Procedure Admission**

Admit to Inpatient Level–of–Care: Patient is scheduled to have an Inpatient–Only Procedure, and, therefore, no Certification for a Two–Midnight Stay is required. Postoperative recovery and monitoring is expected to require at least 24 hours because of the nature of the procedure and the patient’s underlying condition.

- Admit to Inpatient Level–of–Care for Inpatient–Only Procedure (Medicare Part A)

**Physician Outpatient Level–Of–Care Determinations**

Outpatient–in–a–Bed Status: Requires an outpatient procedure and treatment that is expected to allow discharge in less than 24 hours. Patient should have a bed assignment for an overnight stay.

- Place in Outpatient–in–a–Bed Level–of–Care (Medicare Part B)

Outpatient Status: Requires an outpatient procedure and treatment that is expected to allow same–day discharge. No bed assignment is necessary.

- Place in Outpatient Level–of–Care (Medicare Part B)

**Surgical Site**

- Anterior
- Posterior

**Bed Type**

- NICU/SICU
- Level 9

**Resuscitation**

- Addressed on Resuscitation form

**Activity**

**Ambulate**

- Day of Surgery: ambulate in room with assistance and cervical collar on
- Day of Surgery: ambulate in room with assistance
- Day of Surgery: BRP with assistance and cervical collar on
- Day of Surgery: BRP with assistance
- Day of Surgery: Ambulate in hallway
- Day of Surgery: Ambulate in hallway with collar on
- POD #1: ambulate in hall with assistance
- POD #1: ambulate in hall at least QID with assistance and collar on
- Up ad lib with cervical collar on
- Up ad lib
- Up in chair with assistance
- Flat in Bed: Log Roll Only

**Nursing Orders**

**Assessments**

- Vital Signs Q 1 H X 4, then Q 4 H X 3 days
- Neuro Checks Q 1 H X 4, then Q 2 H X 4, then Routine with VS
- Intake and output every 8 hours for 48 hours
- Check for airway difficulties Q 1 H for 12 hours.
- Initiate Adult Insulin Sliding Scale

**Interventions**

- Apply Ice Pack to wound for 20 minutes every hour.
- Apply soft cervical collar
  - on at all times
  - on when patient is up
  - PRN for comfort
- Apply Miami J Collar
  - on at all times
  - on when patient is up
- Apply Aspen Collar
  - on at all times
  - on when patient is up
- Urinary catheter in–and–and–out cath, if catheter not present from OR
  - Q 6 H PRN Urinary retention
  - If over 250 mL obtained with 2nd cath, leave Foley catheter in place and notify MD.
- Other:
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**Dressing**
- Check Q 1 H X 4, then Q 2 H X 2, then Q 4 H X 24 H, then Q 8 H until discharge
- Do not remove original dressing. If saturated, place an ABD over it and change it PRN. Physician will change dressing in AM.
- Wound Drainage System – Empty and recharge Q 8 H and PRN
- If dressing saturated, remove and replace with absorbent dressing

**Respiratory**
- Incentive Spirometry
  - Q 1 H while awake
  - Q 2 H while awake for 48 hours
- Pulse oximetry
  - Once
  - With Vital Signs
  - Continuous with Alarm on for 24 hours
- Oxygen via nasal cannula at 2 L per minute for 24 hours; titrate to keep O2 sats above 90%; wean for O2 above 92%

**Diet**
- NPO for ______ H
- Clear liquids post nausea, then advance to Regular diet as tolerated.
- Clear liquids post nausea, then advance to mechanical soft diet as tolerated.
- Mechanical soft diet and advance to Regular diet in AM
- Other: _______________________________________________________

**IV Fluids**
- Saline lock when PO intake is adequate
- Dextrose 5% + Sodium Chloride 0.45% at ______ mL per H IV continuously
- Dextrose 5% + Sodium Chloride 0.45% at 30 mL per H IV continuously when tolerating PO liquids
- Dextrose 5% + Sodium Chloride 0.9% at ______ mL per H IV continuously
- Sodium Chloride 0.9% at ______ mL per H IV continuously
- Sodium Chloride 0.9% with KCl 20 mEq per L at ______ mL per H IV continuously
- Lactated Ringers at ______ mL per H IV continuously

**Medications**
- Identify Home Medications and Review with MD for Continuation

**Antibacterial Agents**
- Continue antibiotic for current infection.
- ceFAZolin [ANCEF] 2 g IV Q 8 H beginning 4 H after initial pre–op dose.
  - If allergic to beta lactam antibiotics (penicillins and cephalosporins), give one of the following:
    - vancomycin [VANCOCIN] 1500 mg IV once 12 H after initial pre–op dose, then Pharmacy to dose

**Analgesics: Patient–Controlled Analgesia**
- morphine [DILAUDID] standard high–dose
- hydromorphone [DILAUDID] standard high–dose
- Discontinue PCA Meds early AM of POD #1 and start PO pain meds.

**Analgesics: Opioids**
- morphine 2 mg to 4 mg IV Q 2 H PRN breakthrough pain
- hydromorphone [DILAUDID] 0.5 mg to 1 mg IV Q 2 H PRN breakthrough pain
- hydromorphone [DILAUDID] 1 mg to 2 mg IV Q 2 H PRN breakthrough pain

**Analgesics / Antipyretics**
- acetaminophen [TYLENOL] 650 mg PO Q 4 H PRN mild pain or temperature above 101º F. May give rectally if unable to tolerate oral.
- oxycodone 5 mg and acetaminophen 325 mg [PERCOCET 5] 1 to 2 tablets PO Q 4 H PRN moderate pain
- HYDROcodone 5 mg and acetaminophen 325 mg [NORCO 5] 1 to 2 tablets PO Q 4 H PRN moderate pain
- HYDROcodone 7.5 mg and acetaminophen 325 mg [NORCO 7.5] 1 to 2 tablets PO Q 4 H PRN moderate pain
- HYDROcodone 7.5 mg and acetaminophen 325 mg/15 mL oral solution [NORCO] 15 mL PO Q 4 H PRN moderate pain if unable to swallow tablets.

**Maximum acetaminophen dose is 4000 mg per 24 hours.**
- ketorolac [TORADOL] 30 mg IV now, then 15 mg Q 6 H for ______ days (maximum of 5 days)
- cyclobenzaprine [FLEXERIL] 10 mg PO Q 8 H PRN muscle spasms

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### Antiemetics
- ondansetron [ZOFRAN] 4 mg PO Q 6 hours PRN nausea/vomiting. May give IV if unable to tolerate oral.
- hydroxyzine hydrochloride [VISTARIL] 50 mg PO Q 3 H PRN nausea/vomiting or itching. May give IM if unable to tolerate oral.
- famotidine [PEPCID] 20 mg PO Q BID or Q BID PRN heartburn. May give IV if unable to tolerate oral.

### Laxatives
- docusate sodium [COLACE] 100 mg PO Q BID or Q BID PRN constipation/stool softener
- magnesium hydroxide 400 mg / 5 mL oral susp [MILK OF MAGNESIA] 30 mL PO Q daily or Q daily PRN constipation

### Sedatives
- diphenhydramine [BENADRYL] 25 mg PO once HS PRN insomnia

### Convenience Meds
- phenol 1.4% mucosal spray [CHLORASEPTIC] 5 sprays onto throat; may repeat Q 2 H PRN sore throat

### DVT Prophylaxis
- Patient should receive the first dose of anticoagulant within 24 hours of surgery.
- VTE Prophylaxis–Medications Postoperative addressed on separate orderset.
- SCDs. May remove for ambulation, then reapply.

### Laboratory
- CBC ROUTINE IN AM for 2 days. Call if Hct is less than 28.
- BMP ROUTINE IN AM for 2 days. Call results if abnormal.
- Other: ____________________________________________

### Radiology
- X-Ray, C Spine, AP and lateral
- * For cases completed early in the day, consider obtaining an x−ray 6 hours post−op.
- ROUTINE IN AM Once in early AM
- TIMED on ____/____ (mm/dd) at ____:____ hours
- Other: ____________________________________________

### Consults
- Consult Clinical Nurse Specialist
- Consult to Case Management for evaluation and potential need for Durable Medical Equipment, Home Health Care, and Placement
- Consult to occupational therapy for evaluation, treatment and discharge recommendations
- Consult to physical therapy for evaluation for inpatient rehabilitation and gait evaluation, treatment and discharge recommendations
- Consult Dietary on POD #2 if swallowing or eating difficulties
- Consult Physician: Dr. ______________________ for __________________________

### Education / Discharge Instruction (if appropriate)
- Patient−Controlled Analgesia (Intravenous Patient−Controlled Analgesia) Education
- Smoking Cessation – Education
- Wound Care Education
- Discharge home after patient is voiding and ambulating, and approved by Anesthesia
- Call to schedule an office appointment in _____ days with Operating Surgeon: __________________________
- Call to schedule an office appointment in _____ days with Primary Care Physician: __________________________
- Call Surgeon’s office to schedule: X−Ray, C−Spine, AP & Lateral

### Reminders
- For patients without contraindications who are undergoing spinal surgery, antimicrobial prophylaxis (e.g., with cefazolin, vancomycin) should be administered and discontinued in a timely manner.