

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing provider's obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2020 Children's Healthcare of Atlanta, Inc.

Goal: Discharge on Post-op Day 3 - Discharge Criteria:

- Tolerating regular diet
- Adequate pain control (pain score ≤ 4)
- Caregivers verbalize spinal fusion precautions and activity modifications
- Ambulate without assistance per PT Protocol
- deliver and review Spine D/C Education Sheet with patient and family

Timeline	Surgical Day	Post-op Day 1	Post-op Day 2	Post-op Day 3
Unit	Admit to Inpatient: EG - 4E, SR - 4S, PICU's	Inpatient: EG - 4E, SR - 4S, PICU's	Inpatient: EG - 4E, SR - 4S, PICU's	Inpatient: EG - 4E, SR - 4S
Assessment & Monitoring	VS q 4hr including Braden Q every 12 hrs. Keep MAPs 65-85 mmHg. Neurovascular (NV) checks q 2hr Continuous Pulse Ox & O2 to keep sats > 93% Strict Intake & Output q 4hr including drains	VS q 4hr including Braden Q every 12 hrs. Keep MAPs 65-85 mmHg pain scores with pain re-assessments within 2 hours of discharge Neurovascular (NV) checks q 4hr Strict Intake & Output q4hr including drains Wean O2 to keep sats > 93%	VS q 4hr including Braden Q every 12 hrs. Keep MAPs 65-85 mmHg pain scores + pain re-assessments within 2 hours of discharge Neurovascular (NV) checks q 4hr Strict Intake & Output q4hr - include drains Discontinue Pulse Ox if sats > 93% on RA and PCA pump discontinued	VS q 4hr including Braden Q every 12 hrs. Keep MAPs 65-85 mmHg pain scores + pain re-assessments within 2 hours of discharge Neurovascular (NV) checks q 4hr Discontinue PO if sats > 93% on RA and PCA pump discontinued Routine I & O - including drains - Check dressing & wound - report any drainage
PICU admit	VS and NV checks per PICU protocol MAP parameters per order set age range	VS and NV checks per PICU protocol MAP parameters per order set age range	VS and NV checks per PICU protocol MAP parameters per order set age range	VS and NV checks per PICU protocol MAP parameters per order set age range
MD Notification	Notify MD: Changes in: VS or NV status or MAPs UOP < 0.5ml/kg/hr times 2hr Hemovac output is >200ml/8 hrs	Notify MD: Changes in: VS or NV status or MAPs Hemovac output is >200ml/8 hrs UOP < 1ml/hr/kg over 4hrs No void in 6hrs after foley discontinued	Notify MD: Changes in: VS or NV status or MAPs UOP < 1ml/hr/kg over 4hrs Hemovac output is >200ml/8 hrs dressing not fully intact	Notify MD: Changes in: VS or NV status or MAPs Hemovac output is >200ml/8 hrs dressing not fully intact
Laboratory	H&H in am	H&H @ 0500		
Radiology	Portable Chest X-ray if pt. has chest tube	Portable Chest X-ray if pt. has chest tube T/L Spine 2 view xray if not done in PACU	Portable Chest X-ray if chest tube Stat Chest X-ray if chest tube discontinued	Portable Chest X-ray if chest tube discontinued
Medications & IV Therapy	IV Fluids Zofran IV 0.1 mg/kg per dose (max dose of 4 mg) IV q8h PRN N/V Antimicrobial: Cefazolin 30mg/kg, (max 2gm) IV q 8hrs x 3 doses; discontinue after 24hrs See Prophylaxis Guideline for additional therapy if needed.	IV fluids - INT IV & discontinue IV Fluid when tolerating PO liquids without N/V Discontinue antibiotics after 24hrs Start Miralax 0.5 gram/kg everyday, with a max dose of 17 grams	INT IV if tolerating PO liquids Continue Miralax Consider MOM or Dulcolax Suppository if bowel sounds present and no stool. Report any distention or abdominal discomfort.	Discontinue IV Continue Miralax Consider MOM or Dulcolax suppository if bowel sounds present and no stool. Report any distention or abdominal discomfort.
Pain Control	Pain Control: Valium 0.1 mg/kg IV q4h PRN muscle spasticity PCA pump with bolus doses Optional: * Neurontin 5mg/kg TID, PO, max 300mg TID * Toradol 0.5mg/kg IV q 6hr, max 8 doses -Famotidine - 0.25 mg/kg/dose (max 20 mg) IV q12h if using Toradol * ONQ pain pump with Bupivacaine *consider Methocarbamol 15 mg/kg IV q8h (Max dose 1000 mg) - to replace Valium. (do not use with Valium)	Pain Control: Valium 0.1 mg/kg IV q4h PRN muscle spasticity Discontinue PCA Pump Start Percocet OR Norco PO Routine q 4hr IV Morphine Sulfate for breakthrough pain Toradol 0.5mg/kg IV q 6hr, max 8 doses *Famotidine - 0.25 mg/kg/dose (max 20 mg) IV q12h if using Toradol Optional: *Neurontin 5mg/kg TID *ONQ pain pump with Bupivacaine *consider Methocarbamol 15 mg/kg IV q8h (Max dose 1000 mg) - to replace Valium. (do not use with Valium)	Pain Control: IV Morphine Sulfate for breakthrough pain Percocet OR Norco q 4hr PRN pain Change Valium to PO q 4hr PRN muscle spasticity	Pain Control: Discontinue Toradol Continue pain management program until discharged
Respiratory; Treatments; Procedures	Incentive Spirometry q 2hr when awake Check Surgical dressing q4hr & reinforce PRN Foley to straight drain	Incentive Spirometry q 2hr when awake Check Surgical dressing q8hr & reinforce PRN Discontinue foley if UOP >1ml/kg/hr AND PCA is discontinued	Incentive Spirometry q 2hr when awake Check Surgical dressing q8hr & reinforce PRN	Incentive Spirometry q 2hr when awake Check Surgical dressing q8hr & reinforce PRN MD to discontinue drains
Nutrition GI	Ice chips and sips of clears as tolerated Assess bowel sounds	Clears - Advance diet as tolerated Assess bowel sounds+Encourage gum chewing	Regular diet as tolerated Encourage gum chewing	Regular Diet as tolerated Encourage gum chewing
Activity	Log roll q 2hr and PRN until patient is rolling independently	Log roll q 2hr and PRN until patient is rolling independently OOB to Chair TID AND Ambulate TID	Continue to log roll independently OOB to Chair TID AND Ambulate TID Begin stairs	Continue to log roll independently OOB to Chair TID AND Ambulate TID Conquer stairs
Consults	Case Management to assess for Durable Medical Equipment *Pain service consult as needed	PT to see patient 2xday Child Life as needed *Pain service consult as needed	PT to see patient 2xday OT to see patient for ADLs x1 Child Life as needed	PT to see patient 1xday Child Life *Pain service Home Plan as needed
Partnering with Parents & Education	Reinforce Education (Teaching Sheets) Pain management Spinal Fusion Spinal Fusion Movement: Log rolling, sidelite to sit & sit to stand transfers	Reinforce Education (Teaching Sheets) Spinal Fusion Movement: Ambulation Partner with parents for ambulation schedule *start the Spine Fusion D/C Education Sheet	Reinforce Education (Teaching Sheets) Spinal Fusion Movement: Precautions and body mechanics Partner parents for ambulation schedule *Spine Fusion D/C Education Sheet	Home Care Teaching Sheets to include wound dressing and drainage instructions Partner parents for ambulation schedule *Spine Fusion D/C Education Sheet
Discharge Planning	Assess Home Health Needs Assess Transportation Needs Provide Family with written needs	Assess Home Health Needs	Ensure Home Health needs are available Ensure Transportation needs are available for next day	Ensure Home Health needs are available on discharge Plan for follow-up arranged with Physician