



Timeline	Pre-op Visit	Day Surgery	Day of Surgery	Day of Surgery
Unit	Pre-op Clinic (seen ≤ 14 days before surgery)	Day Surgery	Operating Room	PACU
Assessment & Monitoring	VS Height and Weight Prior to admission medications documented	<ul style="list-style-type: none"> <li>Admit to Day Surgery room 1.5 hours prior to scheduled procedure</li> <li>Height and Weight recorded</li> <li>Nursing assess per protocol</li> <li>Physician completes H&amp;P</li> <li>Physician obtains consent</li> <li>RN checks consent with Intraop RN when transferred to the OR suite</li> </ul>	<ul style="list-style-type: none"> <li>Check consent with Day Surgery RN</li> <li>Assessment per protocol</li> <li>Utilize Cell Saver</li> <li>Neuro Monitoring</li> </ul> <p><u>End of Procedure:</u></p> <ul style="list-style-type: none"> <li>Counts correct</li> <li>Procedure performed</li> <li>Wound class with surgical team</li> </ul>	VS with Neurovascular Checks * <b>Verify MAP parameter orders in Epic order set. Keep MAPs 65-85.</b> * Verify EBL and document in Optime*
Laboratory:	H&H Type and Crossmatch <u>Day Prior to Surgery:</u> Ensure blood is available prior to day of surgery	<ul style="list-style-type: none"> <li>Ensure H&amp;H results available</li> <li>Ensure Type &amp; Cross completed</li> <li>Verify Designated Donor blood if available</li> </ul>	<p><u>Pre-Procedure:</u></p> <ul style="list-style-type: none"> <li>Verify blood is available</li> </ul> <p><u>End of procedure:</u></p> <ul style="list-style-type: none"> <li>Verify EBL*</li> <li>Document blood products infused</li> <li>Specimens sent to lab</li> </ul>	H & H Stat
Radiology			Ensure PACS is working properly and films are displayed prior to incision	T-L spine if not completed in OR CXR if CVL or Chest Tube
Medications & IV Therapy	<p><u>Optional: (Ordered by surgeon during office visit)</u></p> Decolonization protocol with Mupirocin Intranasal ointment: Children ≥12 years, Adolescents, and Adults: Apply 0.5 g (1/2 of unit-dose tube) twice daily for 5 days	Pre-op medications per Anesthesia <b>*See Spine Fusion SOAP Protocol</b>	Per Anesthesia <b>*See Spine Fusion SOAP Protocol</b>	Initiate Pain Management plan per admission orders
		<p><u>Optional:</u></p> <ul style="list-style-type: none"> <li>Neurontin Loading Dose 15mg/kg with a maximum dose of 1200mg PO with sip of water per Physician</li> <li>Acetaminophen 15mg/kg with a maximum dose of 1000mg PO with sip of water per Physician (be aware of dose administration timing if using IV Tylenol intraoperatively as well)</li> </ul>	<ul style="list-style-type: none"> <li>Antibiotics order to anesthesia per surgeon - See Prophylaxis link</li> <li><b>Cefazolin 30mg/kg, (max 2 gm) IV over 15min q 3hrs (cut time is 60 min after infusion is complete)</b></li> <li>See Prophylaxis Guideline for additional therapy if needed.</li> </ul> <p><u>Optional:</u></p> dexamethasone 0.15 mg/kg/dose (max dose of 10 mg) every day x 3 days  <a href="#">PROPHYLAXIS protocol link</a>	<b>Maintain arterial line fluids if going to the PICU</b>
Treatments & Procedures	Patient sent home with CHG wipes/soap & education provided	Pre-operative cleansing using CHG wipe by Day Surg/Inpatient staff Perform pre-op skin assessment	<ul style="list-style-type: none"> <li>CHG for intra-operative skin prep (scrub 2 min, dry 3 min)</li> </ul>	Assess skin integrity
Nutrition GI	NPO instructions and arrival times/teaching completed Determine if patient is on a Nutritional shake per physician	NPO	NPO	NPO
Activity		Empty bladder prior to surgery		Place on Inpatient bed Bed Rest & Log Roll
Consults	Anesthesia Child Life	Anesthesia Neuro monitoring	Autotransfusionist	<b>Surgeon to complete IONM event note for PICU admissions</b>
Partnering with Parents & Education	CHG teaching sheet After Anesthesia Care Preparing Your Child for Surgery Spinal Fusion Spinal Fusion Movement Pain Management Dental Health	Reinforce education from Pre-op		Reinforce education

**\*Estimated Blood Loss (EBL) for Spinal Fusion cases:**

- At the end of the surgical case, the Surgeon, Anesthesia and Autotransfusionist agree on fluids infused, estimated blood lost (EBL) and add 20% to allow for immeasurable blood loss.
  - Surgeon documents EBL in the Spine Op Note.**
  - The final EBL is the number documented on the anesthesia form. Anesthesia communicates the EBL to the PACU nurse.
  - The final EBL is documented in OP time by PACU nurse and will be labeled **EBL on the documentation flow sheet - to be used by the surgeon when completing the Spine Op Note.**
  - Differences in EBL in brief op note and Anesthesia final record are due to the patient staying in the OR longer than the surgeon, final measure of lost blood by autotransfusionist, and additional fluids infused.
- \*Patients being admitted to PICU:** Surgeon and Anesthesiologist to discuss maintaining the arterial line fluids (do not cap art-line). **Surgeon to complete the IONM event note.**

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 providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2020 Children's Healthcare of Atlanta, Inc.