Catholic Health System

Patient Identification Information

❑ SISTERS OF CHARITY HOSPITAL • Buffalo, NY ❑ SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
❑ KENMORE MERCY HOSPITAL • Kenmore, NY ❑ MERCY HOSPITAL • Buffalo, NY ❑ MERCY HOSPITAL Orchard Park division • Orchard Park, NY

Allergies & Sensitivities:

❑ **No Known Allergies** ☑ **(Indicates automatic orders. MD to draw line through order to discontinue)**

Anterior Cervical Discectomy and Fusion Post-Op Orders

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

Date:	**Time:**	**Prescriber Orders**

Level of care: Admit to: ☐ Observation ☐ Ambulatory Surgery (ASU) ☐ Inpatient
Location: ☐ Med Surg ☐ Telemetry *(Indication)*_____ ☐ Critical Care Unit
Diagnosis: _____
Condition: ☐ Stable ☐ Fair ☐ Serious ☐ Critical

☑ Vital signs and Neuro checks every 15 minutes X 4, then every 30 minutes X 4, then every 4 hours X 24 hours
☐ Vital signs per floor protocol
☑ ***Notify MD if: Systolic BP less than 90 or greater than 170, HR less than 50 or greater than 120, RR greater than 24, SPO2 less than 92%, Temp less than 95°F or greater than 101°F***

1. ACTIVITY:
☐ Bedrest until alert ☐ OOB to chair ☐ If stable, OOB to bathroom ☐ OOB as tolerated
☐ Physical Therapy to assess
☐ Cervical Collar _____ ☐ at all times ☐ at night ☐ with activity

2. DIET: ☐ NPO ☐ Clear liquid ☐ Advance diet as tolerated ☐ Other: _____

3. NURSING ASSESSMENTS / INTERVENTIONS:
☐ Monitor for neck swelling; respiratory distress ☐ Trach tray at bedside
☐ Intake/Output for 48 hours
☐ Straight catheter if unable to void **Do not leave catheter in**
☐ Foley to gravity - Discontinue when patient ambulating and taking PO
☐ Compress Jackson Pratt bulb every 4 hours or as needed and record output
☑ Dressing Care**:** leave dressing intact; reinforce as needed – Contact MD for bleeding

4. PATIENT EDUCATION
☐ Pain management ☐ Coughing and deep-breathing ☑ Smoking cessation ☐ Incentive spirometry
☐ Wound care: _____ ☐ Other: _____

5. RESPIRATORY:
☐ Oxygen at _____ by _____ Monitor pulse oximetry daily and titrate per protocol
☐ Incentive Spirometry every 2 hours while awake

6. IV INFUSION:
☐ Normal Saline at_____mL/hour ☐ Saline trap post-op day # _____
☐ IV _____

7. MEDICATIONS: (See additional order sheet)
☐ IV Analgesia:_____mg every_____hours PRN pain
☐ IM Analgesia: _____mg every _____hours PRN pain
☐ Oral Analgesia: _____ mg every _____hours PRN pain
☐ Antibiotic: (Consider with implantation) _____
☐ Metoclopramide (Reglan) 10 mg IV every 6 hours PRN nausea
☐ Ondansetron (Zofran) 4 mg IV every____hours PRN for nausea
☐ Docusate Sodium (Colace) 100 mg PO BID
☐ Carisoprodol (Soma) 350 mg PO every 6 hours PRN muscle spasm
☐ Sleeping aid: _____
☐ Acetaminophen (Tylenol) 650 mg PO every 4 hours as needed for a temperature greater than_____
☐ Cepastat lozenge dissolved in mouth every hour PRN sore throat

8. Venous Thromboembolism Precautions: (VTE)
☐ Sequential Compression Device until ambulatory
☐ No VTE Prophylaxis : (REASON ☐ Not a Candidate ☐ Contraindicated ☐ Other _____)

Prescriber Signature: _____