



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

Posterior Cervical Post-Op Orders

Laminectomy/Decompression

page 1 of 2

Instrumented Fusion _____ Levels Fused

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

Vital signs every _____

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

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 q 2 h while awake

6. IV INFUSION:

Normal Saline at _____ mL/hour

Saline trap post-op day # _____

IV _____

7. MEDICATIONS:

Antibiotics (Prophylaxis = less than 24 hours post surgery): (see Perioperative Antibiotic Guide):

No prophylactic post - operative antibiotics

Cefazolin (Ancef) 1 gram IV every 8 hours X 3 doses (Consider with implantation of internal fixation devices)

Vancomycin 1 gram IV every 12 hours X 2 doses

Prescriber Signature: _____



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7. MEDICATIONS Cont:

Antibiotics (Therapeutic = treatment of infection) - Please document source of infection

- _____
- _____

Analgisia:

- Patient Controlled Analgesia (PCA) See separate order form
- IV Analgesia: _____ mg every _____ hours PRN pain
- IM Analgesia: _____ mg every _____ hours PRN pain
- Oral Analgesia: _____ mg every _____ hours PRN pain
- Ibuprofen (Motrin) 600 mg PO three times per day PRN pain
- Ibuprofen (Motrin) 800 mg PO three times per day PRN pain

Nausea:

- Metoclopramide (Reglan) 10 mg IV every 6 hours PRN for nausea
- Ondansetron (Zofran) 4 mg IV every _____ hours PRN for nausea

Corticosteroid Therapy

- Dexamethasone sodium phosphate (Decadron) _____ mg IV push 4 hours post-op
- Dexamethasone sodium phosphate (Decadron) _____ mg route _____ frequency _____

Muscle Relaxant:

- Cyclobenzaprine (Flexeril) 10 mg PO three times per day PRN muscle spasm
- Methocarbamol (Robaxin) 750 mg PO three times per day PRN muscle spasm
- Carisoprodol (Soma) 350 mg PO three times per day PRN muscle spasm
- Diazepam (Valium) _____ mg PO three times per day PRN muscle spasm

Sleep

- _____

Other Medications:

- Beta Blocker: _____
- Docusate Sodium (Colace) 100 mg PO BID
- Sennosides/Docusate Sodium (Senokot-S) 1 tablet PO twice a day
- Milk of Magnesia 30 mL PO every 8 hours PRN constipation
- Biscacodyl (Dulcolax) 10 mg suppository rectally every day as needed for constipation
- Fleets enema 1 rectally every day as needed for constipation
- Acetaminophen (Tylenol) 650 mg PO every 4 hours as needed for a temperature greater than _____
- _____

8. Venous Thromboembolism Precautions: (VTE)

- Sequential Compression Device until ambulatory
- No VTE Prophylaxis (REASON: Not a candidate Contraindicated Other _____)

Prescriber Signature: _____