



	MEDICATIONS	DIET	LINES/TUBES	ACTIVITY
	Patient Surgery Scheduled			
Pre-Op	<p>At home:</p> <ul style="list-style-type: none"> Daily multivitamin with iron STOP aspirin and NSAIDs 7 days prior to surgery Senna po x 1, 24 hours prior to surgery <p>Day of surgery, at hospital:</p> <ul style="list-style-type: none"> Pregabalin Scopolamine patch (report double or blurry vision to pain team) Cleansing with chlorhexadine wipes by pre-op RN 			<ul style="list-style-type: none"> Patient to complete: Patient/Family Pre-Op Checklist, hospital tour, GetWell video viewing Pre-op care team to complete Care Team Pre-Op Checklist *PFT NOT required for any AIS patients. Patients already followed by Pulmonary should receive pre-op clearance from their pulmonologist.
Intra-Op	<p>Management per anesthesia:</p> <ul style="list-style-type: none"> Amicar bolus and continuous infusion Antibiotics for SSI prophylaxis 1st dose of IV acetaminophen administered during closing 		<p>Placed by intraoperative team:</p> <ul style="list-style-type: none"> Epidural Foley Arterial Line PIV x 2 	<ul style="list-style-type: none"> Skin prep Neuromonitoring
Post-Op Day 0	<p>Pain management per pain team:</p> <ul style="list-style-type: none"> Epidural with basal rate, no demand dose PCA demand + basal rate Adjunct medications: diazepam PRN for muscle spasms, pregabalin BID for neuropathic pain Scheduled naloxone infusion for opioid related side effects Scheduled IV acetaminophen (1st dose 6 hours after intra-op dose) <p>*See anesthesia-epidural order set for specific doses and frequency</p> <p>Additional medications:</p> <ul style="list-style-type: none"> Continue antibiotics until foley, epidural & hemovac out Scheduled senna QD, colace QD PRN suppository, PRN enema 	<ul style="list-style-type: none"> Clear liquids Chewing gum 	<ul style="list-style-type: none"> Foley: document I/O Q 4 Hemovac: empty Q 8 hours and/or when full Epidural: assess & document Q 2 hour PIV x 2: assess & document Q 1 hour 	<ul style="list-style-type: none"> Bedside RN initiates patient/family stepping stones PT consult order placed RN gets patient up to edge of bed POD 0 Incentive spirometer minimum Q1hr while awake <p>Activity Restrictions:</p> <ul style="list-style-type: none"> No HOB restrictions (1 pillow okay) Log roll minimum of Q2 hours (may increase frequency PRN) No hip flexion past 90 degrees No twisting repetitively Can lift hands above head in abduction, but NOT in repetitive flexion No lying prone
Post-Op Day 1	<ul style="list-style-type: none"> Stop continuous PCA infusion Titrate epidural as needed Start oral oxycodone (unless nausea/vomiting or other contraindications) Transition to oral acetaminophen, oral diazepam Start scheduled ketorolac Q6 hours x 2 days Continue oral pregabalin Continue naloxone infusion 	<ul style="list-style-type: none"> Advance to general diet and encourage oral intake as tolerated Continue chewing gum 	<p>Same as POD 0, plus:</p> <ul style="list-style-type: none"> Order and send H&H 	<p>PT/RN with Parent or Family:</p> <ul style="list-style-type: none"> Out of bed BID at minimum (goal to chair and back), recommend 3-4 times/day Continue discharge teaching with stepping stones as guide Same activity restrictions as above
Post-Op Day 2	<ul style="list-style-type: none"> Stop PCA Place stop orders for epidural at 8am Continue other oral opioids and non-opioid adjuvants Continue naloxone infusion and transition to oral doses at night 	<p>Same as POD 1</p>	<ul style="list-style-type: none"> Order and send H&H Pain Team removes epidural during AM rounds Surgical team discontinues hemovac during AM rounds Bedside RN removes foley when epidural off for 4 hours 	<p>PT/RN with Parent or Family:</p> <ul style="list-style-type: none"> Out of bed BID Goal to add 3rd - 4th walking session Continue discharge teaching with stepping stones as guide
Post-Op Day 3	<ul style="list-style-type: none"> Start oral ibuprofen PRN Continue other meds from POD 2 (last day of pregabalin) If no bowel movement, enema/suppository 	<p>Same as POD 2</p>	<ul style="list-style-type: none"> Order and send H&H 	<ul style="list-style-type: none"> Spine Xray in the morning by 10am Walk 4 times in hallway Climb stairs with goal of being discharged from PT service and cleared for discharge home Possible discharge home
Discharge Day and Beyond	<p>In hospital:</p> <ul style="list-style-type: none"> Continue oral opioids Continue valium Continue scheduled acetaminophen and PRN ibuprofen Continue bowel regimen (senna, colace, enema/suppository) while on pain medication <p>At home:</p> <ul style="list-style-type: none"> Restart daily multivitamin 2-4 week pain medication wean Continue acetaminophen and ibuprofen PRN until POD 7 to decrease need for opioids and diazepam 	<p>At home:</p> <ul style="list-style-type: none"> Resume previous home diet & encourage water intake Anticipate decreased appetite 	<p>In hospital:</p> <ul style="list-style-type: none"> Out of bed and walking, including stair climbing Discharge home <p>At home:</p> <ul style="list-style-type: none"> Walk as far and as frequently as possible (minimum goal of 1 mile or 20 min BID without interruption by 3 weeks post op, increase duration of walk by 5 min each week) Stairs BID Follow-up appointment 3-4 weeks post-op Continue to adhere to movement restrictions detailed above 	