



Authorization is hereby given to dispense the Generic or Chemical equivalent unless otherwise indicated by the words **"NO SUBSTITUTE"**

Dr. Kravetz - Spine Kyphoplasty/Microdiscectomy Post Op Order Set

Principal Diagnosis:

Secondary Diagnosis:

Drug Allergies:

Post PACU: ☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

Medications

Available Meds After PCA/Epidural Discontinued OR NO PCA/Epidural

Mild Pain (scale 1-3)

- ☐ Toradol 15 mg IV q 6 hr x 48 hours, 1st dose at _____ (in PACU) if creatinine is < 1.5
- ☐ Acetaminophen 650 mg Po q 6 hours x 48 hours, 1st dose at _____ (in PACU)

Moderate Pain (scale 4-7)

- ☐ Norco 7.5 mg Po q 3 hours PRN
- ☐ Morphine 4 mg IV q 3 hours PRN

Severe Pain (scale 8-10)

- ☐ Dilaudid 1 mg IV q 4 hours PRN
- **If allergy exists to any above listed medications, call physician for additional orders.**
- ☐ Zofran 4 mg IV q 6 hours PRN nausea/vomiting
- ☐ Benadryl 50 mg IV- Po q 6 hours PRN itching

Diet

- Clear/Full Liquids, advance to regular as tolerated

Post-Op Assessments

- Vital signs on arrival to room, q 1 hour x 2, then every 4 hours. Notify MD of significant changes.
- Pulses, capillary refill, sensation, and motor function checks q 15 minutes x 3, then q 1 hour.
- Dressing checked q 1 hour and PRN

Treatments and Interventions

- ☐ If Foley catheter is present on arrival to floor, please discontinue immediately.
- ☐ Out of bed with assistance, ambulate as tolerated
- ☐ Consult physical therapy.
- ☐ IV HepLock
- Begin Incentive Spirometry Protocol, and OSA screening and/or protocol as applicable. Notify Respiratory Therapy.
- Turn, cough, deep breath q 2 hours x 48 hours while awake.
- Reinforce dressing with ABD pad if discharge is present; if saturated, call MD.
- ☐ Ice bag to operative area PRN.

Additional Orders

- ☐ _____
- _____
- ☐ _____
- _____

Discharge Planning

- ☐ Discharge when outpatient meets criteria
- ☐ Keep until physician rechecks
- ☐ Return to office _____
- ☐ Check dressing prior to discharge
- ☐ May shower but **NO tub baths.**
- ☐ Remove dressing in _____ days.
- ☐ Leave dressing in place until next office visit.
- ☐ Instruct Kyphoplasty/Microdiscectomy patients upon discharge to **not lift or bend for two weeks.** Otherwise, ambulate and activities as tolerated.

Physician's Signature:

Date/Time:

Nurse's Signature:

Date/Time:

Unit Secretary's Signature:

Date/Time:

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4