

SPARTANBURG

Regional Healthcare System



SMC SHRC PMC UMC CMC

REQUIRED FOR ADMISSION	
Height:	Weight:
Allergies:	

NEURO Spine Surgery Same Day Discharge [3046001045]

General

Activity

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sit on edge of bed/stretcher | Every 2 hours, Starting H+2 Hours For 3 Occurrences
Every 2 hours postop for 5 minutes each occurrence., PACU (only) |
| <input type="checkbox"/> Ambulate patient prior to discharge | Every shift (2x Day)
With oxygen:
Distance:
Ambulate with assistive device:
Phase II |
| <input type="checkbox"/> Other | |

Notify MD (Single Response)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Notify physician for temp > 101.5, SBP > 160 or < 80, DBP > 110 or < 50, HR > 125 or < 50, resp rate > 24 or < 12 or UOP < 30 mL/kg/hr for 3 hours | Until discontinued, Starting today
Temperature greater than: 101.5
Temperature less than:
Systolic blood pressure greater than: 160
Systolic blood pressure less than: 80
Diastolic blood pressure greater than: 110
Diastolic blood pressure less than: 50
Heart rate greater than: 125
Heart rate less than: 50
Respiratory rate greater than: 24
Respiratory rate less than: 12
SpO2 less than:
Other: Urinary output less than 30 mL/kg/hr for 3 hours
PACU (only) |
| <input type="checkbox"/> Notify physician (specify) | Until discontinued, Starting today
Temperature greater than: |

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	

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Temperature less than:
Systolic blood pressure greater than:
Systolic blood pressure less than:
Diastolic blood pressure greater than:
Diastolic blood pressure less than:
Heart rate greater than:
Heart rate less than:
Respiratory rate greater than:
Respiratory rate less than:
SpO2 less than:
Other: Urinary output less than *** mL/kg/hr
PACU (only)

Other

Remove Urinary Catheter Intraop

Discontinue urinary catheter in OR

Once For 1 Occurrences
At the end of the case, Intra-op

Other

Void prior to discharge

Void prior to discharge

Once For 1 Occurrences, Phase II

Other

Infection Prevention - PACU

Discontinue urinary catheter

Once For 1 Occurrences
Upon PACU admission if not removed Intraop, PACU (only)

Initiate post urinary catheter removal protocol

Until discontinued, Starting today, PACU (only)

Initiate forced air warming

Once For 1 Occurrences, PACU (only)

Incentive spirometry

Every hour while awake
Use 10 times every hour, PACU (only)

Other

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Nursing Intervention - Phase II

- | | |
|--------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Apply brace | Once For 1 Occurrences
Specify Location: lumbosacral spine
Brace type: LSO
Phase II |
| <input type="checkbox"/> Other | |

Cold/Warm packs

- | | |
|------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Apply warm pack | As needed
Specify Location: surgical site
PACU (only) |
| <input type="checkbox"/> Apply cold pack | As needed
Specify Location: surgical site
PACU (only) |
| <input type="checkbox"/> Other | |

Nursing

- | | |
|--------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Use PO pain medications first | Once For 1 Occurrences, PACU (only) |
| <input type="checkbox"/> Other | |

Nutrition - PACU

- | | |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Offer sips of high calorie liquids | Until discontinued, Starting today
Once patient is awake enough to protect airway, offer sips of high calorie liquids (juice, ginger ale, Ensure Clear, etc.) and crackers., PACU (only) |
| <input type="checkbox"/> Chewing Gum (sugar-free) | Once For 1 Occurrences
Chew gum for 15 minutes when patient is awake and alert., PACU (only) |
| <input type="checkbox"/> Discontinue IV Fluids in PACU | Once For 1 Occurrences
If no complaints of nausea; maintain iv access, PACU (only) |
| <input type="checkbox"/> Other | |

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PO Liquids Goal PACU

- | | |
|---------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> PACU Goal: consume 25 ml of high calorie liquids | Once For 1 Occurrences, PACU (only) |
| <input type="checkbox"/> Other | |

Protein Supplement

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Patient to drink protein supplement in PACU | Once For 1 Occurrences
Provide Proti-15 supplement.
If patient has history of renal disease (CrCl less than 30 mL/min), do not give., PACU (only) |
| <input type="checkbox"/> Other | |

Labs

Labs

- | | |
|--------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Basic metabolic panel | Once For 1 Occurrences
Release to patient: Immediate
Blood, PACU (only) |
| <input type="checkbox"/> CBC auto differential | Once For 1 Occurrences
Blocking: Unavailable
Blood, PACU (only) |
| <input type="checkbox"/> Comprehensive metabolic panel | Once For 1 Occurrences
Release to patient: Immediate
Blood, PACU (only) |
| <input type="checkbox"/> Creatinine, serum | Once For 1 Occurrences
Release to patient: Immediate
Blood, PACU (only) |
| <input type="checkbox"/> Other | |

DVT/VTE Prophylaxis

Initiate Mechanical DVT/VTE Prophylaxis

- | | |
|--------------------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Apply and maintain intermittent pneumatic compression | Until discontinued, Starting today |
|--------------------------------------------------------------------------------|------------------------------------|

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devices (SCDs)

Location: Bilateral lower extremities
PACU (only)

Other

Medications

Tamsulosin (Single Response)

tamsulosin (use for FLOMAX) 24 hr capsule

0.4 mg, Oral, Once, For 1 Doses, PACU (only)

Other

Mild Pain

traMADol (use for ULTRAM) tablet

50 mg, Oral, Once as needed, mild pain (score 1-4), For 30 Days, PACU (only)

Other

Moderate pain

oxyCODONE (use for ROXICODONE) immediate release tablet

5 mg, Oral, Once as needed, moderate pain (score 5-7), For 5 Days, Phase II

Other

Narcotic respiratory reversal

naloxone injection

0.2 mg, Intravenous, Every 5 min PRN, respiratory depression, Opiate reversal, PACU (only)
If respiratory rate is less than 8 breaths/ minute or patient is difficult to arouse stop any narcotics and contact physician. Repeat as ordered until patient's respiratory rate is greater than 12 breaths/ minute.
Administer slow IV push.

Other

Consults

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Consult

<input type="checkbox"/> PT eval and treat	Once Reason for PT?
<input type="checkbox"/> Other	

Education

Patient Education

<input type="checkbox"/> Patient education	Prior to discharge Specify: Provide DREAM Discharge Education handout Provide DREAM Discharge Education handout, Phase II
<input type="checkbox"/> Discharge instructions	Prior to discharge Discuss signs and symptoms of infection, Phase II
<input type="checkbox"/> Discharge instructions	Prior to discharge Instruct patient on frequent mobility: - ambulate at least three times daily; - continue to use incentive spirometer every hour while awake; - out of bed for the majority of each day (6 hours at least); - eat all meals sitting in a chair., Phase II
<input type="checkbox"/> Discharge instructions	Prior to discharge Use incentive spirometer 10 times every hour while awake, Phase II
<input type="checkbox"/> Tobacco cessation education	Once For 1 Occurrences Prior to discharge if a smoker, Phase II
<input type="checkbox"/> Other	

Discharge

Discharge diet

<input type="checkbox"/> Adult Discharge Diet - Resume Regular diet	Routine, Clinic Performed, Normal, Scheduling/ADT Diet Type: Return to previous diet
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<input type="checkbox"/> Adult Discharge Diet (specify)	Routine, Clinic Performed, Normal, Scheduling/ADT Diet Type:
<input type="checkbox"/> Other	

Patient Discharge Instructions

<input type="checkbox"/> Wear cervical collar	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Wear lumbo-sacral orthotic brace with all ambulation	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Activity restrictions: no bending over at the waist, no lifting greater than 10 pounds	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Incision care	Routine, Clinic Performed, Normal, Scheduling/ADT Change Dressing:
<input type="checkbox"/> Patient may shower/bathe	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> No tub bath or soaking	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> No driving for 2 weeks	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Other	

Follow-up Appointment (Selection Required)

<input type="checkbox"/> Follow-up appointment already scheduled	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Office to make follow-up appointment	Routine, Clinic Performed, Normal, Scheduling/ADT
<input type="checkbox"/> Patient to make follow-up appointment	Routine, Clinic Performed, Normal, Scheduling/ADT Patient to make follow up appt for:
<input type="checkbox"/> Other	

Physician Printed Name:	
Physician Signature:	Patient Label:
Date/Time:	