

Name:

Hospital Number:

Cost Code:

# CARE PATHWAY

## Spinal Surgery:

### Two Stage

Anterior Release / Discectomy

Anterior Fusion

Posterior Fusion

Growth Rod Procedure

Version 1. Last update September 2003

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Surgery, Anaesthetics and Theatres Directorate





# Abbreviations

ABP	Arterial Blood Pressure
AP	Anterior Posterior
BNO	Bowels Not Opened
BP	Blood Pressure
ECG	Electro-Cardiogram
ESR	Erythrocyte Sedimentation Rate
FBC	Full Blood Count
ID	Identification
ITU	Intensive Therapy Unit
IV	Intravenous
LFT	Liver Function Test
MC&S	Microscopy, Culture and Sensitivity
NCA	Nurse Controlled Analgesia
PCA	Patient Controlled Analgesia
PICU	Paediatric Intensive Care Unit
PR	Per Rectum
Pre-Op	Pre Operative
Resps	Respiratory Rate
RSCN / RN	Registered Sick Children's Nurse / Registered Nurse
SaO <sub>2</sub>	Oxygen Saturation Levels
SHO	Senior House Officer
Temp	Temperature
TPR	Temperature, Pulse, Respiratory Rate
U&E	Urea and Electrolytes

## Personal Needs

Name:

Hospital Number:

Consultant:

Date of Birth:

Are the family resident:  Yes  No

Location:

Date:

Family Structure:

Child's understanding of illness/ reason for admission:

Family's understanding of illness/ reason for admission:

School Name:

School Address:

School Telephone no:

Name:  
Hospital No.:

# Personal Needs

## Breathing/Circulation

## Safety

## Nutrition

## Hygiene

## Communication

## Elimination

Name:  
Hospital No.:

# Personal Needs

## Family Housing

House/ Flat/ Ground floor / Access/ etc...

## Mobility

## Cultural / Religious Observances

## Play / Activity

## Comfort / Sleep

## Medication

# Pre-Operative Assessment Day – Spinal Surgery

Name:

Hospital No.:

Date:

Consultant:

Action	Initial when done	Additional instructions / comments / results
SIGNATURE OF ALLOCATED NURSE		_____
PROFILE A COMPLETED		
PHOTOCOPY OF PROFILE A GIVEN TO SPINAL LIAISON SISTER		
NOSE AND THROAT SWABS FOR MC&S		
AMETOP CREAM PRESCRIBED AMETOP CREAM APPLIED		
Girls: Date of last menstrual period ? Taking OCP		Date _____ OCP Yes / No _____
CLERKED BY DOCTOR		
BLOOD TAKEN FOR FBC, U&E, ESR, LFT, CLOTTING, GROUP AND SAVE, CROSS MATCH, SICKLE CELL TEST, CRP		
XRAYS TAKEN (AP & LATERAL OF WHOLE SPINE, CHEST, QUANTEC)		
CLINICAL PHOTOGRAPHS (AP & LATERAL, SITTING IF WHEELCHAIR BOUND)		
ECG		
ECHO		
LUNG FUNCTION (EXCEPT IF UNDER 5 YEARS OR MEDICALLY UNABLE)		
ANAESTHETIC ASSESSMENT		
MEET SPINAL LIAISON SISTER		
PHYSIOTHERAPY ASSESSMENT		
MEET MR NOORDEEN / MR TUCKER		

# Admission Day – Spinal Surgery

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial when done	Night Nurse Initial when done	Additional instructions / comments / results
Signature of admitting nurse			_____
Oxygen and suction available and working at bedside			
Nose and throat swabs taken for MC&S ID bracelet in situ			Check any recent cultures Remove all jewellery / nail varnish
Record baseline TPR / BP / SaO2 and neurovascular observations			Temp: _____ Pulse: _____ Resps: _____ BP: ___/___ SaO2: _____ % in air / O2 Colour/warmth/movement/sensation/Pulses
Urinalysis			
Date when last opened bowels _____ Usual frequency _____			If constipated prescribe and administer suppository / enema pre-op.
Weight Height			_____ kgs _____ cms
Girls: Date of last menstrual period _____ ? Taking OCP _____			Date _____ OCP Yes / No _____
Patient details recorded on PIMS Ethnic code record on profile A			
Family orientated to ward			
Accommodation arranged for one parent			Accommodation location Contact number:
Clerked by SHO			
Book ITU bed if needed			
Consent signed			
Ametop prescribed Ametop applied			
Tissel prescribed.			
Blood to be taken for FBC, U&E, LFT, clotting, group and save, cross match and sickle cell test.			Cross match six units of blood
Blood results obtained and placed on front of medical notes			Notify anaesthetist and Dr of any discrepancies.
Seen by anaesthetist, and pre-medication prescribed			
Physiotherapy assessment Teach breathing exercises / post operative mobilisation			Signature of physiotherapist _____
Preparation of child by play specialist			Signature of play specialist _____
Pre-operative preparation of child & family Pathway explained Visit PICU Commence theatre checklist			Signature of nurse preparing family _____

Name:  
Hospital No.:

Any additional care / information

Evaluation of admission day

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Pre-Operative Check List

Name:

Hospital No.:

Date of birth:

Ward:

YES NO

- ID band
- Consent signed. if signed before admission, consent verified Yes  N/A
- Allergies & weight (height) recorded on front of drug chart
- Jewellery and nail polish removed
- Premed given (Time of administration written on prescription chart)
- EMLA / Ametop applied
- Infectious precautions required;
- If YES, Theatres informed?
- X-rays
- Loose teeth
- Any surgical implant?
- Prosthesis with child?
- Specific drugs to be taken to theatre
- Comforter / toy with child
- Accompanying adult

Last food / milk given at \_\_\_\_\_

Last clear drink given at \_\_\_\_\_

Last breastfeed given at \_\_\_\_\_

Baseline observations:

Temp \_\_\_\_\_ RR \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_

## Blood Results (tick yes or no to indicate if blood has been done)

	Yes	No	Result
Hb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hct	<input type="checkbox"/>	<input type="checkbox"/>	_____
WBC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neutrophils	<input type="checkbox"/>	<input type="checkbox"/>	_____
Platelets	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clotting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cross match	<input type="checkbox"/>	<input type="checkbox"/>	No of units <input style="width: 100px;" type="text"/>

	Yes	No	Result
Na	<input type="checkbox"/>	<input type="checkbox"/>	_____
K	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Creat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle cell	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

available in blood bank Yes  No

Blood products given since last blood test (please specify)

Any specific information / pre-operative instructions

Signature trained nurse checking patient out of ward  
 Checked into theatre by (signature)

Print name  
 Print name

# Operative Day – Spinal Surgery

Name:	Hospital No.:
Date:	Consultant:

Action	Day Nurse Initial when done	Night Nurse Initial when done	Additional instructions / comments / results
<p><b>PRE OPERATIVE:</b></p> <p>Document fasting times on pre-op checklist            Shower / bath and hair wash            Premedication given at: _____ hrs            Pre-operative checklist complete            Check child out of ward (at least one nurse to be RSCN / RN Child)            Accompany child to theatre            Ensure contact no. for the parents / carer is obtained before child goes to theatre</p>			<p><i>Fasting policy:</i>            6 hrs pre op solids/milk            4 hrs pre op breast milk            3 hrs pre op clear fluids</p> <p>confirm availability of ITU bed prior to giving pre-medication            Two parents may accompany child into anaesthetic room</p>
<p><b>PERI OPERATIVE</b></p> <p>IV antibiotics ( Flucloxacillin and Amikacin) given on induction of anaesthesia</p>			<p>If allergic to antibiotics or MRSA +ve, discuss with microbiology for an alternative.</p>
<p><b>POST OPERATIVE RECOVERY</b></p>			<p><b>If not on PICU, please indicate where:</b>  <b>Clarence Ward</b>  <b>Other</b> (please state) _____</p>
Handovers received: Intensivist Nurse			
Physical assessment carried out:			
Commence continuous monitoring: ABP, ECG, SAO2 Peripheral / core temperature			
IV antibiotics to be prescribed and administered as follows: Flucloxacillin for 72 hrs and Amikacin for 3 doses. (Flucloxacillin continued until the wound is dry)			<p>Liase with microbiology for alternative antibiotics if patient is allergic.            If MRSA +ve will need different IVABX check with microbiology.</p>
Monitor and record neurovascular observations half hourly			
Monitor chest drainage and record volume hourly			
Monitor urine output and record volume hourly			
Take blood for FBC, U&E, and clotting. Blood sugar (ward test)			
Chest x-ray to be taken in recovery before return to ward, or in ITU			
Chest x-ray reviewed by spinal team / intensivist			

Name:	Hospital No.:
Date:	Consultant:

Action	Day Nurse Initial when done	Night Nurse Initial when done	Additional instructions / comments / results
Welcome family and explain drains, wires, tubes etc, on PICU/recovery/Clarence ward			
Liaise with ward area regarding anticipated transfer as soon as child is stabilised			
Child to receive morphine via PCA/NCA/epidural			Patient will be reviewed daily by pain team
Morphine, naloxone and anti-emetic are to be prescribed by medical staff			
Commence regular PR analgesia			
Central line to remain in situ on return to ward (except arterial lines)			
Nil by mouth until return to ward and NGT to remain in situ			
All medication to be given IV or PR (oral only anticonvulsants must continue to be given)			
Physiotherapy assessment			
Following posterior fusion – lie supine for 12 hours. Log roll 2 hourly			
If intubated and ventilated on ITU, wean and extubate, when clinically stable.			
Time of extubation			_____ hrs

Any additional care / information

Evaluation of operation day

Signature of day nurse \_\_\_\_\_

Name:  
Hospital No.:

**Evaluation of night shift**

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Signature of night nurse \_\_\_\_\_

# Post-Operative Day 1 – Spinal Surgery

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition.			
Monitor chest drain and record losses hourly			At Dr's request may need bed tipping head down 4 hourly to aid drainage
Monitor urine output hourly Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour 1. check catheter is not blocked 2. may need a fluid bolus of colloid / normal saline (10mls / kg) after initial bolus "reasses" child's biochemistry and haemodynamic status (if urea and creatinine are low, and BP within normal limits, no further boluses required)
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Child MUST be kept NBM until bowel sounds are heard			Replace losses ml/ml with normal saline. If NG losses blood stained commence ranitidine
Monitor morphine infusion/epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion If child is NBM and continues of NSAID's for more than 24 hours, Ranitidine should be prescribed and administered
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Observe wound dressing			If oozing noted, add padding Continue to observe. If continues notify doctor Antibiotics always continue until wound dry.
Give all medications IV or PR whilst nil by mouth (oral only anticonvulsants MUST continue to be given)			
Orthopaedic SHO and nurse to transfer child back to Clarence ward after handover from intensivist and PICU nurse			
If brace required contact orthotist			
Send blood samples for FBC, U&E's			

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 2 – Spinal Surgery

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor chest drain and record losses hourly			? remove if drainage less than 50ml / 12 hours in child under 8 years; less than 100ml / 12 hours in child over 8 years. Chest x-ray to be obtained prior to and following drain removal
Monitor urine output Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour give a bolus of colloid or normal saline (10mls/kg) as prescribed
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Remain NBM until bowel sounds are heard			Replace losses ml/ml with normal saline Give ranitidine if NG losses are blood stained
Monitor morphine infusion / epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion If child NBM for more than 24 hours and is receiving NSAID's Ranitidine should be prescribed and administered
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Observe wound dressing			If oozing noted, apply pressure dressing
Give all medication IV / or PR whilst nil by mouth			
If a brace required cast today, by orthotist			
Send blood samples for FBC, U&E's			

Any additional care / information

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 3 – Spinal Surgery

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor chest drain and record losses hourly			Doctor to remove if drainage less than 50ml / 12 hours in child under 8 years; less than 100ml / 12 hours in child over 8 years. Chest x-ray to be obtained prior to and following drain removal.
Monitor urine output Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour give a bolus of colloid or normal saline (10mls/kg) as prescribed
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Remain NBM until bowel sounds are heard			Replace losses ml/ml with normal saline
Monitor morphine infusion / epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Check wound			If wound is dry stop IV antibiotics If wound is oozing continue IV Antibiotics or commence oral antibiotics
Give all medication IV or PR whilst nil by mouth			
Obtain spinal check x-rays x-rays to be reviewed by spinal team			
Fit Brace - orthotist to do			Mobilise as able - ? obtain and review spinal x-rays first.

Any additional care / information

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 4 – Spinal Surgery

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor chest drain and record losses hourly			Doctor to remove if drainage less than 50ml / 12 hours in child under 8 years; less than 100ml / 12 hours in child over 8 years. Chest x-ray to be obtained prior to and following drain removal. If chest drain is removed, discontinue PCA and remove urine catheter.
Monitor urine output Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour give a bolus of colloid or normal saline (10mls/kg) as prescribed
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Assess losses and ? remove NGT			Replace losses ml/ml with normal saline
Monitor morphine infusion / epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Check wound			
Give all medication IV or PR whilst nil by mouth			
Obtain spinal check x-rays x-rays to be reviewed by spinal team			
Fit Brace - orthotist to do			Mobilise as able - ? obtain and review spinal x-rays first.

Any additional care / information

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 5 – Spinal Surgery

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor and record input / output and fluid balance			Confirm if bowels have been opened since surgery. If BNO - ? give suppository / commence lactulose
Give medications as prescribed, including regular analgesia			
Ensure spinal check x-rays have been taken and reviewed. If not obtain today.			
Check pressure areas			
Check wound			

Any additional care / information

Evaluation of day shift

Name:  
Hospital No.:

**Evaluation of night shift**

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Signature of night nurse \_\_\_\_\_

## Post-Operative Day 6 / Pre-Operative Day – Spinal Surgery - 2<sup>nd</sup> Stage

Name:

Hospital No.:

Date:

Consultant:

Action	Initial when done	Additional instructions / comments / results
Daily review by spinal team		
Oxygen and suction available and working at bedside		
ID bracelet in situ		Remove all jewellery / nail varnish
Record baseline TPR / BP / SaO2 and neurovascular observations		Temp: _____ Pulse: _____ Resps: _____ BP: ___/___ SaO2: _____% in air / O2 Colour/warmth/movement/sensation/Pulses
Weight		
Child "bathed" and hair washed prior to surgery		
Clerked by SHO		
Book ITU bed if needed		
Consent signed		
Ametop prescribed Ametop applied		
Tissel prescribed		
Blood be taken for FBC, U&E, LFT, clotting, group and save, cross match and sickle cell test		Cross match six units of blood
Blood results obtained and placed on front of medical notes		Notify anaesthetist and Dr of any discrepancies.
Seen by anaesthetist, and pre-medication prescribed		
Physiotherapy assessment Teach / revise breathing exercises		
Preparation of child by play specialist		Signature of play specialist _____
Pre-operative preparation of child and family Pathway explained Visit PICU Commence theatre checklist		Signature of nurse preparing family _____
Ensure bowels have opened, if not give suppository/enema		

Any additional care / information

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Pre-Operative Check List

Name:

Hospital No.:

Date of birth:

Ward:

YES NO

- ID band
- Consent signed. if signed before admission, consent verified Yes  N/A
- Allergies & weight (height) recorded on front of drug chart
- Jewellery and nail polish removed
- Premed given (Time of administration written on prescription chart)
- EMLA / Ametop applied
- Infectious precautions required;
- If YES, Theatres informed?
- X-rays
- Loose teeth
- Any surgical implant?
- Prosthesis with child?
- Specific drugs to be taken to theatre
- Comforter / toy with child
- Accompanying adult

Last food / milk given at \_\_\_\_\_

Last clear drink given at \_\_\_\_\_

Last breastfeed given at \_\_\_\_\_

Baseline observations:

Temp \_\_\_\_\_ RR \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_

**Blood Results** (tick yes or no to indicate if blood has been done)

	Yes	No	Result
Hb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hct	<input type="checkbox"/>	<input type="checkbox"/>	_____
WBC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neutrophils	<input type="checkbox"/>	<input type="checkbox"/>	_____
Platelets	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clotting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cross match	<input type="checkbox"/>	<input type="checkbox"/>	No of units <input style="width: 100px;" type="text"/>

	Yes	No	Result
Na	<input type="checkbox"/>	<input type="checkbox"/>	_____
K	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Creat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle cell	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

available in blood bank Yes  No

Blood products given since last blood test (please specify)

Any specific information / pre-operative instructions

Signature trained nurse checking patient out of ward  
 Checked into theatre by (signature)

Print name  
 Print name

# Operative Day – Spinal Surgery – Stage 2

Name:	Hospital No.:
Date:	Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
<p><b>PRE OPERATIVE:</b></p> <p>Document fasting times on pre-op checklist            Shower / bath and hair wash            Premedication given at: _____ hrs            Pre-operative checklist complete            Check child out of ward (at least one nurse to be RSCN / RN Child)            Accompany child to theatre            Ensure contact no. for the parents / carer is obtained before child goes to theatre</p>			<p><i>Fasting policy:</i>            6 hrs pre op solids/milk            4 hrs pre op breast milk            3 hrs pre op clear fluids</p> <p>confirm availability of ITU bed prior to giving pre-medication            Two parents may accompany child into anaesthetic room</p>
<p><b>PERI OPERATIVE</b></p> <p>IV antibiotics ( Teicoplanin and Amikacin) given on induction of anaesthesia</p>			<p>If allergic to antibiotics, discuss with microbiology for an alternative.</p>
<p><b>POST OPERATIVE RECOVERY</b></p>			<p><b>If not on PICU, please indicate where:</b>  <b>Clarence Ward</b>  <b>Other</b> (please state) _____</p>
Handovers received: Intensivist Nurse			
Physical assessment carried out:			
Commence continuous monitoring: ABP, ECG, SAO2 Peripheral / core temperature			
IV antibiotics to be prescribed and administered as follows: Teicoplanin for 72 hrs and Amikacin for 3 doses. (Teicoplanin continue until the wound is dry)			Liase with microbiology for alternative antibiotics if patient is allergic.
Monitor and record neurovascular observations half hourly			
Monitor chest drainage and record volume hourly			
Monitor urine output and record volume hourly			
Take blood for FBC, U&E, and clotting. Blood sugar (ward test)			
Chest x-ray to be taken in recovery before return to ward, or in ITU			
Chest x-ray reviewed by spinal team / intensivist			

Name:	Hospital No.:
Date:	Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Welcome family and explain drains, wires, tubes etc, on PICU/recovery/Clarence ward			
Liaise with ward area regarding anticipated transfer as soon as child is stabilised			
Child to receive morphine via PCA/NCA/epidural			
Morphine, naloxone and anti-emetic are to be prescribed by medical staff			
Commence regular PR analgesia			
Central line to remain in situ on return to ward (except arterial lines)			
Nil by mouth until return to ward and NGT to remain in situ			
All medication to be given IV or PR (oral only anticonvulsants must continue to be given)			
Physiotherapy assessment			
Following posterior fusion – lie supine for 12 hours. Log roll 2 hourly			
If intubated and ventilated on ITU, wean and extubate, when clinically stable.			
Time of extubation			_____ hrs

Any additional care / information

Evaluation of operation day

Signature of day nurse \_\_\_\_\_

Name:  
Hospital No.:

Evaluation of night shift

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Signature of night nurse \_\_\_\_\_

# Post-Operative Day 1 – Spinal Surgery – Stage 2

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition.			
Monitor chest drain and record losses hourly			At Dr's request may need bed tipping head down 4 hourly to aid drainage
Monitor urine output hourly Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour 1. check catheter is not blocked 2. may need a fluid bolus of colloid / normal saline (10mls / kg) after initial bolus "reasses" child's biochemistry and haemodynamic status (if urea and creatinine are low, and BP within normal limits, no further boluses required)
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Child MUST be kept NBM until bowel sounds are heard			Replace losses ml/ml with normal saline. If NG losses blood stained commence ranitidine
Monitor morphine infusion/epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion If child is NBM and continues of NSAID's for more than 24 hours, Ranitidine should be prescribed and administered
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Observe wound dressing			If oozing noted, add padding Continue to observe. If continues notify doctor Antibiotics always continue until wound dry.
Give all medications IV or PR whilst nil by mouth (oral only anticonvulsants MUST continue to be given)			
Orthopaedic SHO and nurse to transfer child back to Clarence ward after handover from intensivist and PICU nurse			
If brace required contact orthotist			
Send blood samples for FBC, U&E's			

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 2 – Spinal Surgery – Stage 2

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor chest drain and record losses hourly			? remove if drainage less than 50ml / 12 hours in child under 8 years; less than 100ml / 12 hours in child over 8 years. Chest x-ray to be obtained prior to and following drain removal
Monitor urine output Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour give a bolus of colloid or normal saline (10mls/kg) as prescribed
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Remain NBM until bowel sounds are heard			Replace losses ml/ml with normal saline Give ranitidine if NG losses are blood stained
Monitor morphine infusion / epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion If child NBM for more than 24 hours and is receiving NSAID's Ranitidine should be prescribed and administered
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Observe wound dressing			If oozing noted, apply pressure dressing
Give all medication IV or PR whilst nil by mouth			
If a brace required cast today, by orthotist			
Send blood samples for FBC, U&E's			

Any additional care / information

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 3 – Spinal Surgery – Stage 2

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor chest drain and record losses hourly			Doctor to remove if drainage less than 50ml / 12 hours in child under 8 years; less than 100ml / 12 hours in child over 8 years. Chest x-ray to be obtained prior to and following drain removal.
Monitor urine output Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour give a bolus of colloid or normal saline (10mls/kg) as prescribed
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Remain NBM until bowel sounds are heard			Replace losses ml/ml with normal saline
Monitor morphine infusion / epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Check wound			If wound is dry stop IV antibiotics If wound is oozing continue IV Antibiotics or commence oral antibiotics
Give all medication IV or PR whilst nil by mouth			
Obtain spinal check x-rays x-rays to be reviewed by spinal team			
Fit Brace - orthotist to do			Mobilise as able - ? obtain and review spinal x-rays first.

Any additional care / information

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 4 – Spinal Surgery – Stage 2

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor chest drain and record losses hourly			Doctor to remove if drainage less than 50ml / 12 hours in child under 8 years; less than 100ml / 12 hours in child over 8 years. Chest x-ray to be obtained prior to and following drain removal. If chest drain is removed, discontinue PCA and remove urine catheter.
Monitor urine output Ensure urine output exceeds 1ml/kg/hour			If urine output is less than 1ml/kg/hour give a bolus of colloid or normal saline (10mls/kg) as prescribed
Administer IV infusion as prescribed. Record volume infused hourly. Check site and infusion pressures hourly			
Record nasogastric tube losses (free drainage/hourly/four hourly aspirates) Assess losses and ? remove NGT			Replace losses ml/ml with normal saline
Monitor morphine infusion / epidural Liaise with pain service Give PR analgesia			Do not give codeine whilst on morphine infusion
Log roll 2 hourly Observe pressure areas			Consider pressure relieving mattress if pressure areas are evident
Administer IV antibiotics			
Check wound			
Give all medication IV or PR whilst nil by mouth			
Obtain spinal check x-rays x-rays to be reviewed by spinal team			
Fit Brace - orthotist to do			Mobilise as able - ? obtain and review spinal x-rays first.

Any additional care / information

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 5 – Spinal Surgery – Stage 2

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor and record input / output and fluid balance			Confirm if bowels have been opened since surgery. If BNO - ? give suppository / commence lactulose
Give medications as prescribed, including regular analgesia			
Ensure spinal check x-rays have been taken and reviewed. If not obtain today.			
Mobilise (in brace if required)			
Check pressure areas			
Commence discharge planning			See discharge planner
Check wound			

Any additional care / information

Evaluation of day shift

Name:  
Hospital No.:

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 6 – Spinal Surgery – Stage 2

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor and record input / output and fluid balance			Confirm if bowels have been opened since surgery. If BNO - ? give suppository / commence lactulose
Give medications as prescribed, including regular analgesia			
Mobilise (in brace if required)			
Check pressure areas			
Commence discharge planning			See discharge planner
Check wound			

Any additional care / information

Evaluation of day shift:

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_

# Post-Operative Day 7 – Spinal Surgery – Stage 2

Name:

Hospital No.:

Date:

Consultant:

Action	Day Nurse Initial	Night Nurse Initial	Additional instructions / comments / results
Daily review by spinal team			
Monitor temperature, pulse, respiratory rate, blood pressure, oxygen saturations and neurovascular observations. Frequency of recording to be dictated by child's clinical condition			
Monitor and record input / output and fluid balance			Confirm if bowels have been opened since surgery If BNO - ? give suppository / commence lactulose
Give medications as prescribed, including regular analgesia			
Mobilise (in brace if required)			
Check pressure areas			
Commence discharge planning			See discharge planner
Check wound			

Any additional care / information

Evaluation of day shift

Signature of day nurse \_\_\_\_\_

Evaluation of night shift

Signature of night nurse \_\_\_\_\_











