

Spinal Fusion



Plan of Hospital Care for

_____ (Child's Name)

Expected Time and Date of Discharge

When someone is in the hospital, it is important for the patient and family to know what to expect and when things will happen. While everyone is unique, there are some aspects of care that we can predict. This Care Journey describes the usual course of care for the above condition or surgery.

DAY ONE: Admission to the Hospital

Time (AM/PM)

_____ After surgery your child will be taken from the Operating Room to either the PACU (Post Anesthesia Care Unit) or the PICU (Pediatric Intensive Care Unit). When your child is well enough you and your child will be brought to the Orthopedic Unit (4AW).

After arrival to the unit, you can expect:

_____ Your child's vital signs (blood pressure, temperature, heart rate, and breathing rate) will be checked. These vital signs may be checked every 2 to 4 hours.

_____ The nurse will ask a few health history questions (such as allergies, medicines your child is taking, any past health problems).

_____ Your child will be on bed rest and will not be allowed to get up. He will have to lie flat for 8 hours or longer until the orthopedic team says it is okay. The nurses will "log roll" your child (roll from side to side without bending) every two hours while on bed rest.

_____ Your child will not be allowed to have anything to eat or drink (NPO) the first night. Fluids will be given through your child's IV (intravenous line). If needed, pain medicine, antibiotics and medicine for nausea may also be put in the IV line. Sometimes if your child's belly seems to be "waking up" from the anesthesia, she will be allowed to have ice chips.

_____ **Teaching session:** Your child may have a special pain medicine pump called PCA (patient controlled analgesia) or NCA (nurse controlled analgesia). Your nurse will give you a *Helping Hand* on the pump and answer any questions you may have.

_____ Your child will have a Foley catheter. This is a tube that is put in the bladder so you do not have to get out of bed or use the bedpan to urinate. This will be in for 2 to 3 days.

Notes and Questions:

_____ Your child may get oxygen by nasal cannula (a small tube placed in the nose) or a mask. A continuous pulse oximeter will be used to monitor oxygen levels until the PCA pump is stopped.

_____ The dressing (bandage) on your child's back will be checked by a nurse to make sure there is no or little drainage. If there is drainage, the dressings may be reinforced.

_____ **Teaching session:** The nurse will give you the *Helping Hand* on Incentive Spirometer and show how to use the device to help keep your child's lungs clear. This device should be used every 2 hours while your child is awake. If your child is not able to use the incentive spirometer, we may try blowing bubbles to help keep your child's lungs clear or ask the respiratory therapist for suggestions.

Day 2:

_____ The surgeons and nurse practitioners will check on your child each morning between 6:30 am and 8:00 am.

_____ Your child's blood count will be checked very early in the morning and other lab tests drawn as needed.

_____ Your child will still be log rolled in bed, but may get up to the side of the bed (dangle) or into a chair with help from the nursing staff.

_____ Your child can sit up in bed as long as your child's back is flat against the bed.

_____ Your child will start to have ice chips or begin a clear liquid diet.

_____ The oxygen will probably be stopped.

_____ Your child's back dressing may be changed.

_____ The nursing staff will continue to closely monitor your child's vital signs and pain levels.

_____ **Teaching Session:** Your child may be started on a multi-vitamin with iron and a medicine called Colace or Miralax to prevent constipation. If your child starts taking any of these medicines, the nurse will give you medication teaching sheets.

Notes and Questions:

Day 3:

- _____ Your child's blood count will be checked very early in the morning.
- _____ Your child may stand, walk a few steps and sit in a chair.
- _____ If your child is able to handle the clear liquid diet and has active belly sounds, he may be given a full liquid or regular diet.
- _____ If your child is on a pain pump, it may be stopped and oral (by mouth) pain medication will be started. It is best to take oral pain medication with food.
- _____ If your child is able to get up and use the bathroom or urinal (male patients), the Foley catheter will be removed.
- _____ After your child's Foley catheter is out, please remind your child to use the urine collection device, called a "toilet hat" or "urinal". (If your child wears diapers, you will need to save all diapers so they can be weighed.) Your child's urine and stools are measured so we can make sure your child is getting enough fluids.
- _____ Your child's dressing will be checked and the nurse will continue to monitor vital signs and pain levels.
- _____ Antibiotics are usually stopped after 48 hours.

Days 4 to 6

- _____ Your child is usually discharged on Day 5 or Day 6. See discharge criteria at the bottom of this page for goals that need to be met before going home.
- _____ Regular diet will continue if your child has no vomiting or nausea.
- _____ Your child will be taking pain medicine by mouth only.
- _____ Your child will walk up and down the hall at least 3 times per day with assistance. If your child does not walk, he or she will sit in a chair or wheelchair three times per day.
- _____ Your child may have x-rays if the doctor requests them. Please ask the nurse practitioner if you would like copies of your child's x-rays.

Notes and Questions:

_____ Your child may receive a stool softener or laxative if constipated.

_____ If your child is still constipated, he may receive a rectal suppository to help him have a bowel movement.

_____ A clear covering (called Op-site) is usually applied over your child's incision on the last day. After this is applied, your child may shower with help. No tub baths, hot tubs or swimming until cleared by your child's doctor.

Discharge Criteria

You will be able to take your child home when these things have been done:

- Your child's pain is controlled on pain medicine taken by mouth.
- Your child's doctor has reviewed the blood count labs and your child has no signs of bleeding.
- Your child is able to eat a regular diet.
- Your child's nurse has reviewed the signs and symptoms to call the doctor
- Your child's nurse has reviewed follow-up instructions with you.
- All your questions about your child's care at home have been answered .

