

Department of Orthopedics



Care Journey

Spinal Fusion



**NATIONWIDE
CHILDREN'S®**

When your child needs a hospital, everything matters.



Care Journey Spinal Fusion

When someone is in the hospital, it is important for the patient and family to know what to expect and about when it 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 a Spinal Fusion.

Day one in the hospital

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). After this, you will both go to the Orthopedic Unit (H7A).

What to expect on the unit:

- Your child's vital signs (blood pressure, temperature, heart rate and breathing rate) will be checked every two to four 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. They will have to lie flat on their back for two hours or more. During this two-hour window the head of the bed can be raised up to a 60-degree angle. They may be able to have a small pillow.
- Nurses will "log roll" your child (roll from side to side without bending) every two hours. Your child will sit up to the edge of bed with help the evening after their surgery.
- Your child will be allowed ice chips and clear liquids as tolerated when they arrive to their room.

- Fluids will be given through your child's IV (intravenous line). If needed, pain medicine and medicine for nausea may also be put in the IV line. Your child will get antibiotics for 48 hours through their IV.
- Teaching session:
 - Your child will have a pain medicine pump called a PCA (patient-controlled analgesia) or NCA (nurse-controlled analgesia). Your nurse will give you a Helping Hand™ (patient education handout) on the pump and answer your questions.
- Your child will have a Foley catheter. This is a tube that is put in the bladder so they do not have to get out of bed or use the bedpan to urinate. This will be in for two days after surgery.
- Your child may have oxygen by nasal cannula (a small tube placed in the nose) or a mask if needed.
- A continuous pulse oximeter will be used to monitor oxygen levels until the PCA pump is stopped. This is placed on a finger.
- The dressing (bandage) on your child's back will be checked by a nurse to make sure there is no or little drainage.
- Teaching session:
 - The nurse will give you the Helping Hand on Incentive Spirometer and show how to use it to keep your child's lungs clear. This device should be used every two 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.

The day after surgery

- The surgeons and team will check on your child each morning between 7:00 and 8:30 a.m.
- Your child's blood count will be checked early in the morning and other lab tests drawn as needed.
- Your child will still be log rolled in bed.
- Your child will get up to the chair with physical therapy; if comfortable they are able to walk.
- Your child will be able to eat a regular diet if they were able to tolerate clear liquids overnight.
- The nursing staff will keep monitoring your child's vital signs and pain levels.
- Your child will get pain medicine by mouth as they begin the transition off the PCA or NCA pump.
- Teaching session:
 - Your child will start taking a multivitamin with iron and a medicine called senna. Senna prevents constipation. When your child starts taking any of these medicines, the nurse will give you medicine teaching sheets.

Two days after surgery

- Your child will walk with physical therapy. If your child uses a wheelchair, they will get up to their chair today.
- Your child's pain pump will be removed. They will keep taking pain medicine by mouth. It is best to take this medicine with food.
- The Foley catheter will be removed.
- After your child's Foley catheter is out, please remind your child to use the urine catcher, 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 keep monitoring vital signs and pain levels.
- Antibiotics are usually stopped after 48 hours.
- Your child will receive a stool softener or laxative.
- If your child is ready for discharge as discussed below, they will get to go home.

Two to four days after surgery

- Your child may leave the hospital as early as two days after surgery. In order to leave the hospital your child will need to meet the goals at the bottom of this page.
- 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 three times per day with help. If your child does not walk, they will sit in a chair or wheelchair three times per day.
- Your child will receive a stool softener or laxative.
- If your child's dressing is clean and dry without a lot of drainage the dressing can stay in place until their follow-up visit. With the clear waterproof covering, your child is able to shower. No tub baths, hot tubs or swimming until your child's doctor says it is okay.

Discharge criteria

Your child can leave the hospital when the following things happen:

- Your child's pain is controlled on pain medicine taken by mouth.
- Your child's blood count labs have been reviewed and your child has no bleeding around the incision.
- Your child is able to eat a regular diet.
- Your child is cleared by physical therapy and is able to walk around the room or hospital unit.
- Your child's nurse has reviewed the signs and symptoms on when to call the doctor with you.
- Follow-up instructions regarding pain medicine, dressing care, activity restrictions and constipation have been reviewed.
- We have answered any questions you have about your child's care at home.

