

# Spinal Fusion for Adolescent Idiopathic Scoliosis Care Guideline

**Inclusion Criteria:** Spinal Fusion for Adolescent Idiopathic Scoliosis

**Exclusion Criteria:** Spinal Fusion for Neuromuscular Scoliosis, Spinal Fusion for other indications; PICU level of care

## Postoperative Assessment

- VS with BP and Pain Assessment per unit standards of care.
- Neurovascular assessment with vital signs.
- PACU: CVP, arterial line, cardio-respiratory monitoring; discontinue before transfer to floor (hemodynamically unstable patients will go to PICU.)
- Continuous pulse oximetry (while on PCA.)
- Labs: Hgb/Hct in PACU and on POD 1.

## Pre-Op Patient/Family Education

- CHG product bath daily starting 3 days prior to surgery, per instructions.
- CHG cloth cleansing of surgical area, per instructions, one day prior to surgery.
- Begin Miralax 17gm daily, one day prior to surgery. If patient is constipated, start 2 days prior to surgery.

## Postoperative Interventions

- IV Fluids as ordered

### Clinical Nutrition

- POD 0: Start ice chips/advance to clear fluids, saltine crackers as tolerated.
- POD 1: Begin soft diet as tolerated ex: cereal, yogurt, applesauce, toast.
- POD 1 – given chewing gum 3x/day for 3 days. Chew for max 10 minutes. Do not give if sedated.
- POD 2: advance diet as tolerated.
- Decrease sugary drink intake (Gatorade, Juice), as this can increase nausea in postop patients if taken in larger amounts.

### Respiratory Therapy

- Supplemental low flow oxygen therapy to maintain SpO<sub>2</sub> >92%.
- Optimal pulmonary hygiene for prevention of post op atelectasis.
- Continuous pulse oximetry until PCA dc'd.
- Incentive spirometer 10 x per hour while awake.

### Wound Care

- Change Dressing per MD order.  
*Note:* If dressing soiled or bloody, change as soon as possible. If sutures or staples: cleanse wound with CHG.
- Sequential compression devices per protocol or as ordered.
- Constavac suction as ordered; reinfusion per protocol on POD 0.
- D/C central line, arterial line, prior to transfer to the floor.
- Discontinue Foley catheter POD1.

## Medication Management

### Antibiotic Prophylaxis

- Cefazolin  
30mg/kg IV q8h x 24 hours  
2,000 mg IV q8h x 24 hours (>60 kg)

### Antiemetic

- Ondansetron – for 24 hours postoperatively –  
0.1 mg/kg/dose IV q8h (<40kg); 4 mg IV q8h (> 40kg)

### Muscle Spasm

- Diazepam 2mg Tab PO PRN Q6 Hours, for muscle spasm

### Stool Softener/Laxative

Assess, daily, potential need related to opioid use for pain management

- POD 0: Famotidine 20 mg IV q 12 hrs
- POD 0, 1 and 2: Give Peri-colace BID **AND** start Miralax 17gm daily at night – nursing to use discretion based upon patients nausea, vomiting, tolerance of sips of clears, etc. If patient is only tolerating sips of clears, it is better if they sip clears with Miralax mixed in rather than not get any Miralax.  
\* If **no** stool, give Miralax 17gm **AND** Peri-colace **AND** Dulcolax suppository - prn, per patient request and/or based upon nursing discretion.  
\* Peri-colace Dosing:  
\* Peri-colace 2 tabs BID until stool, then daily (> 6 yrs), hold for diarrhea  
\* Peri-colace 1 tab BID until stool, then 1 daily (2-6 yrs), hold for diarrhea

Pain Management (see page 2 of 2)

## Recommendations/Considerations

- Indications for extending antibiotic prophylaxis beyond 24 hours post op described in CHOC Children's "Antibiotic Prophylaxis for Surgery Guideline."
- Refer to Nursing Policy "Pain Management (Pediatric)" and "Pain Assessment Scales (Pediatric)" include nursing assessment/interventions for pain management.

## Activity/PT

- HOB: elevate as tolerated starting POD 0.
- POD 0: PT evaluation; up to side of bed with PT.
- POD 1-3: Progress as tolerated, out of bed activity under supervision of PT and/or RN.

## Discharge Criteria

- Off all IV continuous pain meds x 24 hrs.
- Pain controlled with oral/G.T.T. pain meds only.
- Tolerating pre-procedure diet .
- Meets PT d/c criteria (patient able to maintain back precautions, ambulate 80 meters, and perform stairs if indicated, with family assistance if necessary).
- Normal VS
- Returned to prior bladder function.
- Bowel function addressed.

## Patient/Family Education

- "Spine Discharge Instructions" - given in clinic during preop visit
- Instruct family on SSI, CAUTI, CLABSI, and VTE prevention.

### Dilaudid (Hydromorphone)

Dilaudid (Hydromorphone) Demand PCA

- <50 kg: Demand dose: 0.1mg
- 50 kg or >: Demand dose: 0.2mg
- PCA lockout time: 10 minutes

### **Breakthrough pain dose**

- <50 kg: Dilaudid (Hydromorphone) 0.004mg/kg IV q2h prn pain (4-10)
- 50 kg or >: Dilaudid (Hydromorphone ) 0.2mg IV q2h prn pain (4-10)

**\*\*Maximum hourly infusion: based on continuous and demand doses\*\***

### Acetaminophen IV

- <50 kg: Acetaminophen 15 mg/kg IV q6h for 3 doses
- 50 kg or >: 1,000 mg IV q6h for 3 doses

### Decadron

- 4mg IV Q8hours for 24 hours, post-op pain control

### Post Operative Pain Management Timeline\*

#### POD 0:

- Gabapentin 300 mg po TID

#### POD 1:

- Gabapentin Continue
- Start Acetaminophen/hydrocodone 5 mg/325 mg 1 tab po q 6 hrs at 10-16-22-04
- Ketorolac 0.5 mg/kg IV q 6 hrs x 48 hrs
- Benadryl (diphenhydramine) – IV, IM, Oral – 1 to 2 mg/kg/dose; may repeat every 6 hours; maximum daily dose -6 to 11 years: 150mg/day; > 12 years: 300mg/day (double check dosages)

#### **For Breakthrough pain:**

- Acetaminophen/hydrocodone 1 tab po q 3 hrs prn (> 50 kg), may give 1 hrs after regular Norco dose.

**\*\*Consider Acetaminophen from all sources, <50 kg, max 5 PRN doses\*\***

**\*\*Use Acetaminophen/hydrocodone prior to Hydromorphone for breakthrough pain\*\***

#### POD 2:

- Discontinue PCA
- Continue Acetaminophen/hydrocodone – Gabapentin – Ketorolac

**POD 3:** Discharge home with prescribed Gabapentin TID, PRN Motrin and Acetaminophen/hydrocodone

**\* Consult Pain Service if pain uncontrolled**

## References

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