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

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

Medication Management

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

Antiemetic
- Ondansetron 0.1 mg/kg/dose IV q8h prn (<40kg);
  4 mg IV q8h prn (> 40kg)

Stool Softener/Laxative
Assess, daily, potential need related to opioid use for pain management
- POD 0: Pepcid 20 mg IV q 12 hrs
- POD 0, 1 and 2: Give Pericolace BID AND start Miralax 17gm daily at night – nursing to use discretion based upon patient’s nausea, vomiting, tolerance of sips of clears, etc. If patient is only tolerating sips of clears, it is better if they sips clears with Miralax mixed in than not get any Miralax
- POD 3: If no stool, give Miralax 17gm AND Pericolace AND Dulcolax suppository - prn, per patient request and/or based upon nursing discretion.
- Pericolace Dosing:
  *Pericolace 2 tabs BID until stool, then daily (> 6 yrs), hold for diarrhea
  *Pericolace 1 tab BID until stool, then 1 daily (2-6 yrs), hold for diarrhea

Pain Management (see page 2 of 2)

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 (pt 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

Pre-Op Patient/Family Education
- Hibiclens 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.

Recommended 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

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
- Constatcav suction as ordered; reinfusion per protocol on POD 0.
- D/C central line, arterial line, prior to transfer to the floor.
- Discontinue Foley catheter POD when patient is ambulating.

Clinical Nutrition
- POD 0: Start ice chips/advance to clear fluids, saltine crackers as tolerated.
- POD 1: advance to clear liquids
- POD 2: advance diet as tolerated

Respiratory Therapy
- Supplemental low flow oxygen therapy to maintain SpO2 >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.

Recommended Patient/Family Education
- “Spine Discharge Instructions” - given in clinic during preop visit
- Instruct family on SSI, CAUTI, CLABSI, and VTE prevention

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Reassessment: Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.
### Dilaudid (Hydromorphone)

Dilaudid (Hydromorphone) continuous and/or demand PCA
- **<50 kg:** Continuous rate: 0.1mg/hr; demand dose: 0.1mg
- **50 kg or >:** Continuous rate: 0.1 mg/hr; 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

### Post Operative Pain Management Timeline*

**POD 0:**
- Hydromorphone 0.1mg basal/0.1-0.2 mg push; lock out time 10 mins
- Neurontin 300 mg po TID

**POD 1:**
- Discontinue basal PCA dose; continue demand dose
- Neurontin Continue
- Start Norco 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
- Valium (Diazepam) 1 mg po q 8 hrs (< 50 kg); 2 mg po Q 8 hrs (> 50 kg); hold if sedated and notify MD

**For Breakthrough pain:**
- Norco 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 Norco prior to Hydromorphone for breakthrough pain**

**POD 2:**
- Discontinue PCA
- Continue Norco/Neurontin/Ketorolac/Diazepam

**POD 3:** Discharge home

*Consult Pain Service if pain uncontrolled*
Reference List


CHOC Children’s “Antibiotic Prophylaxis for Surgery Guideline” Pathway: PAWS; Resources; Care Guidelines
