



SITE: VCH Coastal Cerner Sites

NSURG - ANTERIOR CERVICAL SMITH-ROBINSON DISCECTOMY AND FUSION CLINICAL PATHWAY

Instructions:

- I. Review once per shift for patient care guideline only. Do not record patient care on this document.
- II. Document all tasks completed and any problems, interventions, and evaluations in CERNER EHR.
- III. Review previous shift documentation - unless documenting on outcomes for the first time.
- IV. **Bolded items are desired patient outcomes/required interventions**

STANDARDS – WITHIN DEFINED LIMITS (WDL)

VS:	VS and NVS as ordered. Titrate O2 to keep SpO2 92% or greater.
Dressing:	OR Day to Day 1 – small amount of oozing, intact dressing. Notify Provider if dressing reinforced Day 1 – change to absorbent dressing if wound draining; if dry, apply opsite.
Incision:	Clean / approximated, no excessive redness or swelling.
Post-op Checks:	Check Policy and Procedure Manual, Index P-1 and B1
Pain:	The patient will report pain, ≤ 4 on a 0-10 pain intensity scale or whatever is acceptable to the patient. Use behavioural indicators when the patient has communication deficits (preverbal, dementia). If the patient reports pain at 4 or above, or behavioral indicators are present, there will be an intervention to reduce pain.
Voiding:	Notify Provider if urine output < 60mL in 2 consecutive hours for catheterized pts.
PVR:	In and Out Catheterization if PVR > 400 mL, PRN. Insert indwelling catheter if patient unable to void and in&out catheterization performed x3, and notify provider.

CLINICAL PATHWAY

ANTERIOR CERVICAL SMITH-ROBINSON DISCECTOMY AND FUSION

WDL – see front page

	Pre-Admit	OR Day	POST OP DAY 1
Cons	OT – fit collar		
Tests	Outside xray to OR		C-spine xray
Assessments & Treatment	<p>Nursing - Admission assessment</p> <p>Shower with antiseptic soap evening and morning prior to surgery</p>	<p>BP, TPR Movement/sensation, Bladder/bowel function } q4h</p> <p>IV Therapy</p> <p>iCough</p> <p>Dressing: WDL</p> <p>Collar</p>	<p>BP, TPR Movement/sensation, Bladder/bowel function } am</p> <p>IV discontinued</p> <p>Chest clear</p> <p>Skin check under collar</p>
Meds	Pre-op medication by anesthetist	<p>Analgesic give routinely</p> <p>Anti-nausea prn</p>	Analgesic – IM/PO prn
Activity		<p>Head up 20 degrees for 24 hours</p> <p>One small pillow</p> <p>Turn q2 - 3h day/night</p>	Independent Stairs
Diet	Nothing to eat or drink after midnight	Clear fluids	DAT
Bladder / Bowel		Output: WDL	Output: WDL
Teaching	<p>Nursing Pre-Op:</p> <ul style="list-style-type: none"> - Pre-Op video - Review Timeline - Patient Information Pamphlet 		<p>Neck education (OT)</p> <p>Home activities reviewed (OT)</p> <p>Rigid collar in car</p> <p>Exercise program (PT)</p>
Discharge Planning	Arrange transport home for 1000h day after surgery		<p>Discharge by 1000h with:</p> <ul style="list-style-type: none"> - Prescription(s) (prn)

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DISCHARGE OUTCOMES AND TEACHINGS

TEACHING

Patients and caregivers must demonstrate awareness of:

- Patient Information Pamphlet
- Pain Management – patient understands the importance of taking analgesics and reporting severe pain to the physician
- Bowel functions and methods to prevent constipation
- Activity:
 - o Shower if able to stand
 - o Lifting: avoid lifting or twisting for 6 weeks
 - o Resume sexual activity as tolerated
 - o Neck education and exercise program
- Driving in 6 weeks or when no longer wearing collar and when comfortable turning (to check traffic)
- Incision:
 - o Report redness, swelling, discharge or fever (>38.5)
 - o Dressing to be kept dry; change as needed
 - o For most surgeries, dissolvable sutures are used. The clear end of these sutures may be seen at the end of your incision. They may be clipped after 9 days, but do not pull on them.
- Sutures/staples (if not dissolvable), are removed in 9 – 10 days
- Review medications on discharge
- Follow up appointment with surgeon

DISCHARGE OUTCOMES

Patients must have:

- A suitable pain control plan
- Incision approximated with minimal redness and no discharge
- Urinary function within normal limits
- Independent ambulation or be at pre-op functional level
- May require a responsible adult to supervise x 24h