

THE CHILDREN'S MEMORIAL MEDICAL CENTER  
Chicago, Illinois

**Plan of Care  
INITIATED**

**Plan of Care  
DISCONTINUED**

**Plan of Care  
FAMILY INVOLVEMENT**

Date \_\_\_\_\_  
Time \_\_\_\_\_  
RN \_\_\_\_\_

Date \_\_\_\_\_  
Time \_\_\_\_\_  
RN \_\_\_\_\_

Date \_\_\_\_\_  
Caregiver's relationship to pt: \_\_\_\_\_  
POC discussed with caregiver

**PATIENT CARE IS REVISED TO MEET  
THE INDIVIDUAL PATIENT'S NEEDS.**

**NURSING PLAN OF CARE (POC) ON PATIENTS: SPINAL FUSION**

Problem Initiated		Problem Resolved		Nursing Diagnosis/Patient Care Problem	Patient Outcome	Nursing Interventions
Date	RN	Date	RN			
				1. Pain  <u>Related Factors:</u>  _____ Surgical Incisions	Patient/family will express satisfaction with measures of pain control.  Patient will demonstrate decreased level of pain as shown by patient's ability to tolerate activities of daily living and care.	1. Implement Pain Management Protocol (Pharmacological and Non-Pharmacological). Implement PCA Management Protocol.  3. Log roll every 2 hours and PRN using pillows and blankets for support.  4. Notify physician of temperature > 38°, change in CMS status and pain unrelieved by PCA.  Implement Narcan Drug Protocol if indicated.

Problem Did Not Occur During Hospitalization:

Problem Resolution Note: \_\_\_\_\_

## NURSING PLAN OF CARE (POC) ON PATIENTS: SPINAL FUSION

Problem Initiated		Problem Resolved		Nursing Diagnosis/Patient Care Problem	Patient Outcome	Nursing Interventions
Date	RN	Date	RN			
				2. Immobility  <u>Related Factors:</u>  _____ Surgery _____ Activity restrictions  _____	Patient will increase self care as tolerated.  Patient will demonstrate adequate circulation, motion and sensation to all extremities.	1. Implement Immobility Management Protocol. <input type="checkbox"/> 2. Implement Post-Op Management Protocol. <input type="checkbox"/> 3. Implement PIV Management Protocol. <input type="checkbox"/> 4. Log roll patient side-back-side as ordered every 2 hours or as needed. 5. Implement Orthotic Device Management Protocol if TLSO is ordered. 6. Encourage active and passive movement of extremities as tolerated. Progressively return patient to perform ADL's by encouraging independence. 7. Bedrest initially; progress to sitting with/ without brace.  <u>For idiopathic:</u> (10% get TLSO) • HOB increased as tolerated • PT for weight bearing.  <u>For neuromuscular:</u> (all get brace) • Increased HOB 45° only the first 2 months with TLSO then 90°  Ambulate initially with assistance and progress to independence as appropriate.  8. Implement GU Intubation Management. 9. Implement Chest Tube Management Protocol as directed. (for ASF)

Problem Did Not Occur During Hospitalization:

Problem Resolution Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NURSING PLAN OF CARE (POC) ON PATIENTS: SPINAL FUSION

Problem Initiated		Problem Resolved		Nursing Diagnosis/Patient Care Problem	Patient Outcome	Nursing Interventions
Date	RN	Date	RN			
				3. Potential for Post-Op Complications <u>Related Factors:</u> _____ Magnitude and length of OR procedure _____ Length of healing process _____	Patient has no signs or symptoms of post-op complications including, but not limited to respiratory difficulty, infection and neurological deficits.	1. Monitor for signs and symptoms of infection: • assess temperature every 4 hours and PRN • assess wound for redness, hematoma, drainage, dehiscence and/or excessive amount of pain • administer antibiotics as ordered.  2. Assess for change in neurologic status such as: • increased sleepiness • decreased ROM in one or more extremities including fingers or toes • decreased reaction of pupils to light.  3. Monitor for signs and symptoms of respiratory distress.  4. Maintain on pulse oximeter and cardiac monitor as ordered.  5. Notify physician of change in patient status or O <sub>2</sub> saturation < 96% or patient's baseline.

Problem Did Not Occur During Hospitalization:

Problem Resolution Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NURSING PLAN OF CARE (POC) ON PATIENTS: SPINAL FUSION**

Problem Initiated		Problem Resolved		Nursing Diagnosis/Patient Care Problem	Patient Outcome	Nursing Interventions
Date	RN	Date	RN			
				<p>4. Potential for Patient/Family Anxiety</p> <p><u>Related Factors</u> :</p> <p>_____ Hospitalization</p> <p>_____</p>	<p>Family will demonstrate decreased level of anxiety as shown by ability to support child and absorb information with the support from hospital staff.</p> <p>Patient will demonstrate decreased level of anxiety as shown by the following adaptive behaviors:</p> <p>a. patient develops rapport with primary team</p> <p>b. increased ability to utilize support from caregivers/family.</p>	<p>1. Implement Family Centered Care Management Protocol. <input type="checkbox"/></p> <p>2. Implement Developmental Care Management Protocol: _____</p>

Problem Did Not Occur During Hospitalization:

Problem Resolution Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NURSING PLAN OF CARE (POC) ON PATIENTS: SPINAL FUSION

Problem Initiated		Problem Resolved		Nursing Diagnosis/Patient Care Problem	Patient Outcome	Nursing Interventions
Date	RN	Date	RN			
				5. Health Maintenance  _____ Diagnosis _____ Treatment	Patient/family will verbalize accurate understanding of disease process and of treatment regime and will demonstrate successful home care.	<ol style="list-style-type: none"> <li>1. Obtain a general understanding of patient/ family's understanding of disease process and treatment.</li> <li>2. Consult Outpatient Nursing Clinician as needed.</li> <li>3. Assess patient/family's developmental level and readiness to learn.</li> <li>4. Adapt teaching style to meet patient/ family needs.</li> <li>5. Assure needed equipment (e.g. raised toilet seat, reclining wheelchair) is ordered using the unit Discharge Planner as needed.</li> <li>6. Teach patient/family the following information using appropriate teaching handouts:                             <ul style="list-style-type: none"> <li>• Activity Restrictions Per Physician And PT</li> <li>• Brace Instructions</li> <li>• Signs/Symptoms Of Infection</li> <li>• When To Call The Physician/Nurse Clinician</li> <li>• When To Return To School Or Arrangement Of Tutor</li> <li>• When/How To Make A Follow-Up Appointment</li> <li>• Car Safety</li> <li>• Pain Management.</li> </ul> </li> </ol>

Problem Did Not Occur During Hospitalization:

Problem Resolution Note: \_\_\_\_\_

## NURSING PLAN OF CARE (POC) ON PATIENTS: SPINAL FUSION

### DOCUMENTATION:

Treatment Team members will be notified of relevant changes in the patient's status.

Record all observations and interventions on Nursing Special Observation Record, Nursing Assessment Form and/or Patient Progress Notes, every shift and as needed.

### REFERENCES:

Tachdjian, M.O. 1990. *Pediatric Orthopaedics*. 2nd ed. Philadelphia, PA: W.B. Saunders Co.

### AUTHORS:

Lisa Misurelli, R.N., M.S.N.

### DISTRIBUTION:

All nursing care units

### REVIEWED BY:

John Sarwark, M.D., Division of Orthopaedic Surgery  
Michael Schafer, M.D., Division of Orthopaedic Surgery  
Toula Keros, R.N., 3 West  
Liz Figueroa, R.N., 3 West  
Shelly Uhley, R.N., 3 West  
Sarah Saunly, R.N., Division of Orthopaedic Surgery  
Stacy Druckman, R.N., 3 West  
Nancy Marble, R.N., 3 West  
Risk Management

### APPROVAL:

Nursing Plan of Care Subcommittee (Chair: A. Beland, R.N.)

### APPROVAL DATE:

1/94

### EFFECTIVE DATE:

3/97

### REVIEW DATE:

1/98