



PREOPERATIVE SPINE SURGERY ORDERS

PREOP ORDERS FOR DAY OF SURGERY

1. Admit to AMBULATORY SURGERY UNIT
2. VERIFY NPO 8 HOURS PRIOR TO SURGERY
3. _____
4. Cross match _____ units of _____ blood.
5. Train patient to use Incentive Spirometer for postop use.
6. Routine preop prep to surgical site per hospital protocol.
7. Knee high TED stockings on prior to surgery.
8. SCD's
9. No Hypo's (injections) in either hip
10. No IV access in wrist or hand on Cervical surgeries.
11. Ancef on call to OR (Pharmacy to dose per weight, start 60 minutes of incision)
2gm IVPB x 1 for pt weight < 120kg
3gm IVPB x 1 for pt weight ≥ 120kg

If Allergy to PCN/Beta – Lactam

- Vancomycin on call to OR (Pharmacy to dose per weight, start 120 minutes of incision) Pharmacy to renal dose
Vancomycin 1gm IVPB x 1 for pt weight < 70 KG
Vancomycin 15mg/kg IVPB x 1 for pt weight ≥ 70 KG (Maximum dose 2 Grams IVPB)
 - OR**
 - Cleocin 900mg IVPB x 1 on call to OR (Start 30 min of incision)
12. Gabapentin 300 mg PO (on call to OR)
 Acetaminophen (Ofirmev) 1000 mg IVPB (on call to OR)
 Ibuprofen (Caldolor) 800 mg IVPB (on call to OR)
 Ketorolac (Toradol) 30 mg IVP x 1 (on-call to OR)

 Nozin 1 preop application of 2 ampules– swab each Nostril with each ampule within 1 hour prior to surgery
 13. OT/PT Consult
 Care Management Consult

Physician Signature

Date/Time



NURSING / ANESTHESIA
CRMC Sleep Screening Questionnaire



SURGERY: _____ **DATE OF SURGERY:** _____

PLEASE COMPLETE THE QUESTIONNAIRE TO THE BEST OF YOUR ABILITY. IT WILL BE REVIEWED BY A NURSE AND ANESTHESIA PROVIDER PRIOR TO YOUR SURGERY. THE INFORMATION YOU PROVIDE IS CONFIDENTIAL.

1. **SNORING:**
Do you *snore* loudly (louder than talking or loud enough to be heard through closed doors)?
Yes No
2. **TIRED**
Do you often feel *tired*, fatigued or sleepy during daytime?
Yes No
3. **OBSERVED**
Has anyone *observed* you stopping breathing during your sleep?
Yes No
4. **BLOOD PRESSURE**
Do you have or are you being treated for high blood *pressure*?
Yes No
5. **BMI -**
BMI more than 28?
Yes No **BMI Score** _____
6. **Age**
Age over 50 years old?
Yes No
7. **NECK CIRCUMFERENCE**
Neck circumference greater than 17 inches for male, 16 inches for female?
Yes No
8. **GENDER**
Gender -male?
Yes No

SCORE: _____ (Score is number of Yes responses)

- HIGH RISK OF OSA - "YES" TO SIX (6) OR MORE ITEMS-**
Refer patient to their preferred sleep lab for further study/treatment prior to surgery
- LOW RISK OF OSA - "YES" TO LESS THAN SIX (6) ITEMS**
- I understand that I am high risk for OSA but refuse further sleep testing and understand that admission after surgery may be necessary.

Patient signature

Date/Time



MEDICAL HISTORY

Present Illness/ Admitting Diagnosis: _____

Past History: _____

Past Surgery: _____

Family History: _____

Psychosocial: _____

Allergies: _____ Immunizations: _____

Current Medications (prescription/OTC/Herb): _____

PHYSICIAN PRE-SEDATION ASSESSMENT

PHYSICAL EXAM

Vital Signs: BP _____ Pulse _____ Resp. _____ Temp _____

Head/neck: _____ ASA Level: 1 2 3 4 5 E (Not a candidate for surgery)

Heart: _____ Airway: Teeth - Condition: _____

Skin: _____ ROM Head % Neck: _____

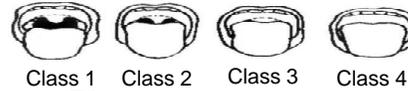
Lungs: _____ Neck Thickness/Length: _____

Abdomen: _____ Oropharyngeal Classification (Check)

GU: _____

MS: _____

Neuro: _____



Treatment Plan: _____

YES _____ NO _____ Based on the pre-procedural assessment/H&P and the lack of allergy to sedation, patient is a suitable candidate for moderate sedation/analgesia during the planned procedure.

DATE: _____ TIME: _____ PHYSICIAN SIGNATURE: _____

Reassessment Immediately Prior to Sedation

DISCHARGE SUMMARY

Discharge Diagnosis: _____

Procedures/Treatment: _____

Diagnostics: _____

Activity: _____ Diet: _____

Prescription/Medications: _____

Follow-Up: _____

DC Status\Disposition: _____

PHYSICIAN SIGNATURE

DATE

TIME



Pre-Surgery Patient-Reported Functional Assessment



**NDI-Neck Disability Index
*As per AAOS PROMs***

| Check one answer per row | Excellent | Very Good | Good | Fair | Poor | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|------------|-------------|-------------|---|---|---|---|---|----|
| In general, would you say your health is: | | | | | | | | | | | |
| In general, would you say your quality of life is: | | | | | | | | | | | |
| In general, how would you rate your physical health? | | | | | | | | | | | |
| In general, how would you rate your mental health, including your mood and your ability to think? | | | | | | | | | | | |
| In general, how would you rate your satisfaction with your social activities and relationships? | | | | | | | | | | | |
| In general, how well you carry out your usual social activities and roles? (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.) | | | | | | | | | | | |
| Check one answer per row | Completely | Mostly | Moderately | A Little | Not at all | | | | | | |
| To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? | | | | | | | | | | | |
| Check one answer per row (In the past 7 days) | Never | Rarely | Sometimes | Often | Always | | | | | | |
| How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? | | | | | | | | | | | |
| Check one answer per row (In the past 7 days) | None | Mild | Moderate | Severe | Very Severe | | | | | | |
| How would you rate your fatigue on average? | | | | | | | | | | | |
| How would you rate your pain on average? (Circle one) 0=No pain; 1 = Mild Pain; 10 = Worst Imaginable Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Check one answer per row (In the past 7 days) | Not at all | A little bit | Somewhat | Quite a bit | Very Severe | | | | | | |
| How much did pain interfere with your day to day activities? | | | | | | | | | | | |
| How much did pain interfere with work around the home? | | | | | | | | | | | |
| How much did pain interfere with your ability to participate in social activities? | | | | | | | | | | | |
| How much did pain interfere with your enjoyment of life? | | | | | | | | | | | |
| How much did pain interfere with the things you usually do for fun? | | | | | | | | | | | |
| How much did pain interfere with your enjoyment of social activities? | | | | | | | | | | | |
| How much did pain interfere with your household chores? | | | | | | | | | | | |
| How much did pain interfere with your family life? | | | | | | | | | | | |
| Signature of RN Noting Assessment: | Time: | | | Date: | | | | | | | |

Neck Disability Index

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the one box that applies to you. We realise you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2: Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self care
- I do not get dressed, I wash with difficulty and stay in bed

Section 3: Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

Section 4: Reading

- I can read as much as I want to with no pain in my neck
- I can read as much as I want to with slight pain in my neck
- I can read as much as I want with moderate pain in my neck
- I can't read as much as I want because of moderate pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all

Section 5: Headaches

- I have no headaches at all
- I have slight headaches, which come infrequently
- I have moderate headaches, which come infrequently
- I have moderate headaches, which come frequently
- I have severe headaches, which come frequently
- I have headaches almost all the time

Section 6: Concentration

- I can concentrate fully when I want to with no difficulty
- I can concentrate fully when I want to with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

Section 7: Work

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I can't do any work at all

Section 8: Driving

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight pain in my neck
- I can drive my car as long as I want with moderate pain in my neck
- I can't drive my car as long as I want because of moderate pain in my neck
- I can hardly drive at all because of severe pain in my neck
- I can't drive my car at all

Section 9: Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleepless)

Section 10: Recreation

- I am able to engage in all my recreation activities with no neck pain at all
- I am able to engage in all my recreation activities, with some pain in my neck
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck
- I am able to engage in a few of my usual recreation activities because of pain in my neck
- I can hardly do any recreation activities because of pain in my neck
- I can't do any recreation activities at all

Score: _____ /50 Transform to percentage score $x 100 =$ _____ %points

Scoring: For each section the total possible score is 5: if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows:

If one section is missed or not applicable the score is calculated:

Example: $\frac{16}{50}$ (total scored)
 $\frac{16}{50}$ (total possible score) $x 100 = 32\%$
 $\frac{16}{45}$ (total scored)
 $\frac{16}{45}$ (total possible score) $x 100 = 35.5\%$

Minimum Detectable Change (90% confidence): 5 points or 10 %points

NDI developed by: Vernon, H. & Mior, S. (1991). The Neck Disability Index: A study of reliability and validity. Journal of Manipulative and Physiological Therapeutics. 14, 409-415
