

When Coming To Hospital, Please Bring:

- bottles of medication as requested by Pharmacist.
- sneakers or footwear that are easy to put on with good grip and closed back.
- loose fitting clothing.
- walker, cane or brace if you have been using one at home.
- glasses or hearing aid if you are supposed to be wearing any.
- list of allergy to any medications or foods, if you have them.

**PLEASE LEAVE VALUABLES AT HOME.
EXAMPLES: MONEY, JEWELLERY, CHEQUES & CREDIT CARDS
THE HOSPITAL IS NOT RESPONSIBLE FOR PERSONAL
ITEMS SUCH AS GLASSES, HEARING AIDS, DENTURES, ETC.**

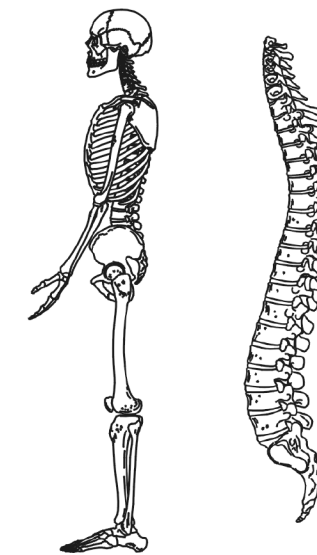
**PLEASE MAKE ARRANGEMENTS FOR SOMEONE TO STAY
WITH YOU AT HOME AFTER DISCHARGE.**

**FEEL FREE TO VOICE ANY QUESTIONS OR CONCERNS
THAT YOU MIGHT HAVE ABOUT YOUR STAY.**



Atlantic Health Sciences Corporation
Corporation des sciences de la santé de l'Atlantique

**PATIENT CARE GUIDE
FOR
SPINAL FUSION SURGERY**



**Back Surgery is done for a variety of reasons.
Your Surgeon will explain what type of back surgery you require.**











This is your plan for care, please bring it with you on the day of your surgery.

Patient: _____

PATIENT CARE GUIDE FOR SPINAL FUSION SURGERY

Expected Date of Discharge: _____

Room: _____

	DAY OF SURGERY (Post-op)	DAY 1	DAY 2	DAY 3	DAY 4	Remaining Days	✓	DAY OF DISCHARGE
Nutrition	<ul style="list-style-type: none"> IV started for fluids and medications. May have sips of water or ice cubes ONLY. 	<ul style="list-style-type: none"> Liquid diet as ordered  	<ul style="list-style-type: none"> Continue liquid diet. May have certain foods if ordered by Surgeon. IV removed if drinking & not feeling sick to your stomach. 	<ul style="list-style-type: none"> High fiber diet if passing gas below.  	<ul style="list-style-type: none"> Continue high fiber diet. 	<ul style="list-style-type: none"> Continue high fiber diet. 	✓	<ul style="list-style-type: none"> Plan for a high fiber diet while on pain medication at home.
Elimination	<ul style="list-style-type: none"> Catheter put in while in operating room. Urine output watched. 	<ul style="list-style-type: none"> Catheter remains. Urine output monitored. Stool softeners started. 	<ul style="list-style-type: none"> Catheter remains. Continue stool softeners. 	<ul style="list-style-type: none"> Catheter may be removed. Continue stool softeners. To bathroom for elimination. Must save all urine for nurses inspection. Laxitive given at bedtime. 	<ul style="list-style-type: none"> Up to bathroom for elimination. May have suppository if no bowel movement. 	<ul style="list-style-type: none"> Up to bathroom for elimination. May have enema if no bowel movement. 	✓	<ul style="list-style-type: none"> Ask your nurse if stool softeners are recommended with your pain medication.
Hygiene	<ul style="list-style-type: none"> Bathed by nurse after surgery. Mouth care by nurse. 	<ul style="list-style-type: none"> Bathed and mouth care by nurse. May help nurse if feeling well. 	<ul style="list-style-type: none"> Sponge bath and mouth care by self with help from nurse. 	<ul style="list-style-type: none"> Sponge bathes self with some help. 	<ul style="list-style-type: none"> Sponge bathes self. 	<ul style="list-style-type: none"> Sponge bathes self. 	✓	<ul style="list-style-type: none"> Shower as directed by surgeon.
Wound Care and Test or Treatments	<ul style="list-style-type: none"> Temperature, blood pressure, pulse monitored frequently. Will have large dressing to back area. Dressing monitored and reinforced as required. May have special stockings for circulation. 	<ul style="list-style-type: none"> Blood taken for testing. Dressing monitored and may be changed. Temperature, blood pressure and pulse monitored frequently. X-ray of back. May be fitted for back brace if not already done. 	<ul style="list-style-type: none"> Dressing changed. Blood taken for testing. Temperature, blood pressure and pulse monitored. 	<ul style="list-style-type: none"> Dressing changed. Blood taken for testing. 	<ul style="list-style-type: none"> Dressing changed. 	<ul style="list-style-type: none"> Dressing changed. 	✓	<ul style="list-style-type: none"> Staples / Clips to be removed on _____ by _____
Medication <i>Note: All medications to be given by your nurse</i>	<ul style="list-style-type: none"> Pain Controlled Analgesic (PCA) pump - in your IV. May have needles for pain if no PCA pump. Antibiotics in IV in operating room. Will have oxygen. 	<ul style="list-style-type: none"> Continue PCA pump for pain. May have oxygen.  	<ul style="list-style-type: none"> PCA pump stopped. Pain medication changes to pills. Remember to ask nurse for pain medication when needed. Oxygen stopped.  	<ul style="list-style-type: none"> Continue pills for pain. 	<ul style="list-style-type: none"> Continue pills for pain. 	<ul style="list-style-type: none"> Continue pills for pain. 	✓	<ul style="list-style-type: none"> Ask your nurse about any changes with your home medications. Get prescriptions for any new medications. Get home medications back from nurse.
Activity Rehabilitation	<ul style="list-style-type: none"> Turned in bed every 2 hours with help from nurse. Hourly exercises until discharged. <ul style="list-style-type: none"> deep breathing and coughing with breathing device. Foot and ankle exercises. Will have pillow between legs while lying on side and pillow under knees when lying on back.  	<ul style="list-style-type: none"> Assessed by Physiotherapist. Exercises while in bed. Continue breathing & coughing exercises. Up in chair with help from nursing staff and Physiotherapist.  Will be taught how to: <ul style="list-style-type: none"> move in bed safely. get in and out of bed. ALWAYS STAND STRAIGHT AND TALL WHEN SITTING OR WALKING. Ice applied to back twice daily.  	<ul style="list-style-type: none"> Exercises while in bed. Continue breathing and coughing exercises. Up walking at least twice per day. Increase walking distance each day. Ice applied to back twice daily. Continue daily exercises by self. 	<ul style="list-style-type: none"> Exercises while in bed. Continue breathing and coughing exercises. May have assessment from Occupational Therapist for safe functioning at home. Increase walking distance each day. Ice applied to back twice daily. Continue daily exercises by self. 	<ul style="list-style-type: none"> Exercises while in bed. Continue breathing and coughing exercises. Increase walking distance each day. Ice applied to back twice daily. Continue daily exercises by self. 	<ul style="list-style-type: none"> Exercises while in bed. Continue breathing and coughing exercises. Increase walking distance each day. Ice applied to back twice daily. Continue daily exercises by self. Walking by self with/or without supervision.  Able to climb stairs with assistance.  	✓	<ul style="list-style-type: none"> Exercises while in bed and continue at home daily. Able to put on brace by self. Wear brace at all times (except while sleeping) until follow up visit with Surgeon. Has required equipment  raised toilet seat, _____ reacher. Yes/No - tub bench or shower chair. Able to walk 70-100 m by self. Able to get in/out bed with minimal assistance.
Preparing for Discharge	<ul style="list-style-type: none"> Your discharge is expected within 5-7 days. 	<ul style="list-style-type: none"> Referral to Social Work if needed. Need for other services may be identified by Discharge Planner. 	<ul style="list-style-type: none"> Continue as Day 1. 	<ul style="list-style-type: none"> Continue discussion of discharge needs with patient/family. Information about community support services discussed with patient/family. 	<ul style="list-style-type: none"> Date of discharge identified. Begin arrangements for service or equipment needs for home. 	<ul style="list-style-type: none"> Extra Mural will be contacted if needed. Continue as Day 4. 	✓	<ul style="list-style-type: none"> Extra Mural services arranged as needed. Follow-up appointment with Dr. _____ on _____ at _____ in _____ Community support services confirmed as required. DO NOT DRIVE until follow-up appointment with Surgeon.