Idiopathic Posterior Spinal Fusion
Enhanced Recovery After Surgery (ERAS)
Associated Powerplans: Ortho AIS Post-Op

Children's Mercy KANSAS CITY | Evidence Based Practice

Inclusion Criteria:
- Idiopathic scoliosis patients

Exclusion Criteria:
- Neuromuscular patients

Inpatient (5 Henson/Hall) to Discharge

QR code for mobile view

Key ERAS Principles:
- Keep patient/family/team focused on early discharge
- Advance diet, minimize IV fluids
- Multimodal analgesia: minimize opioids, transition to orals quickly
- Encourage time out of bed
- Remove invasive lines (E.g., Foley)

Exparel injected during surgery?

No →

PCA Orders & APS Consult
- **Hydromorphone PCA** (provide demand only if patient received methadone or IT morphine)
  - Start in PACU & to be discontinued on POD 1
- **Ketorolac IV** 0.5 mg/kg (Max 15 mg) q6 hrs scheduled
  - Alternate with acetaminophen q3 hrs
  - Transition to PO ibuprofen 10 mg/kg (Max 800 mg) q6 hrs on POD 1
- **Acetaminophen IV** 12.5 mg/kg (Max 750 mg) q6 hrs
  - Transition to PO acetaminophen 12.5 mg/kg (Max 750 mg) q6 hrs on POD 1
- **Diazepam IV or PO** 0.05-0.1 mg/kg (Max 5 mg) q 4-6 hrs PRN or scheduled
- If poor pain trajectory anticipated or if pain escalation is required, may consider addition of the following:
  - Low dose ketamine infusion
  - Dexmedetomidine infusion or clonidine IV dosing followed by patch placement
  - Other pain adjuncts as needed
- Surgery to order **Dexamethasone IV** 0.1 mg/kg (Max 8 mg) q8 hrs x 3 doses

Yes →

Accelerated Pain Pathway
Goal to transition to PO Pain Meds on POD 0
- **No PCA**
- **Ketorolac IV** 0.5 mg/kg (Max 15 mg) q6 hrs scheduled for 3 doses
  - Alternate with acetaminophen q3 hrs
  - Transition to PO ibuprofen 10 mg/kg (Max 800 mg) q6 hrs on POD 1
- **Acetaminophen IV** 12.5 mg/kg (Max 750 mg) q6 hrs
  - Transition to PO acetaminophen 12.5 mg/kg (Max 750 mg) q6 hrs on POD 1
- **Oxycodone PO** 0.1 mg/kg (Max 7.5 mg) q4 hrs prn
- **Hydromorphone IV** 5 mcg/kg (Max 500 mcg) q3 hrs for breakthrough pain or not tolerating PO

OR
- **Morphine IV** 0.05 mg/kg (Max 4 mg) q 2 hrs prn for breakthrough pain or not tolerating PO
- **Diazepam IV or PO** 0.05-0.1 mg/kg (Max 5 mg) q 4-6 hrs prn
- **Dexamethasone IV** 0.1 mg/kg (Max 8 mg) q8 hrs x 3 doses

Physical Activity
Ambulation
- Encourage out of bed to chair on evening of surgery

Physical Therapy
- Consult started on POD 1

Perioperative Antibiotics:
- 1st choice: cefazolin 30 mg/kg q8 hrs X 2 doses
- 2nd choice: clindamycin 10 mg/kg q8 hrs X 2 doses
- MRSA: Vancomycin 15 mg/kg q12 hrs

Diet
- ***Encourage PO intake*** - advance as tolerated
- ***Initiate bowel regimen***
  - Docusate/Senna QHS on POD 0
  - Miralax BID on morning of POD 1
  - Famotidine PO 0.5 mg/kg BID
- ***Ondansetron prn for nausea/vomiting***
  - 0.1 mg/kg/dose (Max 4 mg)

Lines, Labs, & Vitals
Foley Catheter
- Remove at 0700 on POD 1

Vital Signs
- Vitals: q1 hrs X 2, q4 hrs for 24 hrs, q8 hrs after
- Motor: q1 hrs X 4, q2 hrs X 4 hrs (x4), q8 hrs after
- Neurovascular: q2 hrs X 4, q4 hrs after

Labs
- No routine labs scheduled

Discharge Readiness
Discharge Goal POD2 vs POD3

Discharge Requirements
- Stable respiratory status with no oxygen requirement
- Tolerating oral intake
- Transitioned to oral pain medication with good pain control
- Ambulation without assistance and cleared by PT criteria

Discharge Teaching
- Post-op care instructions reviewed by team with family

Discharge home
Follow-up appointments scheduled with surgeon 6 weeks postop

- Prior to surgery algorithm
- Intraoperative care algorithm

Contact: EvidenceBasedPractice @cmh.edu

Link to: synopsis

Last Updated: 7.03.2024

This ERAS pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly . Copyright © The Children's Mercy Hospital 2023. All rights reserved.