



### Inclusion Criteria:

- Neuromuscular scoliosis patients undergoing posterior spinal fusion

### Exclusion Criteria:

- Previous index surgery
- Pre-existing spinal or hardware infection
- Trauma/tumor/spondylolisthesis without risk factors

### 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)

### Post Operative - Henson Hall

**Consider consult for social work or case management for continued inpatient and outpatient support**

### 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 immediately post-op

Exparel injected during surgery?

**Patients on ketogenic diet:**  
Avoid IV acetaminophen and IV dexamethasone.

**Patients with known hypertension or Addison's disease:**  
Avoid IV dexamethasone

Patient is off pathway if surgical complications identified  
\*Provide appropriate supportive care  
Otherwise proceed with ERAS pathway

### 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 immediately post-op

### Lines, Labs, & Vitals

- **Foley Catheter and PICC line**
  - Remove as soon as possible
- **Vital Signs**
  - Vitals/Motor/Neurovascular q4 hrs X 24 hrs, then per provider discretion
- **Labs**
  - No routine labs scheduled

### Physical Activity

- **Activity**
  - Encourage out of bed to wheelchair
- **Physical Therapy**
  - Consult, if not already done in PICU

### Pulmonary Care

- **Review** preoperative complex care ortho plan
- **Provide** pulmonary airway clearance QID (if no pulmonary airway clearance/sick plan, use IS or IPV QID)
- **Switch** airway clearance to BID or home 'well plan' when back to baseline respiratory support
- **Resume** VEST when appropriate
- **Consult** pulmonary if problems weaning respiratory support or needing increased O<sub>2</sub> flow

### Diet

- **Encourage return to preoperative nutritional intake** - advance as tolerated
- **Initiate bowel regimen**
  - Docusate/Senna QHS on POD 0 or 1
  - Miralax BID on morning of POD 1
  - Famotidine BID unless on home GI prophylaxis
- **Ondansetron prn for nausea/vomiting**
  - 0.1 mg/kg/dose (Max 4 mg)

### Abbreviations

IS: Incentive spirometry  
IPV: Intrapulmonary percussive therapy

### Discharge Readiness

**\*Discharge Goal POD2 vs POD3\***

#### Discharge Requirements

- Stable respiratory status per home routine
- Tolerating preoperative nutritional intake
- Transitioned to oral/PG pain medication with good pain control
- Transition to home Prevena vacuum canister
- Cleared by PT - safe transfers and appropriate DME

#### Discharge Teaching

- Post-op care instructions reviewed by team with family
- If constipation remains at time of discharge, consider Miralax and senna for home

### Discharge home

Follow-up appointment scheduled with surgeon 6 weeks postop

- [Assessment - Referral](#)
- [Intraoperative](#)
- [PICU](#)



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