

POST-OPERATIVE SPINAL SURGERY: PATIENT COLLECTION

Addressograph Label

Date: __/__/____

Consultant: Mr. Moore Mr. Noel Mr. Kiely
 Mr. O'Toole Mr. Kennedy

Procedure (**Block Capitals**): _____

Time of arrival into recovery room: __ : __

Lines

- Urinary catheter in situ and draining Yes
- IV cannula X 1 large bore in situ Yes
- CVC line in situ Yes
- Morphine- PCA in situ and documented fit for use Yes Other: _____
- Chest drain in situ Yes No
- Arterial line removal Yes

Wound

- Wound checked and satisfactory Yes
- Wound drain in situ and satisfactory Yes

Observations

- Vital signs stable Yes

Neurovascular Status

- Neurovascular observations satisfactory Legs Arms
- Deficit noted: Yes Reviewed by Orthopaedic Register: Yes Inform Orthopaedic Surgeon

Action taken/ Plan

Investigations

- **Anaesthetics are satisfied with intra-op screen & CVC location satisfactory** Yes
- Bloods taken: FBC U&E COAG Blood Gases
- Bloods reviewed: Yes No

Anaesthetics

- Transfer to St. Joseph's Ward approved by Consultant Anaesthetist: Yes No

NAME (**Block Capitals**): _____

Special Instructions

- Anti-emetic and Antibiotic plan to be written up by Orthopaedic team Yes
- Laxative plan is to be written up by Orthopaedic team Yes
- Pain management plan written up by Anaesthetic team Yes
- Fluid management plan written up by Anaesthetic team Yes
- Child is awake Yes
- Child can cough on demand Yes
- Child has purposeful movement Yes

Time of leaving recovery room: __ : __

Recovery Room Nurse: (*Block Capitals*): _____

(*Signature*): _____

Ward Nurse: (*Block Capitals*): _____

(*Signature*): _____