

# Open Lumbar Fusion Pathway

	Day of Surgery I will:	First Day after Surgery I will:	Second Day after Surgery/Day of Discharge I will:
<b>Post-Operative Surgical Care</b>	<ul style="list-style-type: none"> <li>Use the incentive spirometer every hour I am awake taking in 10 breaths each time.</li> <li>Do ankle pumps after I use my incentive spirometer.</li> <li>Put ice on my incision as needed.</li> </ul>	<ul style="list-style-type: none"> <li>Sit in the chair for all meals.</li> <li>Use the incentive spirometer every hour I am awake taking in 10 breaths each time.</li> <li>Do ankle pumps after I use my incentive spirometer.</li> <li>Put ice on my incision as needed.</li> </ul>	
<b>Activity with Physical Therapy and Nursing</b>	<ul style="list-style-type: none"> <li>Get help from staff to walk from door to bed or chair after surgery.</li> <li>Walk short distances with from nurse or Physical Therapy.</li> <li>Avoid bending, lifting, twisting (BLT) as instructed by my doctor.</li> </ul>	<ul style="list-style-type: none"> <li>Participate with Physical Therapy.</li> <li>Walk with help and use a walker if needed.</li> <li>I may wear my clothes from home if I want.</li> <li>Get out of bed or up to the chair with help.</li> <li>Review Spine Camp video in my room if needed.</li> </ul>	<ul style="list-style-type: none"> <li>Continue exercises and increase walking.</li> <li>Practice skills needed for home such as stairs, log rolling and car transfers.</li> <li>Graduate from Physical Therapy.</li> </ul>
<b>Diet</b>	<ul style="list-style-type: none"> <li>Start with light foods. If I am tolerating these foods, I will change to my usual diet.</li> </ul>	<ul style="list-style-type: none"> <li>Eat my usual diet. Include fresh fruits and vegetables, and foods made from whole grains to help prevent constipation. Drink plenty of fluids. Set a goal of 6 to 8 cups per day.</li> </ul>	
<b>Medicines</b>	<ul style="list-style-type: none"> <li>Restart home medicines. <u>My nurse will give these to me.</u></li> <li>I may receive antibiotics through my IV.</li> <li>Begin taking pain medicines from nurses.</li> </ul>	<ul style="list-style-type: none"> <li>Continue home medicines given to me by my nurses.</li> <li>Start to manage my pain with oral pain pills.</li> <li>Start to use an oral stool softener.</li> </ul>	<ul style="list-style-type: none"> <li>Discuss which medications I will continue when I leave the hospital.</li> </ul>
<b>IV (Intravenous Line)</b>	<ul style="list-style-type: none"> <li>Have an IV for fluids.</li> </ul>	<ul style="list-style-type: none"> <li>Have my IV fluids stopped. The IV may remain in place if needed for medicines.</li> </ul>	<ul style="list-style-type: none"> <li>Have my IV removed.</li> </ul>
<b>Bathroom</b>	<ul style="list-style-type: none"> <li>I will ask for help to walk to the bathroom.</li> </ul>	<ul style="list-style-type: none"> <li>I will ask for help to walk to the bathroom.</li> <li>Be aware that pain medicines may cause constipation and will take stool softeners as needed.</li> </ul>	<ul style="list-style-type: none"> <li>Be walking to the bathroom.</li> </ul>
<b>Bandage and Surgical Drain</b>	<ul style="list-style-type: none"> <li>Have a bandage over my incision(s). I <u>may</u> have a tube to drain fluid from my surgery site.</li> </ul>		<ul style="list-style-type: none"> <li>Have my bandage and drain removed. I may have a new bandage applied.</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>Meet with a Case Manager to discuss discharge needs, including equipment, medicines, and possible physical therapy needs.</li> </ul>		<ul style="list-style-type: none"> <li>Plan to have someone take me home when I am discharged.</li> </ul>

# Patient and Family Activity Tracker

Day of Surgery	First Day After Surgery	Second Day After Surgery / Day of Discharge
<b>Walk from door to bed or chair with help</b> <input type="checkbox"/>	<b>Up to chair for meals</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Up to chair for meals</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Walk (Short distances with nurse or PT)</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Walks</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Walks</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Incentive Spirometer (every hour)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Incentive Spirometer (every hour)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Incentive Spirometer (every hour)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Ankle Pumps</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Ankle Pumps</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Ankle Pumps</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>