Spinal Surgery Nursing Focus

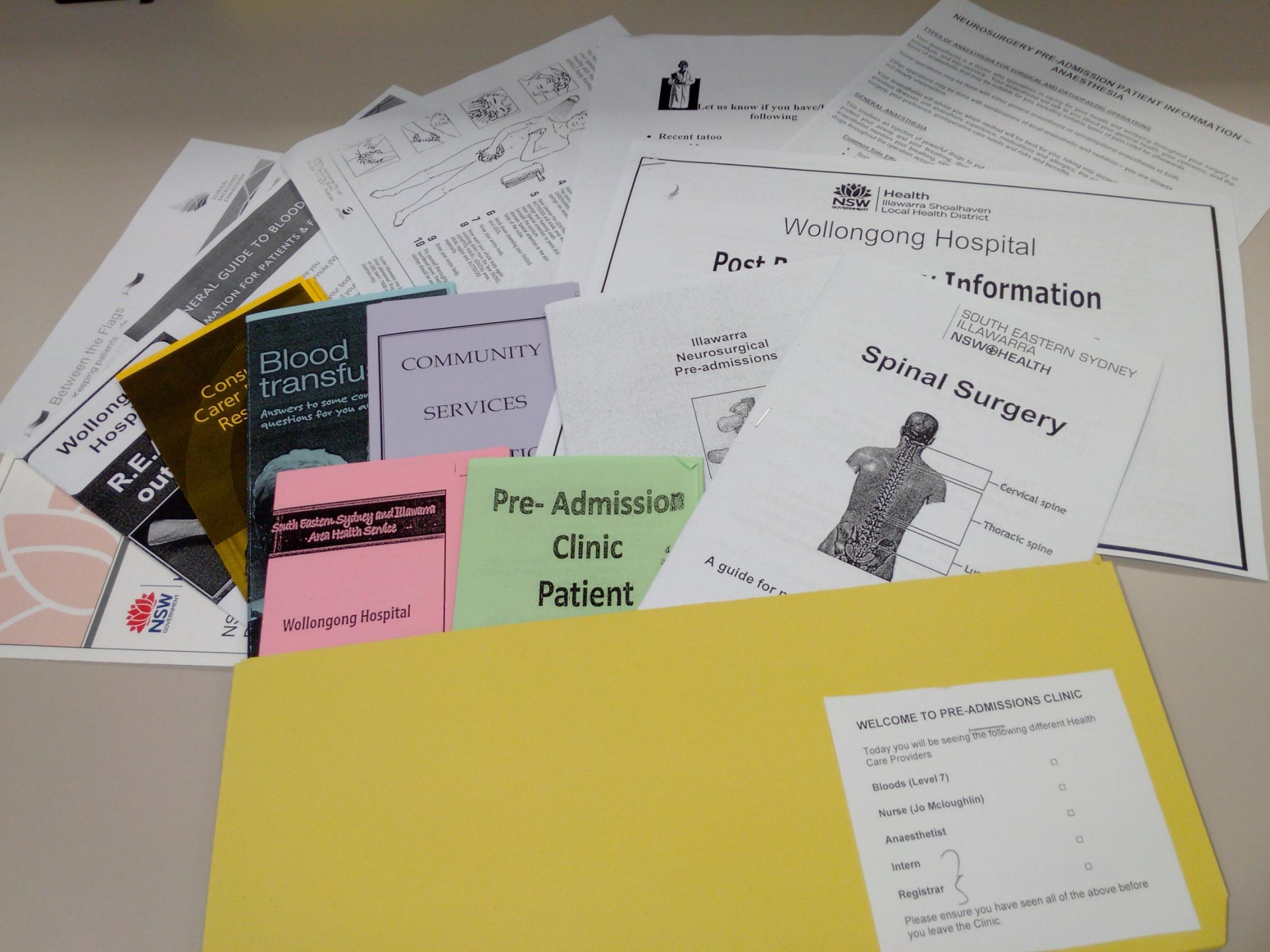
Joanne McLoughlin

CNC Neurosurgery, St. George & Wollongong Hospitals

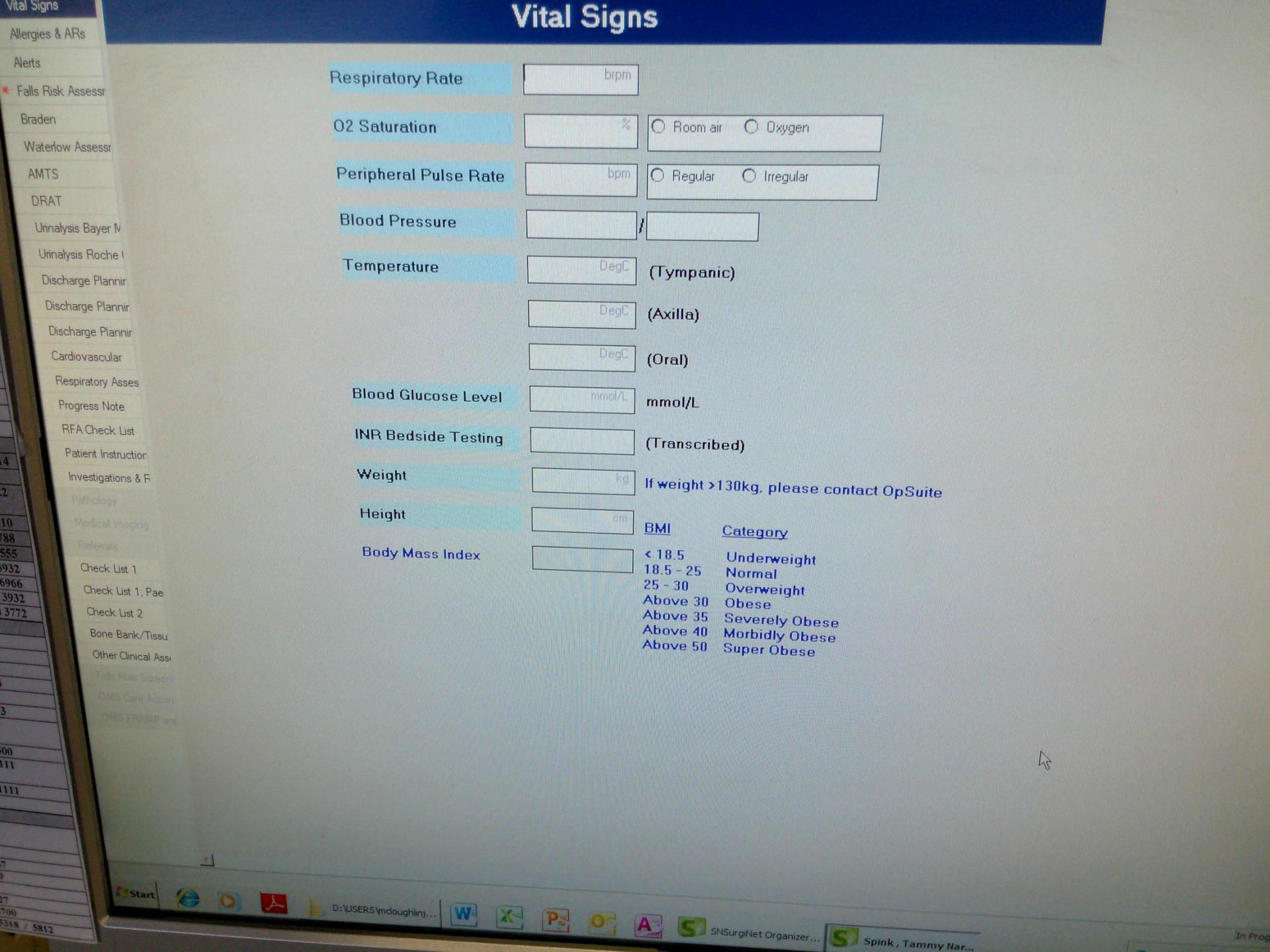
Reception
HARIBO
GOLDBEARS
INFORMATION
2015
welcome
Norovirus
Secretary
Office
CAUTION
WET FLOOR

Pre-admission Clinic

- Prior to clinic – waitlist selection, surgeon, patient input
- Who they see – neurosurgical intern/registrar, CNC, anaesthetic registrar
- Yellow information folder –what it contains, checklist on the front.
- Information discussed with CNC – allergies, discharge planning, general and specific information
- Medications, bowel prep, medical clearance

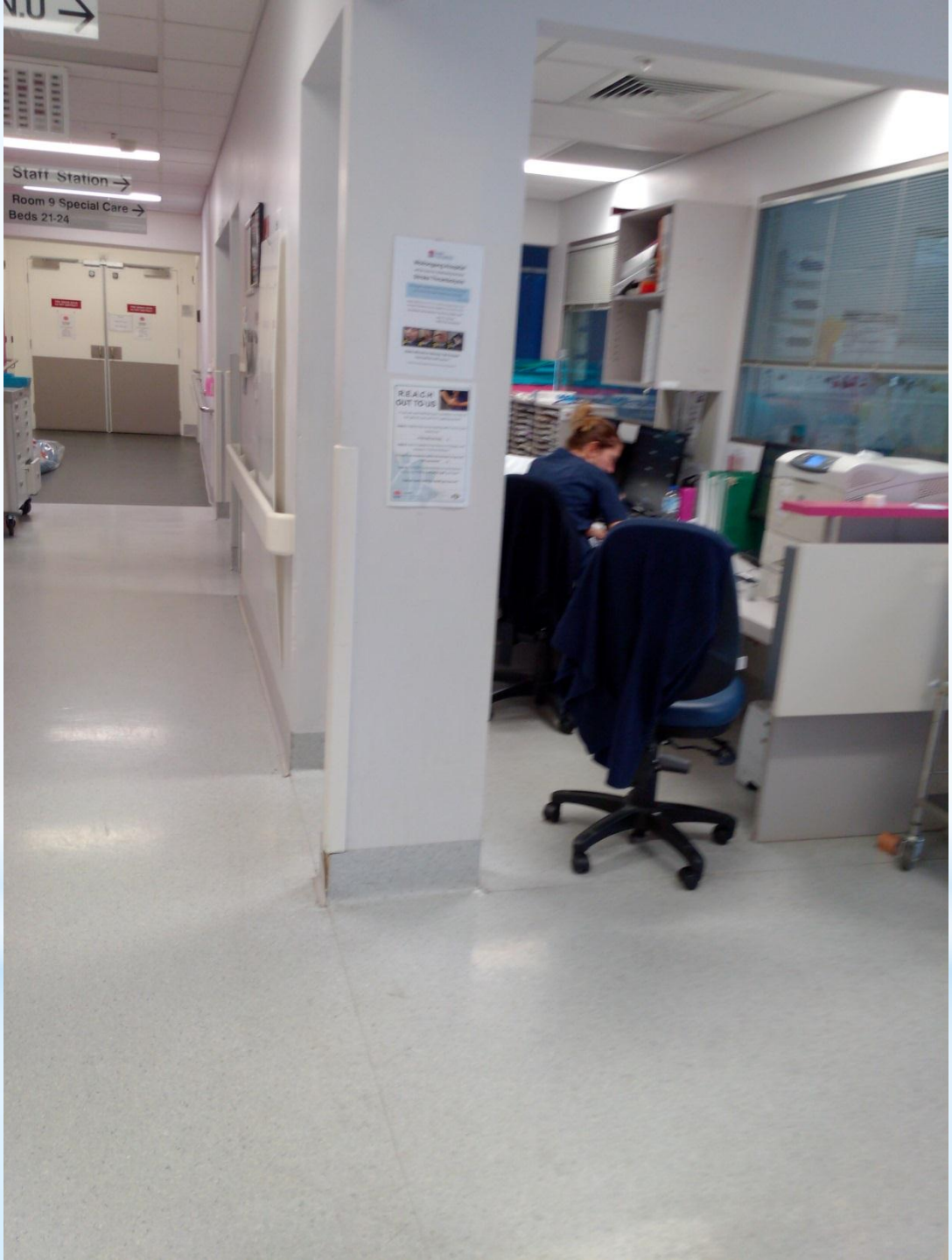

Between the Flags
Keeping patients
Let us know if you have/
following
Recent tatoo
NEUROSURGERY PRE-ADMISSION PATIENT INFORMATION –
ANAESTHESIA
TYPES OF ANAESTHESIA FOR SURGICAL AND ORTHOPAEDIC OPERATIONS
GENERAL ANAESTHESIA
NSW GOVERNMENT
Health
Illawarra Shoalhaven
Local Health District
Wollongong Hospital
Information
SOUTH EASTERN SYDNEY
ILLAWARRA
NSW HEALTH
Illawarra
Neurosurgical
Pre-admissions
Spinal Surgery
Cervical spine
Thoracic spine
A guide for
Blood
transfu
Answers to some
questions for you
COMMUNITY
SERVICES
South Eastern Sydney and Illawarra
Area Health Service
Wollongong Hospital
Pre- Admission
Clinic
Patient
WELCOME TO PRE-ADMISSIONS CLINIC
Today you will be seeing the following different Health
Care Providers
Bloods (Level 7)
Nurse (Jo Mcloughlin)
Anaesthetist
Intern
Registrar
Please ensure you have seen all of the above before
you leave the Clinic.

CONFIDENTIAL WASTE FOR
DANGER
BANKER


Vital Signs
Allergies & ARs
Alerts
Falls Risk Assessr
Braden
Waterlow Assessr
AMTS
DRAT
Urinalysis Bayer M
Urinalysis Roche
Discharge Plannir
Discharge Plannir
Discharge Plannir
Cardiovascular
Respiratory Asses
Progress Note
RFA Check List
Patient Instructior
Investigations & F
Pathology
Medical Imaging
Referrals
Check List 1
Check List 1, Pae
Check List 2
Bone Bank/Tissu
Other Clinical Ass
Falls Risk Screeni
OMS Care Action
OMS FRAMP and
Vital Signs
Respiratory Rate
brpm
O2 Saturation
%
Room air
Oxygen
Peripheral Pulse Rate
bpm
Regular
Irregular
Blood Pressure
/
Temperature
DegC
(Tympanic)
DegC
(Axilla)
DegC
(Oral)
Blood Glucose Level
mmol/L
mmol/L
INR Bedside Testing
(Transcribed)
Weight
kg
If weight >130kg, please contact OpSuite
Height
cm
BMI
Category
Body Mass Index
< 18.5 Underweight
18.5 - 25 Normal
25 - 30 Overweight
Above 30 Obese
Above 35 Severely Obese
Above 40 Morbidly Obese
Above 50 Super Obese
Start
D:\USERS\mcloughlinj...
SNSurgiNet Organizer...
Spink , Tammy Nar...

Keeping in Touch

- While waiting for a date for surgery
- Keep in contact with patients – they inform me of planned time away, change in medications, illness, deterioration and other issues eg. Accommodation
- Update re-specialists eg. Cardiology clearance
- Medications to cease prior to surgery. Scans
- Further questions or concerns


Staff Station
Room 9 Special Care
Beds 21-24
REACH OUT TO US

BED 27
NAME
DOCTOR
DIET
arry 2
3 East
365

Post -operative Care

* Routine lumbar goes to ward area
* Cervical and some thoracic goes to monitor area (HDU or NHINU)

* Follow post-op orders
* General observations
* IV therapy

* Medications – pain, antibiotics, anti-emetics

* Drains – varivac, IDC

Limb Observations

* DVT prophylaxis
* Mobility
* Wound
* imaging

*BRACES

Complications

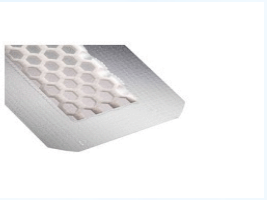
- Dysphagia, hoarse voice
- Motor/Sensory deficits
- Instability – cardiovascular (arrhythmias, hypotension) and spinal construct (new symptoms – weakness, pain, etc.)
- Wound infection, haematoma, swelling
- CSF leak
- Urinary retention
- Pneumonia
- DVT/PE

*Discharge Planning

* PT Clearance
* OT Clearance
* SP Clearance
* SW/discharge planner
* Other referrals
* Appointment VMO etc.
* Medications
* Family aware
* Pt education – wound care, lifting, driving

Lumbar/Thoracic (back) surgery – Wound care

- Leave dressing in place for 5 days after you leave hospital. These are waterproof dressings. Do not leave your dressing on for more than 7 days after your surgery.



- Check wound every day after your shower. If water is entering under your dressing and wetting your wound you must remove your dressing.

- Steri-strips over your wound will gradually fall off. If they haven't fallen off by 14 days after your surgery you can gently remove them, one at a time.

- If you do not have a dressing and you shower, allow the water to gently flow over your wound. Do not rub your wound, gently wash. Use a mild soap eg. Sunlight soap.

- After showering using a clean towel or face washer pat dry your wound. Then dry the rest of your body. Use a clean towel or face washer every time you shower.

- Do not apply any creams, lotions or antiseptics to your wound

- When checking your wound daily, look for signs of infection – redness, wound ooze, increase pain. You may also feel unwell if you have an infection in your wound. You can see your GP to have your wound looked at **but you must also contact the neurosurgical team at Wollongong Hospital on 4222 5000 and ask to speak to the neurosurgical registrar on call. The neurosurgery team and neurosurgeon need to know if you have a wound infection.**

- Wear loose clothing the first 2 weeks after your operation. Avoid clothing that is going to rub on your wound. If you wear trousers/pants, ensure the elastic waistband is below or above the wound to avoid rubbing. This is important if you do not have a dressing over your wound.