

Spine Surgery - Operative Checklist

Room set-up

- Have adequate amount of infusion pumps in room (2 pumps with 8 channels incl. 2 pump-channels)
- Have arterial line equipment prepared and ready
- Have adequate amount of padding and eye protection available
- Check with neuro-monitoring staff
 - Present
 - Any special concerns for this patient
- _____

Preoperative concerns

- Adequate information to patient and parents/guardians
- Check preoperative laboratory values
 - CBC
 - BMP
 - PT/PTT/INR
 - Possibly Fibrinogen and TEG
 - Type and cross
 - UPT if female
 - Check X-ray for severity of spine curve
- Check if arrangement for central line/PICC line is in place
- Does the surgeon want tranexamic acid (TXA)
- If so, current recommendations are 30 mg/kg bolus and 10 mg/kg/hour till skin closed
- Your preference: _____ mg bolus and _____ mg/kg/hour

Patient assessment

- Check for co-morbidities (are often multiple)
 - Restrictive lung disease
 - Pulmonary hypertension
 - Other comorbidities
- Consider ETT size and relate to patient's actual size (child is often smaller than expected for age)
- _____

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Perioperative concerns

- Place 2x large IV's
- Central line placement/PICC line placement
 - Check for correct placement prior to use
- Place arterial line (secure well)
- Place orogastric tube to decompress stomach during procedure (prone position)
- Maintain patient core temperature (long preparation time and high risk of patient hypothermia)
- Positioning
 - Be very vigilant with positioning and pressure point protection (long case)
 - Neck neutral at all times (patient may shift during the surgery)
- Neuro monitoring
 - Can only use ½ MAC of volatile agent and no nitrous oxide
 - Supplement with Propofol/Remifentanyl/Dexmedetomidine/Fentanyl/Ketamine or other agents
 - Ketamine will enhance both sensory and motor amplitude signals
 - Place soft rolls between back molars (protection during motor stimulation)
- Hemodilution with albumin 5% 10-20 mL/kg early in case
- Start fluid calculation sheet early, very important to know the patient's volume status
 - Monitor urine output closely
 - Possibility for significant blood loss, especially during "take-down"
 - Possible cell-saver usage
- Send appropriate laboratory test with regular intervals (approximately every 2 hours)

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Postoperative concerns

- Adequate pain control, especially if using remifentanyl
- Follow up the following day to check if parents/guardians have any concerns