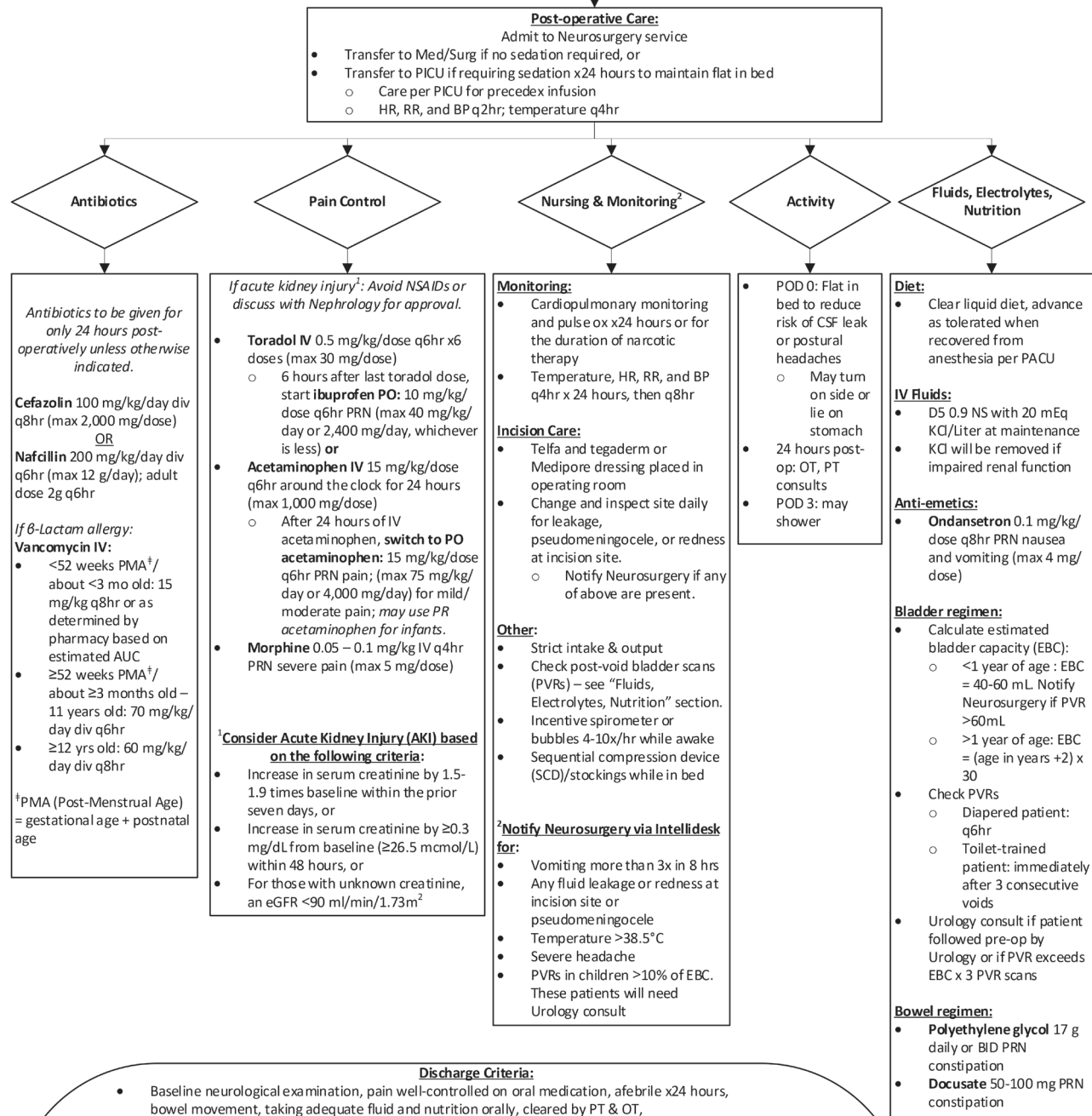


CLINICAL PATHWAY: Post-Operative Tethered Cord

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.

Inclusion Criteria: post-operative care for any patient diagnosed by Neurosurgery to have tethered cord syndrome requiring surgical correction
Exclusion Criteria: none



Discharge Criteria:

- Baseline neurological examination, pain well-controlled on oral medication, afebrile x24 hours, bowel movement, taking adequate fluid and nutrition orally, cleared by PT & OT, at urologic baseline or with appropriate outpatient management plan

Discharge Medications:

- **Ibuprofen PO** 10 mg/kg/dose q6hr PRN (max 40 mg/kg/day or 2,400 mg/day, whichever is less) for mild/moderate pain
- **Acetaminophen PO**: 15 mg/kg/dose q6hr PRN pain (max 75 mg/kg/day or 4,000 mg/day) for mild/moderate pain
- **Polyethylene glycol PO** and/or **Docosate** to prevent constipation

Discharge Instructions:

- Call Neurosurgery for fever >101.5°F, vomiting >3x in 12 hr period, excessive irritability or sleepiness, severe headache, consistent change in gait
- Tegaderm & telfa dressing to be changed daily after bathing and when soiled
- Follow up outpatient 2-3 weeks after discharge
- If sedated suture removal is required, this will be arranged prior to discharge