Orthopædic Institute for Children

IN ALLIANCE WITH UCLA Health

GROW WELL. PLAY WELL.™

Scoliosis Surgical Checklist

Physician:

☐ Anthony Scaduto

☐ Richard Bowen

Date of surgery:

☐ #1 _____

☐ #2 _____

☐ Pre-op appointment _____

Planned operative procedure:

_____

_____

MD ORDER	DONE	DIAGNOSTIC TESTS
		X-RAYS: ☐ Recent AP/lateral scoliosis films ☐ Coned down APEX views ☐ Supine right and left bend films ☐ Hand bone age ☐ Traction
		MRI: ☐ With contrast ☐ Without contrast ☐ Cervical spine (include occipital fossa) ☐ Lumbar spine ☐ Thoracic spine **SPECIAL INSTRUCTIONS:** _____
		CT-SCAN: ☐ With 3D recon ☐ Without 3D recon ☐ Cervical spine (include occipital fossa) ☐ Lumbar spine ☐ Thoracic spine **SPECIAL INSTRUCTIONS:** _____
		LABS: ☐ PT/PTT ☐ CBC ☐ Albumin ☐ PRE-Albumin ☐ Other _____ ☐ Other _____
		PULMONARY FUNCTION TEST
		SPECIAL INSTRUCTIONS: _____

Scoliosis Surgical Checklist

MD ORDER	DONE	CONSULTATION SERVICES
		PEDIATRICIAN: ☐ OH PHYSICIAN ☐ FAMILY PEDIATRICIAN Name: _____ Phone number: _____
		PULMONOLOGIST: Name: _____ Phone number: _____
		CARDIOLOGIST: Name: _____ Phone number: _____
		NEUROSURGERY: Name: _____ Phone number: _____
		OTHER: Specialty: _____ Name: _____ Phone number: _____

MD ORDER	DONE	DISCHARGE PLANNING POST-OPERATIVE EQUIPMENT
		POST-OP BRACE
		OTHER: _____

MD ORDER	DONE	SURGICAL PAPERWORK
		PROVIDE FAMILY WITH SURGICAL PRE-OP FOLDER
		DISCUSS BLOOD DONATION
		RX FOR IRON/VITAMIN C
		Other: _____
		Other: _____
		Other: _____