



Physician Orders PEDIATRIC: LEB Ortho VEPTR Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase

Initiate LEB Ortho VEPTR Post Op Phase, When to Initiate: _____

LEB Ortho VEPTR Post Op Phase

Admission/Transfer/Discharge

- Return Patient to Room
- Transfer Pt within current facility

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, q2h(std)
- Vital Signs
Monitor and Record T,P,R,BP, per unit protocol

Activity

- Bedrest
- Up To Chair
- Activity As Tolerated
Up Ad Lib

Food/Nutrition

- Clear Liquid Diet
Start at: T;N
- Regular Pediatric Diet

Patient Care

- Advance Diet As Tolerated
Advance to regular diet as tolerated
- Neurovascular Checks
q1h for 24h then q 2h
- Intake and Output
Routine, q2h(std)
- Elevate Head Of Bed
30 degrees
- Turn
q2h-Awake
- Turn
q4h, at night time
- Dressing Care
only to be performed by Ortho team
- Dressing Care





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Routine, prn, PRN, Reinforce loose dressing

- Drain Care
q4h(std), Hemovac to gravity, record output q4h
- Foley Care
Foley to gravity drainage
- Sequential Compression Device Apply
Apply To Lower Extremities, apply at all times until ambulating
- O2 Sat Continuous Monitoring NSG
q2h(std)
- Cardiopulmonary Monitor
Stat, Monitor Type: CP Monitor, Special Instructions: q24h,continuous
- Discontinue CP Monitor
When ALL Criteria met: No NG-Tube, No PCA, No Chest Tube, No Sepsis Alert notified, PEWS of 0 and 24 hour post op.
- Incentive Spirometry NSG
q2h-Awake, series of 10 breaths
- Indwelling Urinary Catheter Insert-Follow Removal Protocol

Nursing Communication

- Nursing Communication
Discontinue IV fluid once patient is tolerating clear liquids and has a urine output of at least 1mL/kg/hr

Respiratory Care

- O2-BNC
Special Instructions: Titrate to keep O2 sat => 92%.

Continuous Infusion

- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, STAT, mL/hr

Medications

- +1 Hours** vancomycin
10 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 4 dose), Max dose = 1 gram
- +1 Hours** ceFAZolin
25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose), Max dose = 1 gram
- +1 Hours** famotidine
0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day
- +1 Hours** raNITidine
2 mg/kg, Liq, PO, bid, Routine, Max dose = 300mg/day (DEF)
2 mg/kg, Tab, PO, bid, Routine, Max dose = 300mg/day*
- +1 Hours** diazePAM
0.1 mg/kg, Injection, IV, q6h, PRN Muscle Spasm, Routine, Max dose = 5 mg





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- +1 Hours** docusate
 - 50 mg, Cap, PO, bid, Routine, Hold for loose stools (DEF)*
 - 2.5 mg/kg, Liq, PO, bid, Routine, Hold for loose stools
 - Comments: Please mix with drink/pudding of patient's preference
- +1 Hours** acetaminophen
 - 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
 - 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours** acetaminophen
 - 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
 - Comments: May give PR if unable to take PO
- LEB Morphine PCA(SUB)*
- +1 Hours** ketorolac
 - 0.5 mg/kg, Ped Injectable, IV Push, q8h, Routine, (for 3 dose), Max dose = 30 mg
- ondansetron
 - 0.1 mg/kg, Oral Soln, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg (DEF)*
 - 0.1 mg/kg, Ped Injectable, IV, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
- acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
 - 0.15 mg/kg, Soln, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day), 5 mL = 2.5 mg of HYDROcodone

Laboratory

- CBC
 - Routine, T;N, qam x 3 day, Type: Blood
- CMP
 - Routine, T;N, qam x 3 day, Type: Blood

Diagnostic Tests

- Chest 1 VW
 - T;N, Stat, Portable

Consults/Notifications/Referrals

- Notify Physician-Continuing
 - Notify: Ortho Team, Notify For: if dressing is soiled or saturated
- Notify Physician-Continuing
 - Notify: Ortho Resident, Notify For: of drain output greater than 200mL/hr over 4 hours, Hematocrit less than 25%, increased O2 requirements, pain not relieved by PCA
- Notify Physician-Continuing
 - Notify: Ortho Resident, Notify For: of ANY changes in neuro status
- Notify Physician For Vital Signs Of





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Notify: Ortho Resident, BP Systolic < 90, Celsius Temp > 38.5, Heart Rate < 50, Resp Rate < 10, Oxygen Sat < 92%, Urine Output < 1mL/kg/hr

- Consult MD Group
Routine, Group: ULPS Pulmonology, Reason for Consult: Post Op VEPTR, follow while inpatient
- PT Ped Eval & Tx
Special Instructions: ambulate with assistance
- Occupational Therapy Ped Eval & Tx
Routine

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

- DEF - This order sentence is the default for the selected order
- GOAL - This component is a goal
- IND - This component is an indicator
- INT - This component is an intervention
- IVS - This component is an IV Set
- NOTE - This component is a note
- Rx - This component is a prescription
- SUB - This component is a sub phase, see separate sheet
- R-Required order

