



Physician Orders PEDIATRIC: LEB Cardiovascular Surgery Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: LEB CV Surgery Post Op Phase, When to Initiate: _____

LEB Cardiovascular Surgery PostOp Phase

Admission/Transfer/Discharge

- ☒ Transfer Pt within current facility
Level of Care: Critical Care, To CVICU
- ☒ Change Attending Physician
- ☐ Notify Physician-Once
Notify For: Of room number on arrival to unit.

Vital Signs

- ☒ Vital Signs
Monitor and Record T,P,R,BP, q15min, x 2h or until stable, then q1h

Activity

- ☐ Bedrest

Food/Nutrition

- ☐ NPO

Patient Care

- ☐ Advance Diet As Tolerated
Advance diet as tolerated after extubation
- ☐ Isolation Precautions
- ☐ Intake and Output
Routine, q1h(std)
- ☐ Daily Weights
Routine, qEve
- ☐ NIRS Monitor
Monitor: Cerebral and Somatic
- ☐ Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor
- ☐ DC 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.
- ☐ Elevate Head Of Bed
- ☐ Mouth Care
q4h(std), with Toothette oral swabs, use colostrum, if available.
- ☐ Suction Patient
PRN, oro/nasopharyngeal once extubated.





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- ☐ Replogle (NGT)
 - ☐ NG Tube Type: Replogle, Suction Strength: To Gravity (DEF)*
 - ☐ NG Tube Type: Replogle, Suction Strength: Low Intermittent
- ☐ Chest Tube Care
 - ☐ To Suction At: -20cm (DEF)*
 - ☐ To Suction At: -30cm
- ☐ Chest Tube Care
 - q1h(std), strip chest tube(s) to maintain patency q1h and PRN
- ☐ Drain Care
 - empty blake/JP drains q1h
- ☐ Drain Care
 - PD drain to gravity.
- ☐ Indwelling Urinary Catheter Care
 - indwelling urinary catheter to gravity.
- ☐ Whole Blood Glucose Nsg
 - Routine, q1h(std)
- ☐ Whole Blood Glucose Nsg
 - Routine, prn, PRN
- ☐ Apply Biopatch
 - T;N, if child is greater than 1000grams, apply Biopatch to central line dressing site immediately postoperatively.
- ☐ Dressing Care
 - Routine, Action: Change, QWeek, CVL dressing
- ☐ Dressing Care
 - Routine, Action: Change, PRN, occlusive dry dressings to incision sites and drain sites, if soiled or becomes non-occlusive.
- ☐ Temporary Pacemaker Critical Care
 - Special Instructions: atrial wires in situ
- ☐ Temporary Pacemaker Critical Care
 - Special Instructions: ventricular wires in situ
- ☐ Nursing Communication
 - T;N, Volume: Place order to administer FFP's, _____mL over 1 hour if systolic blood pressure less than_____ and central venous pressure less than_____ and HCT greater than _____.
- ☐ Nursing Communication
 - T;N, Volume: Place order to administer PRBC's _____mL over 1 hour for systolic blood pressure less than_____ and central venous pressure less than_____ and HCT less than _____.
- ☐ Nursing Communication
 - T;N, Place order to administer PRBC's _____mL over 1 hour for if HCT less than _____.





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☐ Initiate Post Op Pulmonary Hypertension Protocol
T;N

☐ Sequential Compression Device Apply
Apply To Lower Extremities

Respiratory Care

☐ LEB Critical Care Respiratory Plan(SUB)*

☐ Oxygen Delivery
Special Instructions: Titrate to keep O2 sat at _____ to _____%

☐ ISTAT POC (RT Collect)
T;N Stat, Test Select ABG | Lactate | Electrolytes, Special Instructions: collect upon arrival to unit

☐ ISTAT POC (RT Collect)
T;N+60 Stat q1h For 2 occurrence, Test Select ABG | Electrolytes | Lactate

☐ ISTAT POC (RT Collect)
T;N+240 Stat q2h For 2 occurrence, Test Select ABG | Electrolytes | Lactate

☐ ISTAT POC (RT Collect)
T;N+600 Stat q4h, Test Select ABG | Lactate | Electrolytes

☐ ACT Point of Care (RT Collect)
Stat

☐ Co-oximetry (RT Collect)
Routine q12h

Continuous Infusion

☐ D5W
☐ 500 mL, IV, Routine, 1 mL/hr, To be administered via CVP Line (DEF)*
Comments: Use inline air filter with all IV infusions, Max rate 40 mL/hr
☐ 500 mL, IV, Routine, 1 mL/hr, To be administered via LAP Line
Comments: Use inline air filter with all IV infusions, Max rate 40 mL/hr
☐ 500 mL, IV, Routine, 1 mL/hr, To be administered via PAP Line
Comments: Use inline air filter with all IV infusions, Max rate 40vmL/hr

☐ D5 1/4 NS
500 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions, Max rate 40 mL/hr

☐ D5 1/2NS
500 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions, Max rate 40 mL/hr

☐ **+1 Hours** D10 1/4 NS (Pediatric) (IVS)*
Dextrose 10% in Water
250 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions, Max rate 40 mL/hr
sodium chloride
9.6 mEq

☐ Heparin 2 Units/ml in 500 ml NS (Pediatric)





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500 mL, Intra-ARTERIAL, Routine, 2 mL/hr, for patients greater than or equal to 10 kg
 Comments: Use inline air filter with all IV infusions

- ☐ Sodium Chloride 0.9% Bolus
 mL, Injection, IV, once, STAT, (infuse over 15 min), (Bolus)
 Comments: Use inline air filter with all IV infusions
- ☐ albumin, human 5% Bolus
 mL, Injection, IV, once, STAT, (infuse over 30 min), (Bolus)
 Comments: Use inline air filter with all IV infusions

Vasoactive Medications

- ☐ **+1 Hours** Vasopressin Drip (Pediatric) (SHOCK) (IVS)*
 Sodium Chloride 0.9%
 97.5 mL, IV, Routine, milli-units/kg/min, Reference Range: 0.2 to 0.5 milli-units/kg/min
 Comments: Use inline air filter with all IV infusions
 vasopressin (additive)
 50 units
- ☐ **+1 Hours** Phenylephrine Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 99 mL, IV, Routine, Reference Range: 0.1 to 0.5 mcg/kg/min
 Comments: Use inline air filter with all IV infusions
 phenylephrine (additive) pediatric
 10 mg, mcg/kg/min
- ☐ **+1 Hours** EPINEPHrine Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 49.5 mL, IV, Routine, Reference Range: 0.01 to 0.2 mcg/kg/min
 Comments: Use inline air filter with all IV infusions
 EPINEPHrine (additive)
 0.5 mg, mcg/kg/min
- ☐ **+1 Hours** NORepinephrine Drip (Pediatric) (IVS)*
 Dextrose 5% in Water
 96 mL, IV, Routine, Reference Range: 0.01 to 0.2 mcg/kg/min
 Comments: Use inline air filter with all IV infusions
 norepinephrine
 4 mg, mcg/kg/min
- ☐ **+1 Hours** DOPamine Drip (Pediatric) (IVS)*
 Diluent volume
 250 mL, IV, Routine, Reference Range: 2 to 20 mcg/kg/min
 Comments: Use inline air filter with all IV infusions
 DOPamine
 400 mg, mcg/kg/min
- ☐ **+1 Hours** Milrinone Drip (Pediatric) (IVS)*
 Diluent volume





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100 mL, IV, Routine, Reference Range: 0.25 to 1 mcg/kg/min

Comments: Dose must be adjusted for renal dysfunction. Use inline air filter with all IV infusions

milrinone (additive)

20 mg, mcg/kg/min

- ☐ **+1 Hours** Nitroglycerin Drip (Pediatric) (IVS)*

Diluent volume

250 mL, IV, Routine, Reference Range: 1 to 4 mcg/kg/min

Comments: Use inline air filter with all IV infusions

nitroglycerin (additive) pediatric

100 mg, mcg/kg/min

- ☐ **+1 Hours** NitroPRUSSIDE Drip (Pediatric) (IVS)*

Dextrose 5% in Water

98 mL, IV, Routine, Reference Range: 0.25 to 4 mcg/kg/min

Comments: Use inline air filter with all IV infusions

nitroprusside

50 mg, 1 mcg/kg/min

- ☐ NitroPRUSSIDE Drip (Pediatric) (IVS)*

Dextrose 5% in Water

50 mL, IV, Routine, Reference Range: 0.25 to 4 mcg/kg/min

Comments: Use inline air filter with all IV infusions

nitroprusside

50 mg, 1 mcg/kg/min

- ☐ NiCARDipine Drip (Pediatric) (IVS)*

Diluent volume

200 mL, IV, Routine, 12 mL/hr

niCARDipine (additive)

40 mg, 1 mcg/kg/min

Electrolytes

- ☐ **+1 Hours** Calcium Chloride Drip (Pediatric) (IVS)*

Dextrose 5% in Water

30 mL, IV, Routine, Reference Range: 2 to 10 mg/kg/hr

Comments: Wean drip by 2 mg/kg/hr for ionized Calcium greater than or equal to 1.4,

Use inline air filter with all IV infusions

calcium chloride (additive)

2,000 mg, mg/kg/hr

Diuretics

- ☐ **+1 Hours** Furosemide Drip (Pediatric) (IVS)*

Dextrose 5% in Water

30 mL, IV, Routine, Reference Range: 2.5 to 10 mg/kg/day

Comments: Use inline air filter with all IV infusions





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furosemide (additive) pediatric
100 mg, mg/kg/day

- ☐ **+1 Hours** Bumetanide Drip (Pediatric) (IVS)*
Dextrose 5% in Water
30 mL, IV, Routine, Reference Range: 2.5 to 10 mcg/kg/hr
Comments: Use inline air filter with all IV infusions
bumetanide (additive)
2.5 mg, mcg/kg/hr

Anticoagulants

- ☐ **+1 Hours** Heparin Drip (Pediatric) (IVS)*
Diluent volume
heparin (additive)
25,000 units

Sedation

- ☐ **+1 Hours** FentaNYL Drip (Pediatric) (IVS)*
Dextrose 5% in Water
15 mL, IV, Routine
Comments: Use inline air filter with all IV infusions
fentanyl (additive)
500 mcg, mcg/kg/hr
- ☐ **+1 Hours** MorPHINE Drip (Pediatric) (IVS)*
Dextrose 5% in Water
49.5 mL, IV, Routine
Comments: Use inline air filter with all IV infusions
morPHINE (additive)
5 mg, mcg/kg/hr
- ☐ **+1 Hours** Midazolam Drip (Pediatric) (IVS)*
Dextrose 5% in Water
15 mL, IV, Routine
Comments: Use inline air filter with all IV infusions
midazolam (additive)
50 mg, mg/kg/hr

Paralytics

- ☐ **+1 Hours** Vecuronium Drip (Pediatric) (IVS)*
Diluent volume
30 mL, IV, Routine
Comments: Use inline air filter with all IV infusions
vecuronium (additive)
30 mg, mg/kg/hr
- ☐ **+1 Hours** Cisatracurium Drip (Pediatric) (IVS)*
Diluent volume





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20 mL, IV, Routine

Comments: Use inline air filter with all IV infusions

cisatracurium (additive)

40 mg, mcg/kg/min

Bronchodilators

☐ **+1 Hours** Theophylline Drip (Pediatric) (IVS)*

Diluent volume

500 mL, IV, Routine

Comments: Use inline air filter with all IV infusions

theophylline (additive)

800 mg, mg/kg/hr

Medications

☐ **+1 Hours** ceFAZolin

25 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 8 dose), For Pump Cases, Max dose = 1 gram

☐ **+1 Hours** ceFAZolin

25 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 4 dose), For Non-Pump Cases, Max dose = 1 gram

Vancomycin may be given if patient has allergy to cephalosporins(NOTE)*

☐ **+1 Hours** vancomycin

10 mg/kg, Ped Injectable, IV, q8h, Routine, (for 6 dose), Max dose = 1 gram

☐ **+1 Hours** ondansetron

0.1 mg/kg, Ped Injectable, IV Piggyback, q6h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

☐ **+1 Hours** pantoprazole

1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (infuse over 15 min), Max dose = 40 mg

☐ **+1 Hours** famotidine

0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day

☐ **+1 Hours** Benadryl

1 mg/kg, Ped Injectable, IV, q6h, PRN Nausea, Routine, Max dose = 50 mg

☐ **+1 Hours** hydrALAZINE

0.2 mg/kg, Ped Injectable, IV, q4h, PRN Hypertension, (Maximum dose = 20 mg)

Analgesics

☐ **+1 Hours** morphine

0.1 mg/kg, Ped Injectable, IV Push, q1h, PRN Pain, Routine, (for 3 day), Max dose = 5 mg

☐ **+1 Hours** ketorolac

0.5 mg/kg, Ped Injectable, IV Push, q6h, PRN Pain, Routine, (for 4 dose), Max dose = 30mg

Sedatives

☐ **+1 Hours** chlorproMAZINE

☐ 0.5 mg, Injection, IV, q1h, PRN Agitation, Routine (DEF)*





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- ☐ 1 mg, Injection, IV, q1h, PRN Agitation, Routine
- ☐ 2 mg, Injection, IV, q1h, PRN Agitation, Routine
- ☐ 3 mg, Injection, IV, q1h, PRN Agitation, Routine
- ☐ 4 mg, Injection, IV, q1h, PRN Agitation, Routine
- ☐ 5 mg, Injection, IV, q1h, PRN Agitation, Routine

Anti-pyretics

- ☐ **+1 Hours** acetaminophen
10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine
Comments: For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4g/day
- ☐ **+1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine
Comments: For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4g/day

Bowel Care

- ☐ **+1 Hours** glycerin suppository (pediatric)
1 supp, Supp, PR, q24h, PRN Other, specify in Comment, Routine, For no stool for 24 hours
- ☐ **+1 Hours** polyethylene glycol 3350
 - ☐ 8.5 g, Powder, PO, QDay, PRN Constipation, Routine (DEF)*
 - ☐ 17 g, Powder, PO, QDay, PRN Constipation, Routine
- ☐ **+1 Hours** docusate
 - ☐ 2.5 mg/kg, Oral Susp, PO, bid, Routine, (1 mL = 10 mg) (DEF)*
 - ☐ 50 mg, Cap, PO, bid, Routine
 - ☐ 100 mg, Cap, PO, bid, Routine

Electrolytes

- ☐ **+1 Hours** potassium chloride
 - ☐ 0.5 mEq/Kg, Injection, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3.5, Max dose = 40 mEq (DEF)*
 - ☐ 1 mEq/Kg, Injection, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3, Max dose = 40 mEq
- ☐ **+1 Hours** calcium chloride
10 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, (infuse over 2 hr),
Max dose = 1 gram
Comments: Ionized Calcium less than 1.3
- ☐ **+1 Hours** magnesium sulfate
15 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, (infuse over 4 hr),
Max dose = 2 grams
Comments: Magnesium less than 2

Diuretics





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- ☐ **+1 Hours** furosemide
 - ☐ 1 mg/kg, Ped Injectable, IV Push, q6h, Routine, Max dose = 40 mg (DEF)*
 - ☐ 1 mg/kg, Ped Injectable, IV Push, q8h, Routine, Max dose = 40 mg
 - ☐ 1 mg/kg, Ped Injectable, IV Push, q12h, Routine, Max dose = 40 mg
 - ☐ 1 mg/kg, Ped Injectable, IV Push, N/A, Routine, Max dose = 40 mg, dose time to be determined by MD
- ☐ **+1 Hours** Diuril pediatric
 - 3 mg/kg, Ped Injectable, IV, q12h, Routine, Check with MD prior to administration of first dose
- ☐ bumetanide
 - 0.025 mg/kg, Ped Injectable, IV, q24h, Check with MD prior to administration of first dose

Respiratory Medications

- ☐ **+1 Hours** albuterol (MDI)
 - 2 puff, MDI, INH, q4h, Routine, (for 6 dose), (1 puff = 90 mcg)

Laboratory

- ☐ CBC
 - STAT, T;N, once, Type: Blood, Nurse Collect
 - Comments: Collect upon arrival to unit.
- ☐ CMP
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ BMP
 - STAT, T;N, once, Type: Blood, Nurse Collect
 - Comments: Collect upon arrival to unit.
- ☐ PT/INR
 - STAT, T;N, once, Type: Blood, Nurse Collect
 - Comments: Collect upon arrival to unit.
- ☐ PTT
 - STAT, T;N, once, Type: Blood, Nurse Collect
 - Comments: Collect upon arrival to unit.
- ☐ Fibrinogen Level
 - STAT, T;N, once, Type: Blood, Nurse Collect
 - Comments: Collect upon arrival to unit.
- ☐ Magnesium Level
 - STAT, T;N, once, Type: Blood, Nurse Collect
 - Comments: Collect upon arrival to unit.
- ☐ CBC
 - Routine, T+1;0400, once, Type: Blood
- ☐ CMP
 - Routine, T+1;0400, once, Type: Blood





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- ☐ BMP
Routine, T+1;0400, once, Type: Blood
- ☐ PT/INR
Routine, T+1;0400, once, Type: Blood
- ☐ PTT
Routine, T+1;0400, once, Type: Blood
- ☐ Fibrinogen Level
Routine, T+1;0400, once, Type: Blood
- ☐ Magnesium Level
Routine, T+1;0400, once, Type: Blood
- ☐ CBC
Routine, T+2;0400, qam x 3 day, Type: Blood
- ☐ BMP
Routine, T+2;0400, qam x 3 day, Type: Blood
- ☐ Magnesium Level
Routine, T+2;0400, qam x 3 day, Type: Blood
- ☐ Methemoglobin
Time Study, T;N, q12h, Type: Blood
Comments: if patient on inhaled nitric oxide
- ☐ LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- ☐ LEB Transfusion 4 Months of Age or Greater Plan(SUB)*

Diagnostic Tests

- ☐ Electrocardiogram
Start at: T;N, Priority: Stat, Reason: Other, specify, Transport: Portable, Perform upon arrival to unit.
Comments: Reason: Post-Op cardiovascular surgery.
- ☐ Chest 1 VW
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
Comments: Reason: Post-Op cardiovascular surgery.
- ☐ Chest 1 VW
T+1;0600, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: post-op cardiovascular surgery
- ☐ Chest 1 VW
T+2;0600, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: post-op cardiovascular surgery

Consults/Notifications/Referrals

- ☐ Notify Physician For Vital Signs Of
- ☐ Notify Physician-Continuing
Notify For: Notify if chest tube output is 10mL/kg/hr or greater, leakage, dislodgement, or for other significant changes in chest tube output.





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- ☐ Notify Physician-Continuing
Notify For: Notify if urinary output is < 1mL/kg/hr.
- ☐ Notify Physician-Continuing
Notify For: Notify if patient experiences nausea/vomiting.
- ☐ Consult MD Group
- ☐ Consult MD
- ☐ Nutritional Support Team Consult
Routine, Reason: Parenteral Nutrition Support
- ☐ Dietitian Consult/Nutrition Therapy
- ☐ Lactation Consult
- ☐ Medical Social Work Consult
Reason: Assistance at Discharge
- ☐ Audiology Consult
Routine, Special Instructions: Screening
- ☐ Consult Pastoral Care
Reason for Consult: Family Support
- ☐ Consult Clinical Pharmacist
Reason: Anticoagulant therapy
- ☐ Physical Therapy Ped Eval & Tx
- ☐ Speech Therapy Ped Eval & Tx
Reason for Exam: _____
- ☐ Occupational Therapy Ped Eval & Tx

Date

Time

Physician's Signature

MD Number

***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

