

Physician Orders

LEB NEURO SURG Vagus Nerve Stimulator Post Op Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Admission/Transfer/Discharge		
<input type="checkbox"/>	Transfer Patient	T;N
<input type="checkbox"/>	Return Patient to Room	T;N
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs w/Neuro Checks	T;N, Routine Monitor and Record T,P,R,BP, post op then q2h
<input type="checkbox"/>	Vital Signs w/Neuro Checks	T;N, Routine Monitor and Record T,P,R,BP, post op then q4h
Activity		
<input type="checkbox"/>	Bedrest	T;N, Routine
<input type="checkbox"/>	Out Of Bed	T;N, tid
<input type="checkbox"/>	Out Of Bed (Up)	T;N, w/assist
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N
<input type="checkbox"/>	LEB Formula Orders Plan	see separate sheet
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Start clear liquids and advance to regular diet as tolerated.
<input type="checkbox"/>	Nothing Per Rectum	T;N
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: _____
<input type="checkbox"/>	Seizure Precautions	T;N
<input type="checkbox"/>	Elevate Head Of Bed	T;N, 30 degrees
<input type="checkbox"/>	Strict I/O	T;N, q2h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
Respiratory Care		
<input type="checkbox"/>	Oxygen Delivery	T; N, _____ L/min, Titrate to keep O2 sat \geq 92%, Wean to room air
Continuous Infusions		
<input type="checkbox"/>	D5 1/2NS	1000mL,IV,Routine,T:N, at _____ mL/hr
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,Routine,T:N, at _____ mL/hr
Medications		
<input type="checkbox"/>	Heparin 10 unit/mL flush	5mL (10 units/mL), Ped Injectable, IVPush, prn, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
<input type="checkbox"/>	acetaminophen-codeine liquid	_____mg(1mg/kg),Liq,PO,q6h,PRN=, pain,routine,T;N, (5mL=12mg codeine), Max dose = 24mg
<input type="checkbox"/>	acetaminophen-codeine #3	1 tab,Tab,PO,q6h,PRN, pain,routine,T;N (1 tab = 30mg codeine)
<input type="checkbox"/>	acetaminophen-HYDROcodone oral elixir	_____mg(0.2mg/kg),Elixir,PO,q6h,PRN, Pain,routine,T;N, (5mL = 2.5mg HYDROcodone), Max dose = 10mg
<input type="checkbox"/>	acetaminophen-HYDROcodone 325mg-5mg oral tablet	1 tab,Tab,PO,q4h,PRN, Pain,T;N (1 tab = 5mg of HYDROcodone), Max dose = 10mg



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Medications continued		
[]	acetaminophen	_____mg(10mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	80 mg, chew tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	325mg, tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[]	ibuprofen	_____mg(10mg/kg),Oral Susp,PO,q6h,PRN, pain/discomfort,routine,T;N, Max dose = 600 mg
[]	ibuprofen	_____mg(200 mg),Tab,PO,q6h,PRN, pain/discomfort,routine,T;N
[]	morPHINE	_____mg(0.1mg/kg),injection,IV,q3h,PRN, severe pain,routine,T;N, Max dose = 6mg
[]	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN, nausea/vomiting,routine,T;N, Max dose = 4mg
[]	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN, nausea/vomiting, routine,T;N
[]	ondansetron	_____mg(0.1 mg/kg),injection,IVPush,q8h,PRN, nausea/vomiting, routine,T;N, Max dose = 4mg
[]	ranitidine	_____mg(2mg/kg),Syrup,PO,bid, routine,T;N, Max dose = 300mg/day
[]	ranitidine	_____mg(1mg/kg),injection,IV,q8h,routineT;N, Max dose = 150 mg/day
[]	LEB Antiepileptic Medication Orders see separate sheet Plan	
Consults/Notifications		
[]	Notify Resident-Continuing	T;N, Notify neurosurgery resident of temperature greater than 38.5 degrees or incisional site swelling or drainage.
[]	Nutritional Support Team Consult	Start at: T;N, Reason: Parenteral Nutrition Support

Date

Time

Physician's Signature

MD Number