



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 \geq 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

