

Physician Orders PEDIATRIC: LEB UROL Pyeloplasty Post Op Plan

	Orders Phase ets/Protocols/PowerPlans
	Initiate Powerplan Phase Phase: LEB UROL Pyeloplasty Postop Plan, When to Initiate:
	ROL Pyeloplasty Post Op Phase
_	sion/Transfer/Discharge
	Return Patient to Room T;N
	Transfer Pt within current facility
Vital Si	igns
	Vital Signs
	Monitor and Record T,P,R,BP, routine post op, then q4h
Activity	y
$\overline{\mathbf{C}}$	Ambulate
	tid, Ambulate in halls on postoperative day #1.
Food/N	lutrition
	NPO
	Breastfeed
	LEB Formula Orders Plan(SUB)*
	Regular Pediatric Diet
	-
	Clear Liquid Diet Start at: T;N
Patient	
	Advance Diet As Tolerated
_	Start clear liquids and advance to regular diet as tolerated.
	Intake and Output
_	g2h(std)
	Foley Care
_	to gravity
	Dressing Care
	Drain Care
	Cardiopulmonary Monitor
	Routine, Monitor Type: CP Monitor
	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
Continu	q1h-Awake uous Infusion
ш	D5 1/2NS
	1,000 mL, IV, Routine, mL/hr
	D5 1/4 NS
Medica	1,000 mL, IV, Routine, mL/hr
ш	+1 Hours diphenhydrAMINE 1 mg/kg Flivir PO g/h PPN Itching Poutine may dose = 50mg (5ml - 12 5mg)
	1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, max dose = 50mg, (5mL - 12.5mg)
	+1 Hours diphenhydrAMINE 1 mg/kg, Ped Injectable, IV, q4h, PRN Itching, Routine, max dose = 50 mg
	+1 Hours B & O Supprettes 15-A
	☐ 0.25 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine (DEF)*



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	☐ 0.33 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
	☐ 0.5 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
	☐ 1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
	+1 Hours hyoscyamine elixir
	\square 31.25 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (1.25 mL = 31.25 mcg) (DEF)*
	☐ 62.5 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (2.5 mL = 62.5 mcg)
	+1 Hours hyoscyamine
	0.125 mg, Tab, PO, q4h, PRN Bladder Spasm, Routine, hr)
	+1 Hours oxybutynin
	□ 0.2 mg/kg, Susp, PO, tid, Bladder Spasm, Routine, 1 to 5 years (DEF)*
	□ 0.2 mg/kg, Tab, PO, tid, Bladder Spasm, Routine, 1 to 5 years
	+1 Hours oxybutynin extended release
	5 mg, ER Tablet, PO, QDay, Routine, greater than or equal to 6 years
	fectives
	+1 Hours nitrofurantoin
	☐ 2 mg/kg, Oral Soln, PO, QDay, Routine, (for 14 day), Max dose = 100mg/day, UTI Prophylaxis
	(DEF)*
	☐ 50 mg, Cap, PO, QDay, Routine, (for 14 day), UTI Prophylaxis
	☐ 100 mg, Cap, PO, QDay, Routine, (for 14 day), UTI Prophylaxis
	+1 Hours sulfamethoxazole-trimethoprim susp 2 mg/kg, Susp, PO, q24h, Routine, (for 14 day), UTI Prophylaxis, dosed as mg of TMP
Analge	
	+1 Hours acetaminophen
	\square 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to
	4g/day (DEF)*
	\square 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/da
	\square 325 mg, 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 suppository if unable to take oral medication.
	+1 Hours acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
	0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max
	dose = 10mg
ш	+1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet 1 tab, Tab, PO, prn, PRN Pain, Routine, (for 5 day), (1 tab = 5 mg HYDROcodone), Max dose = 10
	mg
	morphine
	0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Breakthrough, Routine, (for 3 day), Max initial dose =
Antiem	2mg
	+1 Hours ondansetron
_	0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Dose = 4 mg (DEF)*
	☐ 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
	+1 Hours ondansetron
	0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
Labora	
	CBC
	T:N. Routine, once, Type: Blood



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	Date Time Physician's Signature MD Number
	Topic: Clean Intermittent Catheterization
	Urodynamics Teaching Consult LEB
	Consult MD
	Consult MD Group
	Notify Physician For Vital Signs Of
_	Notify: Urology on call for questions
	Notify Physician-Continuing
Consu	lts/Notifications/Referrals
_	T;N, Routine, Wheelchair
	US Retroperitoneal B Scan/Real Time Comp
Diagno	Routine, T;N, Specimen Source: Urine patic Tests
	Urine Culture
_	Routine, T;N, once, Type: Urine
	Urinalysis w/Reflex Microscopic Exam
	T;N, Routine, once, Type: Blood
\sqcup	BMP

*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