



Physician Orders PEDIATRIC: PED Ortho General Post Op Plan

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- ☒ Initiate Powerplan Phase

*Phase: PED Ortho General Post Op Phase, When to Initiate: \_\_\_\_\_*

**PED Ortho General Post Op Phase**

**Admission/Transfer/Discharge**

- ☐ Return Patient to Room  
*T;N*
- ☐ Transfer Pt within current facility

**Vital Signs**

- ☒ Vital Signs  
*Monitor and Record T,P,R,BP, per unit routine*

**Activity**

- ☐ Bedrest
- ☐ Up To Chair  
*bid*
- ☐ Activity As Tolerated  
*Up Ad Lib*

**Food/Nutrition**

- ☐ NPO
- ☐ Breastfeed
- ☐ Formula Per Home Routine  
*T;N*
- ☐ Regular Pediatric Diet

**Patient Care**

- ☐ Advance Diet As Tolerated  
*Advance to regular diet as tolerated*
- ☒ Neurovascular Checks  
*Routine, q2h(std)*
- ☒ Intake and Output  
*Routine, q2h(std)*
- ☐ Elevate  
*Area: Affected Extremity, at heart level (DEF)\**  
*Area: Affected Extremity, Above heart.*
- ☐ Dressing Care  
*Routine, Action: Reinforce Only, PRN, loose dressing*
- ☐ Supply to Bedside  
*Keep dressing supplies at bedside PRN*
- ☐ Foley Care  
*Foley to gravity drainage*





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- ☐ Drain Care  
*q-shift, Jackson Pratt to bulb suction, record output q-shift*
- ☐ Drain Care  
*q-shift, Hemovac to gravity, record output q-shift.*
- ☐ Pin Site Care  
*bid*
- ☐ Teach  
*Instruct: parents /patient, Topic: pin site care*
- ☐ Teach  
*Instruct: parents/patient, Topic: Cast Care*
- ☐ O2 Sat Spot Check-NSG  
*with vital signs*
- ☐ O2 Sat Monitoring NSG  
*q2h(std)*
- ☐ Cardiopulmonary Monitor  
*Stat, 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.*
- ☐ Nursing Communication  
*GeoMatt mattress*

**Respiratory Care**

- ☐ Oxygen Delivery (Ped)  
*Special Instructions: Titrate to keep O2 sat  $\geq$  92%, wean to room air*

**Continuous Infusion**

- ☐ D5 1/2 NS KCl 20 mEq/L  
*1,000 mL, IV, STAT, mL/hr*
- ☐ Sodium Chloride 0.9%  
*1,000 mL, IV, STAT, mL/hr*

**Medications**

- ☐ **+1 Hours** ceFAZolin  
*25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose ), Max dose = 1 gram*
- ☐ **+1 Hours** ibuprofen  
*10 mg/kg, Oral Soln, PO, q6h, PRN Pain or Fever, Routine, Max dose = 600 mg*
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution  
*0.2 mg/kg, Elixir, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day ), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg*
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
*1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day ), (1 tab = 5 mg HYDROcodone)*
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet





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1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 3 day ), ( 1 tab = 5 mg OXYcodone)

- ☐ **+1 Hours** morphine  
0.1 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Breakthrough, Routine, (for 3 day ), Max initial dose = 2 mg
- ☐ **+1 Hours** diphenhydrAMINE
  - ☐ 1 mg/kg, Cap, PO, q6h, PRN Itching, Routine, max 50mg (DEF)\*  
Comments: Itching/Insomnia
  - ☐ 1 mg/kg, Elixir, PO, q6h, PRN Itching, Routine, max 50mg  
Comments: Itching/Insomnia
  - ☐ 25 mg/kg, Cap, PO, q6h, PRN Itching, Routine, max 50mg  
Comments: Itching/Insomnia
  - ☐ 50 mg/kg, Cap, PO, q6h, PRN Itching, Routine, max 50mg  
Comments: Itching/Insomnia
- ☐ **+1 Hours** ondansetron  
0.1 mg/kg, Oral Susp, PO, q6h, PRN Nausea, Routine, Max dose = 4 mg (DEF)\*  
4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea, Routine
- ☐ **+1 Hours** ondansetron  
0.1 mg/kg, Ped Injectable, IV Push, q6h, PRN Nausea, Routine, Max dose = 8 mg
- ☒ **+1 Hours** docusate
  - ☐ 2.5 mg/kg, Oral Susp, PO, bid, Routine (DEF)\*  
Comments: Hold for loose stools.
  - ☐ 50 mg, Cap, PO, bid, Routine
- ☐ **+1 Hours** diazePAM
  - ☐ 0.1 mg/kg, Oral Soln, PO, q8h, PRN Muscle Spasm, Routine, Max dose 5mg (DEF)\*
  - ☐ 0.1 mg/kg, Tab, PO, q8h, PRN Muscle Spasm, Routine, Max dose 5mg
  - ☐ 0.1 mg/kg, Injection, IV, q6h, PRN Muscle Spasm, Routine  
Comments: May take IV if unable to take PO

**Laboratory**

- ☐ CBC  
Routine, T+1;0400, once, Type: Blood
- ☐ CRP  
Routine, T+1;0400, once, Type: Blood
- ☐ CRP High Sensitivity  
Routine, T+1;0400, once, Type: Blood
- ☐ ESR  
Routine, T+1;0400, once, Type: Blood
- ☐ ESR, (Erythrocyte Sedimentation Rate)  
Routine, T+1;0400, once, Type: Blood

**Consults/Notifications/Referrals**





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- ☐ Notify Physician-Continuing  
*Notify: Orthopedic MD, Notify For: of drain output greater than 200 ml/hr over 4 hours, hematocrit less than 25%, increased O2 requirements*
- ☒ Notify Physician-Continuing  
*Notify: Orthopedic MD, Notify For: of ANY changes in neurovascular status*
- ☐ Notify Physician-Continuing  
*Notify: Orthopedic MD, Notify For: if dressing is soiled or saturated.*
- ☐ PT Ped Ortho Eval & Tx  
*Routine*
- ☐ PT Resume Order  
*Routine*
- ☐ Consult Case Management  
*Routine, Standard wheelchair with elevated leg rest (DEF)\*  
Routine, Reclining wheelchair with elevated leg rest*
- ☐ Consult Case Management  
*Routine, Contact Orthotist for \_\_\_\_\_*

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

