



Physician Orders PEDIATRIC: PED ENT Surgery Post Op and Discharge Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
Phase: PED ENT Surgery Post Op Phase, When to Initiate: _____

- ☐ Initiate Powerplan Phase
Phase: PED ENT Discharge Orders Phase, When to Initiate: _____

R Powerplan Open

PED ENT Surgery Post Op Phase

Admission/Transfer/Discharge

- ☐ Return Patient to Room
T;N
Comments: References and PACU discharge criteria are located on MOLLI.
- ☐ Transfer Pt within current facility
T;N
Comments: References and PACU discharge criteria are located on MOLLI.

Condition

- ☒ Condition

Vital Signs

- ☒ Vital Signs
Monitor and Record T,P,R,BP, post op

Activity

- ☒ Out Of Bed
Up Ad Lib

Food/Nutrition

- ☐ NPO
- ☒ Clear Liquid Diet
Start at: T;N

Patient Care

- ☒ Advance Diet As Tolerated
start clear liquids and advance to soft diet as tolerated.
- ☒ Daily Weights
Routine, qEve
- ☒ Intake and Output
q2h(std)
- ☐ IV Discontinue When Tolerating PO
- ☐ IV Discontinue When Bag Complete
- ☐ IV Discontinue
Routine, prior to discharge
- ☒ Elevate Head Of Bed
30 degrees
- ☐ Cold Apply
Neck, ICE Collar, Routine
- ☒ Dressing Care
- ☐ *Routine, Action: Change, PRN, drip pad (DEF)**
- ☐ *Routine, Action: Reinforce Only, PRN*
- ☐ Trach Care
Routine, q-shift
- ☐ Suction Set Up
Routine, Yankeur suction at bedside for patient use.
- ☐ Suction Patient





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- ☐ q2h(std), PRN, Suction: Nasal (DEF)*
- ☐ q2h(std), PRN, Suction: Oral
- ☐ q2h(std), PRN, Suction: Trach
- ☐ Indwelling Urinary Catheter Care
indwelling urinary catheter to gravity
- ☐ Indwelling Urinary Catheter Remove
Remove in AM
- ☒ O2 Sat Monitoring NSG
- ☒ O2 Sat Spot Check-NSG
T;N, with vital signs
- ☒ 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.

Nursing Communication

- ☒ Nursing Communication
encourage PO fluids

Respiratory Care

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

Continuous Infusion

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

Medications

- ☐ **+1 Hours** heparin flush
1 mL, Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, Peripheral or central per nursing policy
- ☐ **+1 Hours** acetaminophen
 - ☐ 325 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
 - ☐ 80 mg, Chew tab, PO, q4h, Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day [Less Than 18 year]
 - ☐ 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild (1-3), Max Dose = 75 mg/kg/day up to 4g/day
- ☐ **+1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain, Mild (1-3), Routine, May give PR if unable to take PO. Max Dose = 75 mg/kg/day up to 4g/day [Less Than 18 year]
- ☐ **+1 Days** ibuprofen
 - ☐ 10 mg/kg, Oral Soln, PO, q6h, PRN Pain, Mild or Fever, Routine, unrelieved by acetaminophen, Max dose = 600 mg [Less Than 18 year] (DEF)*
 - ☐ 200 mg, Tab, PO, q6h, Pain, Mild or Fever, Routine, unrelieved by acetaminophen
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Moderate (4-7), Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max dose = 7.5mg
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day), (1 tab = 5 mg





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HYDROcodone), Max dose = 7.5 mg

- ☐ **+1 Hours** ondansetron
0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8mg
- ☐ **+1 Hours** ondansetron
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 = 4 mg

Laboratory

- ☐ CBC
Routine, T;N, once, Type: Blood
- ☐ BMP
Routine, T;N, once, Type: Blood

Diagnostic Tests

- ☐ Chest PA & Lateral
T;N, Routine, Wheelchair

Consults/Notifications/Referrals

- ☐ Notify Physician-Once
Notify For: of room number on arrival to unit
- ☐ Notify Physician-Continuing
Notify For: of O2 sat less than 90%, temperature 38.0 degrees or greater, nausea/vomiting, stridor, or signs/symptoms of surgical site infection
- ☐ Notify Physician-Continuing
- ☐ Notify Physician-Once
- ☐ Dietitian Consult/Nutrition Therapy
- ☐ Medical Social Work Consult

PED ENT Discharge Orders Phase

Admission/Transfer/Discharge

Use for 23 hour observation and inpatient discharges only(NOTE)*

- ☐ Nursing Communication
*Place order for Discharge in am if patient is stable. Pt is stable when pain is controlled, has no bleeding, and able to tolerate PO liquids. (DEF)**
Place order for Discharge in am after _____.
Call _____ in am for Discharge order.
Call _____ for Discharge order at _____ time.

Use for SDS discharges only(NOTE)*

- ☐ Discharge When Meets Same Day Criteria

Condition

- ☐ Condition
Stable

Patient Care

- ☐ DC All Lines
- ☒ Instruct/Educate
Instruct: Patient
- ☒ Discharge Instructions
Activity: Up ad lib
- ☐ Discharge Instructions
Activity: Resume normal activity after 24 hours
- ☐ Discharge Instructions
Activity: no strenuous activity for 2 weeks
- ☒ Discharge Instructions





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Diet: Diet as tolerated

- ☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic in ____ weeks.
- ☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic as needed for any problems
- ☐ Discharge Instructions
Follow-up Appointments: Follow-up with Primary Care MD in ____ weeks.
- ☐ Discharge Instructions
Follow-up Appointments: Follow-up with Dr. _____ in ____ weeks.
- ☒ Discharge Instructions
Wound/Incision Care: Dressing Changes
- ☒ Discharge Instructions
Other Instructions: Notify MD for worsening condition including swelling, bleeding, drainage.

PE Tubes and/or Adenoidectomy

- ☐ Discharge Instructions
Other Instructions: Keep ears dry
- ☐ Discharge Instructions
Other Instructions: Use ear plugs or cotton ball with petroleum jelly when bathing, washing hair, or swimming
- ☐ Discharge Instructions
Other Instructions: Use ear drops as directed
- ☐ Discharge Instructions
Other Instructions: May have bloody drainage for 2-3 days and will gradually decrease
- ☐ Discharge Instructions
Other Instructions: May return to school tomorrow
- ☐ Discharge Instructions
Other Instructions: Call for puslike drainage, temperature greater than 102 degrees or concerns.
- ☐ Discharge Instructions
Other Instructions: Adenoidectomy: Will have bloody drainage from nose that will eventually decrease. DO NOT blow nose for 48 hours.
- ☐ Discharge Instructions
Other Instructions: Adenoidectomy: May return to school in 2-3 days.
- ☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic in 6 weeks
- ☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic as needed for any problems

T&A

- ☐ Discharge Instructions
Diet: Cool clear liquids today, soft diet for 2 days then advance
- ☐ Discharge Instructions
Diet: Avoid citrus or tomato products
- ☐ Discharge Instructions
Other Instructions: Do not use a straw for 48 hours
- ☐ Discharge Instructions
Diet: Encourage fluids, at least four 8 ounce servings/day
- ☐ Discharge Instructions
Other Instructions: Go to nearest ER for bright red bleeding or patient refusing to drink.
- ☐ Discharge Instructions
Other Instructions: Call doctor for temperature greater than 102 degrees or questions/concerns
- ☐ Discharge Instructions





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Activity: No rough play or sports/PE X 2 weeks

Comments: Child usually out of school for 1 week

☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic in 2 weeks

☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic as needed for any problems

Tympanoplasty

☐ Discharge Instructions
Wound/Incision Care: Keep dressing/ear cup on until tomorrow

☐ Discharge Instructions
Wound/Incision Care: Keep site/ear clean and dry until follow up; may wash hair over sink with assistance

☐ Discharge Instructions
Wound/Incision Care: May change cotton ball as needed after cup removed

☐ Discharge Instructions
Wound/Incision Care: Apply triple antibiotic ointment to incision 2-3 times daily

☐ Discharge Instructions
Activity: No strenuous activity for 2 weeks or as otherwise directed
Comments: No heavy lifting

☐ Discharge Instructions
Other Instructions: Instruct patient to sneeze with mouth open

☐ Discharge Instructions
Other Instructions: Call doctor for temperature greater than 102 degrees or questions/concerns

☐ Discharge Instructions
Other Instructions: Use ear drops as directed

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

