



**Physician Orders PEDIATRIC: LEB UROL Ureteral Reimplantation Post Op Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- Initiate Powerplan Phase  
*Phase: LEB UROL Ureteral Reimplant Postop Phase, When to Initiate: \_\_\_\_\_*

**LEB UROL Ureteral Reimplant 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, routine post op, then q4h*

**Activity**

- Ambulate  
*tid, Ambulate in halls on postoperative day #1.*

**Food/Nutrition**

- NPO
- Breastfeed
- LEB Formula Orders Plan(SUB)\*
- Regular Pediatric Diet
- Clear Liquid Diet  
*Start at: T;N*

**Patient Care**

- Advance Diet As Tolerated  
*Start clear liquids and advance to regular diet as tolerated.*
- Intake and Output  
*Routine, q2h(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  
*q1h-Awake*

**Continuous Infusion**

- D5 1/2NS  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/4 NS  
*1,000 mL, IV, Routine, mL/hr*





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**Medications**

- +1 Hours** diphenhydrAMINE  
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 Suppettes 15-A
  - 0.25 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine (DEF)\*
  - 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
  - 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
- +1 Hours** oxybutynin
  - 0.2 mg/kg, Syrup, 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
- +1 Hours** furosemide  
1 mg/kg, Tab, PO, q6h, Routine
- +1 Hours** furosemide  
1 mg/kg, Ped Injectable, IV Push, q6h, Routine

**Anti-infectives**

- +1 Hours** nitrofurantoin
  - 2 mg/kg, Oral Soln, PO, QDay, Routine, (for 14 day), Max dose = 100 mg/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

**Analgesics**

- +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
  - 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.





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- +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 = 10mg*
- +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 HYDROcodone), Max dose = 10 mg*
- +1 Hours** morphine  
*0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Breakthrough, Routine, (for 3 day), Max initial dose = 2mg*

**Antiemetics**

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

**Laboratory**

- CBC  
*T;N, Routine, once, Type: Blood*
- BMP  
*T;N, Routine, once, Type: Blood*
- Urinalysis w/Reflex Microscopic Exam  
*Routine, T;N, once, Type: Urine*
- Urine Culture  
*Routine, T;N, Specimen Source: Urine*

**Diagnostic Tests**

- US Retroperitoneal B Scan/Real Time Comp  
*T;N, Routine, Wheelchair*

**Consults/Notifications/Referrals**

- Notify Physician-Continuing  
*Notify: Urology on call for questions*
- Notify Physician For Vital Signs Of
- Consult MD Group
- Consult MD
- Urodynamics Teaching Consult LEB  
*Topic: Clean Intermittent Catheterization*

<b>Date</b>	<b>Time</b>	<b>Physician's Signature</b>	<b>MD Number</b>

**\*Report Legend:**

DEF - This order sentence is the default for the selected order  
GOAL - This component is a goal





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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

