**Physician Orders PEDIATRIC: PED GEN SURG Admit Plan**

**Initiate Orders Phase**
**Care Sets/Protocols/PowerPlans**
- [ ] Initiate Powerplan Phase
  
  **Phase: PED GEN SURG Admit Phase, When to Initiate:______________________**

**PED GEN SURG Admit Phase**
**Admission/Transfer/Discharge**
- [ ] Patient Status Initial Outpatient
  - T;N Attending Physician: ________________________________________
  - Reason for Visit: ________________________________________________
  - Bed Type: _______________________________ Specific Unit: _____________________

- [ ] Notify Physician-Once
  - Notify For: Of room number on arrival to unit.

**Vital Signs**
- [ ] Vital Signs
  - Monito and Record T,P,R,BP, q4h(std) (DEF)*
  - Monitor and Record T,P,R,BP, q2h(std)

**Activity**
- [ ] Activity As Tolerated
  - Up Ad Lib

- [ ] Ambulate
  - ambulate in hall ______ times daily

- [ ] Bedrest

**Food/Nutrition**
- [ ] NPO
- [ ] Regular Pediatric Diet
- [ ] Clear Liquid Diet
  - **Start at: T;N**

**Patient Care**
- [ ] Intake and Output
  - Routine, q2h(std)

- [ ] INT Insert/Site Care
  - q2h(std)

- [ ] Cardiopulmonary Monitor
  - T;N Routine, Monitor Type: CP Monitor, Special Instructions: upon arrival to floor

- [ ] Replogle (NGT)
  - Suction Strength: Low Intermittent (DEF)*
    - Flush, NGT with ____mL normal saline every ____ hours

- [ ] Nasogastric Tube Insert
  - For instillation of Golytely: polyethylene glycol-electrolyte solution

- [ ] Nursing Communication
  - Ensure patient has IVF infusing before starting polyethylene glycol with electrolytes

- [ ] O2 Sat Monitoring NSG

**Continuous Infusion**
**Bolus IV Fluids**
- [ ] Sodium Chloride 0.9% Bolus
  - 10 mL/kg, Injection, IV, once, Routine, ( infuse over 1 hr )

**Maintenance IV Fluids**
**Physician Orders PEDIATRIC: PED GEN SURG Admit Plan**

- **Sodium Chloride 0.9%**
  - 1,000 mL, IV, Routine, mL/hr

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

- **D5 1/2 NS KCl 20 mEq/L**
  - 1,000 mL, IV, Routine, mL/hr

**Replacement IV Fluids**

- 1/2 NS + 20 mEq/L KCL (pediatric) (IVS)*
  - Sodium Chloride 0.45%
  - 1,000 mL, IV, Replacement IV Fluids, Replace NG output mL/mL every 4 hours
  - potassium chloride (additive)
  - 20 mEq

- **Lactated Ringers Injection**
  - 1,000 mL, IV, Routine, Replacement IV Fluids, Replace NG output mL/mL every 4 hours

**Medications**

- **+1 Hours clindamycin**
  - 10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day ), Max dose = 4.8 grams/day

- **+1 Hours cefOxitin**
  - 30 mg/kg, Ped Injectable, IV Piggyback, q8h, (for 14 day ), Max dose = 12 grams/day

- **+1 Hours acetaminophen**
  - 10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
  - Comments: For temperature greater than 38.5 Degrees Celsius

- **+1 Hours ketorolac**
  - 0.5 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 8 dose ), Max dose = 30 mg

- **+1 Hours morphine**
  - 0.05 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Severe (8-10), Routine, (for 3 day ), Max initial dose=2mg

- **+1 Hours famotidine**
  - 0.5 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 20mg/dose or 40 mg/day

- **+1 Hours ondansetron**
  - 0.1 mg/kg, Ped Injectable, IV, q8h, PRN Nausea, Routine, Max dose = 8 mg

- **+1 Hours polyethylene glycol 3350 with electrolytes**
  - 25 mL/kg, Oral Soln, NG, q1h, Routine, (for 4 dose ), Until rectal effluent clear. Complete by Midnight.
  - Comments: To be given at 25 mL/kg/hr for four hours via NGT, Max total volume = 100mL/kg, Until rectal effluent is clear. Complete by midnight.

- **+1 Hours Normal saline enema**
  - 10 mL/kg, Enema, PR, once, Routine

**Laboratory**

- **Coombs, Direct**
  - Routine, T;N, once, Type: Blood

- **Antibody Screen**
  - Routine, T;N, once, Type: Blood

- **Type and Screen**
  - Routine, T;N, for OR, Type: Blood

- **Type and Crossmatch PRBC**
  - Routine, T;N, Type: Blood

- **Transfuse PRBC's <4 Months-Pediatric**
  - Routine, T;N

- **Hold PRBC <4 Months**
  - Routine, T;N

- **Transfuse PRBC's >4 Months-Pediatric**
<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
<th>Type</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>Hold PRBC &gt;4 Months</td>
<td>Routine, T;N</td>
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<tr>
<td>Crossmatch Additional Units</td>
<td>Routine, T;N</td>
<td></td>
<td></td>
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<tr>
<td>Crossmatch Units from Type and Screen</td>
<td>Routine, T;N</td>
<td></td>
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<tr>
<td>Blood Keep Ahead Order</td>
<td>Routine, T;N</td>
<td></td>
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<tr>
<td>Plasma Transfuse</td>
<td>Routine, T;N</td>
<td></td>
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<tr>
<td>Hold Plasma</td>
<td>Routine, T;N, Reason: On Hold for OR</td>
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<tr>
<td>Platelets Transfuse</td>
<td>Routine, T;N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold Platelets</td>
<td>Routine, T;N, Reason: On Hold for OR</td>
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<tr>
<td>Cryoprecipitate Transfuse</td>
<td>Routine, T;N, Reason: transfuse</td>
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<tr>
<td>Granulocytes Transfuse</td>
<td>Routine, T;N, Reason: transfuse</td>
<td></td>
<td>Requires Blood Bank Approval</td>
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<tr>
<td>CBC</td>
<td>Routine, T;N, once, Type: Blood</td>
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<tr>
<td>Blood Culture Pediatric Plan(SUB)*</td>
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<tr>
<td>BMP</td>
<td>Routine, T;N, once, Type: Blood</td>
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<tr>
<td>CMP</td>
<td>Routine, T;N, once, Type: Blood</td>
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<tr>
<td>Amylase Level</td>
<td>Routine, T;N, once, Type: Blood</td>
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<tr>
<td>Lipase Level</td>
<td>Routine, T;N, once, Type: Blood</td>
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<tr>
<td>PTT</td>
<td>Routine, T;N, once, Type: Blood</td>
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<tr>
<td>PT/INR</td>
<td>Routine, T;N, once, Type: Blood</td>
<td></td>
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<tr>
<td>Ova &amp; Parasites Stool</td>
<td>Routine, T;N, Specimen Source: Stool, Nurse Collect</td>
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<tr>
<td>Stool WBC</td>
<td>Routine, T;N, once, Type: Stool, Nurse Collect</td>
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<tr>
<td>Clostridium difficile Assay</td>
<td>Routine, T;N, once, Type: Stool, Nurse Collect</td>
<td></td>
<td>Test cannot be performed on formed stools</td>
</tr>
<tr>
<td>Clostridioides difficile Test Algorithm</td>
<td>Routine, T;N, once, Type: Stool, Nurse Collect</td>
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<tr>
<td>Stool Culture</td>
<td>Routine, T;N, Specimen Source: Stool, Nurse Collect</td>
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<tr>
<td>Urinalysis w/Reflex Microscopic Exam</td>
<td>Routine, T;N, once, Type: Urine, Nurse Collect (DEF)*</td>
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</tbody>
</table>
Physician Orders PEDIATRIC: PED GEN SURG Admit Plan

- **Routine, T;N, once, Type: Urine, Catheterized, Nurse Collect**
- **Urine Culture**
  - **Routine, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect (DEF)**
  - **Routine, T;N, Specimen Source: Urine, Catheterized, Nurse Collect**
- **Pregnancy Screen Serum**
  - **Routine, T;N, once, Type: Blood**

**Diagnostic Tests**
- Chest 2 Views
  - **T;N, Routine, Wheelchair**
- Abdomen 2 Views
  - **T;N, Routine, Wheelchair**
- US Pelvic Non OB Comp
  - **T;N, Routine, Wheelchair**
- US Abd Comp W/Delay Diet Plan(SUB)*
- CT Abdomen W/WO Cont Plan(SUB)*
- CT Pelvis W/WO Cont Plan(SUB)*

**Consults/Notifications/Referrals**
- Notify Physician-Continuing
  - **Notify: MD, Notify For: of temperature 38.5 degrees, persistent abdominal pain or vomiting, or urinary output less than 1mL/kg/hr over 4 hours**
- Notify Physician-Once
  - **Notify: PCP, Notify For: of admission in AM**
- PT Ped Eval & Tx
  - **Routine**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

*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