



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: _____
Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure
[] OP OBSERVATION Services
- ☐ Notify Physician-Once
Notify For: Of room number on arrival to unit.

Vital Signs

- ☒ Vital Signs
- ☐ Monitor 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 electrolyte solution is completed before midnight
- ☐ 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, Routine, 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





Physician Orders PEDIATRIC: PED GEN SURG Admit Plan

- Routine, T;N*
- ☐ Hold PRBC >4 Months
Routine, T;N
- ☐ Crossmatch Additional Units
Routine, T;N
- ☐ Crossmatch Units from Type and Screen
Routine, T;N
- ☐ Blood Keep Ahead Order
Routine, T;N
- ☐ Plasma Transfuse
Routine, T;N
- ☐ Hold Plasma
Routine, T;N, Reason: On Hold for OR
- ☐ Platelets Transfuse
Routine, T;N
- ☐ Hold Platelets
Routine, T;N, Reason: On Hold for OR
- ☐ Cryoprecipitate Transfuse
Routine, T;N, Reason: transfuse
- ☐ Granulocytes Transfuse
Routine, T;N, Reason: transfuse
Comments: Requires Blood Bank Approval
- ☐ CBC
Routine, T;N, once, Type: Blood
- ☐ Blood Culture Pediatric Plan(SUB)*
- ☐ BMP
Routine, T;N, once, Type: Blood
- ☐ CMP
Routine, T;N, once, Type: Blood
- ☐ Amylase Level
Routine, T;N, once, Type: Blood
- ☐ Lipase Level
Routine, T;N, once, Type: Blood
- ☐ PTT
Routine, T;N, once, Type: Blood
- ☐ PT/INR
Routine, T;N, once, Type: Blood
- ☐ Ova & Parasites Stool
Routine, T;N, Specimen Source: Stool, Nurse Collect
- ☐ Stool WBC
Routine, T;N, once, Type: Stool, Nurse Collect
- ☐ Clostridium difficile Assay
Routine, T;N, once, Type: Stool, Nurse Collect
Comments: Test cannot be performed on formed stools
- ☐ Clostridioides difficile Test Algorithm
Routine, T;N, once, Type: Stool, Nurse Collect
- ☐ Stool Culture
Routine, T;N, Specimen Source: Stool, Nurse Collect
- ☐ Urinalysis w/Reflex Microscopic Exam
☐ *Routine, T;N, once, Type: Urine, Nurse Collect (DEF)**





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

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

