



Physician Orders PEDIATRIC: LEB GEN SURG Gastrostomy Tube Post-op Day 1 Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB GEN SURG Gastrostomy Tube POD 1 Phase, When to Initiate: _____

LEB GEN SURG Gastrostomy Tube POD 1

Food/Nutrition

- Tube Feeding Titrate Peds
Increase Frequency: q6h, Per: G Tube, If child has tolerated clamping of gtube, please start gtube feeds (1/4 of goal volume continuous (____cc/hr), increase by 1/4 of goal (____cc/hr) q6 hours to goal of ____cc/hr)

Patient Care

- Gastrostomy Tube Care
Action: Clamp, Measure and record residuals q3 hours.
- Gastrostomy Tube Care
Please place gtube to suspended syringe.
- IV Insert/Site Care LEB
Routine, q4h(std)
- Indwelling Urinary Catheter Insert-Follow Removal Protocol

Nursing Communication

- Nursing Communication
T;N, If after 6 hours, child tolerating clamping (no vomiting, no abdominal distention), please initiate feeds as ordered
- Nursing Communication
T;N, Please vent gtube q4 hours and prn gastric bloat, abdominal distention, or retching dry heaves.
- Nursing Communication
T;N, If Gtube residual is greater than hourly volume infused for 2 consecutive hours, please hold feed for 1 hour then resume at previous rate
- Nursing Communication
T;N, Please administer gtube feedings via suspended syringe.
- Nursing Communication
T;N, Once tube feeds are at 1/2 goal, please decrease IVF by 1/2. Once tube feeds are at goal, may convert IV to INT
- Nursing Communication
T;N, OK to use gastrostomy tube for medications

Continuous Infusion

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

Medications





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- +1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
*0.15 mg/kg, Liq, GTUBE, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day), Max Dose = 10 mg,
 (5 mL = 2.5 mg HYDROcodone)*

Consults/Notifications/Referrals

- Dietitian Consult/Nutrition Therapy
Type of Consult: Enteral/Tube Feeding, 0
- Case Management Consult
Reason: Discharge Planning, Home Gtube supplies

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|------|------|-----------------------|-----------|
| 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

