



**Physician Orders PEDIATRIC: LEB UROL Kidney Stone Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- Initiate Powerplan Phase  
*Phase: LEB UROL Kidney Stone Phase, When to Initiate: \_\_\_\_\_*

**LEB UROL Kidney Stone 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*

**Vital Signs**

- Vital Signs  
*Monitor and Record T,P,R,BP, post op, then q4h*

**Activity**

- Bedrest  
*Routine*
- Activity As Tolerated  
*Up Ad Lib*
- Out Of Bed  
*tid*

**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*

**Continuous Infusion**

- D5 1/2NS  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/4 NS  
*1,000 mL, IV, Routine, mL/hr*
- Sodium Chloride 0.9%  
*1,000 mL, IV, Routine, mL/hr*
- 1/2NS  
*1,000 mL, IV, Routine, mL/hr*

**Medications**

- +1 Hours** diphenhydrAMINE  
*1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, max 50mg, (5mL = 12.5mg)*
- +1 Hours** diphenhydrAMINE  
*1 mg/kg, Ped Injectable, IV, q4h, PRN Itching, Routine, max dose 50 mg*





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- +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, Susp, 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
- +1 Hours** Flomax
  - 0.2 mg, Cap, PO, hs, Routine

**Anti-infectives**

- +1 Hours** cefTRIAXone
  - 50 mg/kg, IV Piggyback, q24h, Routine, (for 14 day ), Max dose = 2 grams
- +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 (DEF)\*
  - 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 (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)\*
  - 80 mg, Chew tab, PO, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day
  - 325 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, 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, Max Dose = 75 mg/kg/day up to 4g/day
  - Comments: May give suppository if unable to take oral medication.
- +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





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*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 = 4 mg (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**

- Abdomen 1 View  
*T;N, Routine, Wheelchair*
- LEB CT Stone Plan(SUB)\*
- US Retroperitoneal B Scan/Real Time Comp  
*T;N, Routine, Wheelchair*

**Consults/Notifications/Referrals**

- Notify Physician-Once  
*Notify For: of room number on arrival to unit*
- 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*

Date	Time	Physician's Signature	MD Number
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**\*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

