



**Physician Orders PEDIATRIC: LEB Cardiovascular Surgery Post Op Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- Initiate Powerplan Phase  
*Phase: LEB CV Surgery Post Op Phase, When to Initiate: \_\_\_\_\_*

**LEB Cardiovascular Surgery PostOp Phase**

**Admission/Transfer/Discharge**

- Transfer Pt within current facility  
*Level of Care: Critical Care, To CVICU*
- Change Attending Physician
- Notify Physician-Once  
*Notify For: Of room number on arrival to unit.*

**Vital Signs**

- Vital Signs  
*Monitor and Record T,P,R,BP, q15min, x 2h or until stable, then q1h*

**Activity**

- Bedrest

**Food/Nutrition**

- NPO

**Patient Care**

- Advance Diet As Tolerated  
*Advance diet as tolerated after extubation*
- Isolation Precautions
- Intake and Output  
*Routine, q1h(std)*
- Daily Weights  
*Routine, qEve*
- NIRS Monitor  
*Monitor: Cerebral and Somatic*
- Cardiopulmonary Monitor  
*T;N Routine, Monitor Type: CP Monitor*
- DC 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.*
- Elevate Head Of Bed
- Mouth Care  
*q4h(std), with Toothette oral swabs, use colostrum, if available.*
- Suction Patient





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*PRN, oro/nasopharyngeal once extubated.*

- Replogle (NGT)
  - NG Tube Type: Replogle, Suction Strength: To Gravity (DEF)\*
  - NG Tube Type: Replogle, Suction Strength: Low Intermittent
- Chest Tube Care
  - To Suction At: -20cm (DEF)\*
  - To Suction At: -30cm
- Chest Tube Care  
*q1h(std), strip chest tube(s) to maintain patency q1h and PRN*
- Drain Care  
*empty blake/JP drains q1h*
- Drain Care  
*PD drain to gravity.*
- Indwelling Urinary Catheter Care  
*indwelling urinary catheter to gravity.*
- Whole Blood Glucose Nsg  
*Routine, q1h(std)*
- Whole Blood Glucose Nsg  
*Routine, prn, PRN*
- Apply Biopatch  
*T;N, if child is greater than 1000grams, apply Biopatch to central line dressing site immediately postoperatively.*
- Dressing Care  
*Routine, Action: Change, QWeek, CVL dressing*
- Dressing Care  
*Routine, Action: Change, PRN, occlusive dry dressings to incision sites and drain sites, if soiled or becomes non-occlusive.*
- Temporary Pacemaker Critical Care  
*Special Instructions: atrial wires in situ*
- Temporary Pacemaker Critical Care  
*Special Instructions: ventricular wires in situ*
- Nursing Communication  
*Volume: Place order to administer FFP's, \_\_\_\_\_mL over 1 hour if systolic blood pressure less than\_\_\_\_\_ and central venous pressure less than\_\_\_\_\_ and HCT greater than \_\_\_\_\_.*
- Nursing Communication  
*Volume: Place order to administer PRBC's \_\_\_\_\_mL over 1 hour for systolic blood pressure less*





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than\_\_\_\_\_ and central venous pressure less than\_\_\_\_\_ and HCT less than \_\_\_\_\_.

- Nursing Communication  
*Place order to administer PRBC's \_\_\_\_\_mL over 1 hour for if HCT less than \_\_\_\_\_.*
- Initiate Post Op Pulmonary Hypertension Protocol  
*T;N*
- Sequential Compression Device Apply  
*Apply To Lower Extremities*

**Respiratory Care**

- LEB Critical Care Respiratory Plan(SUB)\*
- Oxygen Delivery  
*Special Instructions: Titrate to keep O2 sat at \_\_\_\_\_ to \_\_\_\_\_%*
- ISTAT POC (RT Collect)  
*Stat, Test Select ABG | Lactate | Potassium | Sodium, Special Instructions: collect upon arrival to unit, T;N*
- ISTAT POC (RT Collect)  
*Stat q1h For 2 occurrence, Test Select ABG | Lactate | Potassium | Sodium, T;N+60*
- ISTAT POC (RT Collect)  
*Stat q2h For 2 occurrence, Test Select ABG | Lactate | Potassium | Sodium, T;N+240*
- ISTAT POC (RT Collect)  
*Stat q4h, Test Select ABG | Lactate | Potassium | Sodium, T;N+600*
- ACT Point of Care (RT Collect)  
*Stat*
- Co-oximetry (RT Collect)  
*Routine q12h*

**Continuous Infusion**

- D5W
  - 500 mL, IV, Routine, 1 mL/hr, To be administered via CVP Line (DEF)\*  
*Comments: Use inline air filter with all IV infusions, Max rate 40 mL/hr*
  - 500 mL, IV, Routine, 1 mL/hr, To be administered via LAP Line  
*Comments: Use inline air filter with all IV infusions, Max rate 40 mL/hr*
  - 500 mL, IV, Routine, 1 mL/hr, To be administered via PAP Line  
*Comments: Use inline air filter with all IV infusions, Max rate 40vmL/hr*
- D5 1/4 NS  
*500 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions, Max rate 40 mL/hr*
- D5 1/2NS  
*500 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions, Max rate 40 mL/hr*





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- +1 Hours** D10 1/4 NS (Pediatric) (IVS)\*  
Dextrose 10% in Water  
250 mL, IV, Routine, mL/hr, Use inline air filter with all IV infusions, Max rate 40 mL/hr  
sodium chloride  
9.6 mEq
- Heparin 2 Units/ml in 500 ml NS (Pediatric)  
500 mL, Intra-ARTERIAL, Routine, 2 mL/hr, for patients greater than or equal to 10 kg  
Comments: Use inline air filter with all IV infusions
- Sodium Chloride 0.9% Bolus  
mL, Injection, IV, once, STAT, ( infuse over 15 min ), (Bolus)  
Comments: Use inline air filter with all IV infusions
- albumin, human 5% Bolus  
mL, Injection, IV, once, STAT, ( infuse over 30 min ), (Bolus)  
Comments: Use inline air filter with all IV infusions

**Vasoactive Medications**

- +1 Hours** Vasopressin Drip (Pediatric) (SHOCK) (IVS)\*  
Sodium Chloride 0.9%  
97.5 mL, IV, Routine, milli-units/kg/min, Reference Range: 0.2 to 0.5 milli-units/kg/min  
Comments: Use inline air filter with all IV infusions  
vasopressin (additive)  
50 units
- +1 Hours** Phenylephrine Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water  
99 mL, IV, Routine, Reference Range: 0.1 to 0.5 mcg/kg/min  
Comments: Use inline air filter with all IV infusions  
phenylephrine (additive) pediatric  
10 mg, mcg/kg/min
- +1 Hours** EPINEPHrine Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water  
49.5 mL, IV, Routine, Reference Range: 0.01 to 0.2 mcg/kg/min  
Comments: Use inline air filter with all IV infusions  
EPINEPHrine (additive)  
0.5 mg, mcg/kg/min
- +1 Hours** NORepinephrine Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water  
96 mL, IV, Routine, Reference Range: 0.01 to 0.2 mcg/kg/min  
Comments: Use inline air filter with all IV infusions  
norepinephrine  
4 mg, mcg/kg/min





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- +1 Hours DOPamine Drip (Pediatric) (IVS)\***  
Diluent volume  
1 mL, IV, Routine, Reference Range: 2 to 20 mcg/kg/min  
Comments: Use inline air filter with all IV infusions  
DOPamine  
400 mg, mcg/kg/min
  - +1 Hours Milrinone Drip (Pediatric) (IVS)\***  
Diluent volume  
100 mL, IV, Routine, Reference Range: 0.25 to 1 mcg/kg/min  
Comments: Dose must be adjusted for renal dysfunction. Use inline air filter with all IV infusions  
milrinone (additive)  
20 mg, mcg/kg/min
  - +1 Hours NitroGLYcerin Drip (Pediatric) (IVS)\***  
Diluent volume  
250 mL, IV, Routine, Reference Range: 1 to 4 mcg/kg/min  
Comments: Use inline air filter with all IV infusions  
nitroGLYcerin (additive) pediatric  
100 mg, mcg/kg/min
  - +1 Hours NitroPRUSSIDE Drip (Pediatric) (IVS)\***  
Dextrose 5% in Water  
98 mL, IV, Routine, Reference Range: 0.25 to 4 mcg/kg/min  
Comments: Use inline air filter with all IV infusions  
nitroprusside  
50 mg, 1 mcg/kg/min
  - NitroPRUSSIDE Drip (Pediatric) (IVS)\***  
Dextrose 5% in Water  
50 mL, IV, Routine, Reference Range: 0.25 to 4 mcg/kg/min  
Comments: Use inline air filter with all IV infusions  
nitroprusside  
50 mg, 1 mcg/kg/min
  - NiCARdipine Drip (Pediatric) (IVS)\***  
Diluent volume  
200 mL, IV, Routine, 12 mL/hr  
niCARdipine (additive)  
40 mg, 1 mcg/kg/min
- Electrolytes**
- +1 Hours Calcium Chloride Drip (Pediatric) (IVS)\***  
Dextrose 5% in Water





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30 mL, IV, Routine, Reference Range: 2 to 10 mg/kg/hr

Comments: Wean drip by 2 mg/kg/hr for ionized Calcium greater than or equal to 1.4,  
Use inline air filter with all IV infusions

calcium chloride (additive)  
2,000 mg, mg/kg/hr

**Diuretics**

- +1 Hours** Furosemide Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water  
30 mL, IV, Routine, Reference Range: 2.5 to 10 mg/kg/day  
Comments: Use inline air filter with all IV infusions  
furosemide (additive) pediatric  
100 mg, mg/kg/day

- +1 Hours** Bumetanide Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water  
30 mL, IV, Routine, Reference Range: 2.5 to 10 mcg/kg/hr  
Comments: Use inline air filter with all IV infusions  
bumetanide (additive)  
2.5 mg, mcg/kg/hr

**Anticoagulants**

- +1 Hours** Heparin Drip (Pediatric) (IVS)\*  
Diluent volume  
1 mL, IV, Routine  
heparin (additive)  
25,000 units, unit/kg/hr

**Sedation**

- +1 Hours** FentaNYL Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water  
15 mL, IV, Routine  
Comments: Use inline air filter with all IV infusions  
fentanyl (additive)  
500 mcg, mcg/kg/hr
- +1 Hours** MorPHINE Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water  
49.5 mL, IV, Routine  
Comments: Use inline air filter with all IV infusions  
morPHINE (additive)  
5 mg, mcg/kg/hr
- +1 Hours** Midazolam Drip (Pediatric) (IVS)\*  
Dextrose 5% in Water





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15 mL, IV, Routine

Comments: Use inline air filter with all IV infusions

midazolam (additive)

50 mg, mg/kg/hr

**Paralytics**

- +1 Hours** Vecuronium Drip (Pediatric) (IVS)\*

Diluent volume

30 mL, IV, Routine

Comments: Use inline air filter with all IV infusions

vecuronium (additive)

30 mg, mg/kg/hr

- +1 Hours** Cisatracurium Drip (Pediatric) (IVS)\*

Diluent volume

20 mL, IV, Routine

Comments: Use inline air filter with all IV infusions

cisatracurium (additive)

40 mg, mcg/kg/min

**Bronchodilators**

- Aminophylline Drip (Pediatric) (IVS)\*

Dextrose 5% in Water

30 mL, IV, Routine

Comments: Use inline air filter with all IV infusions

aminophylline (additive)

500 mg, mg/kg/hr

**Medications**

- +1 Hours** ceFAZolin

25 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 8 dose ), For Pump Cases, Max dose = 1 gram

- +1 Hours** ceFAZolin

25 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 4 dose ), For Non-Pump Cases, Max dose = 1 gram

Vancomycin may be given if patient has allergy to cephalosporins(NOTE)\*

- +1 Hours** vancomycin

10 mg/kg, Ped Injectable, IV, q8h, Routine, (for 6 dose ), Max dose = 1 gram

- +1 Hours** ondansetron

0.1 mg/kg, Ped Injectable, IV Piggyback, q6h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

- +1 Hours** pantoprazole

1 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, ( infuse over 15 min ), Max dose = 40 mg





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- +1 Hours** famotidine  
*0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day*
- +1 Hours** diphenhydrAMINE  
*1 mg/kg, Ped Injectable, IV, q6h, PRN Nausea, Routine, Max dose = 50 mg*
- +1 Hours** hydrALAZINE  
*0.2 mg/kg, Ped Injectable, IV, q4h, PRN Hypertension, (Maximum dose = 20 mg)*

**Analgesics**

- +1 Hours** morphine  
*0.1 mg/kg, Ped Injectable, IV Push, q1h, PRN Pain, Severe (8-10), Routine, (for 3 day ), Max dose = 5 mg*
- +1 Hours** ketorolac  
*0.5 mg/kg, Ped Injectable, IV Push, q6h, PRN Pain, Moderate (4-7), Routine, (for 4 dose ), Max dose = 30mg*

**Sedatives**

- +1 Hours** chlorproMAZINE
  - 0.5 mg, Injection, IV, q1h, PRN Agitation, Routine (DEF)\**
  - 1 mg, Injection, IV, q1h, PRN Agitation, Routine*
  - 2 mg, Injection, IV, q1h, PRN Agitation, Routine*
  - 3 mg, Injection, IV, q1h, PRN Agitation, Routine*
  - 4 mg, Injection, IV, q1h, PRN Agitation, Routine*
  - 5 mg, Injection, IV, q1h, PRN Agitation, Routine*

**Anti-pyretics**

- +1 Hours** acetaminophen  
*10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine*  
*Comments: For temperature greater than 38, 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*  
*Comments: For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4g/day; May give PR if unable to tolerate PO.*

**Bowel Care**

- +1 Hours** glycerin suppository (pediatric)  
*1 supp, Supp, PR, q24h, PRN Other, specify in Comment, Routine, For no stool for 24 hours*
- +1 Hours** polyethylene glycol 3350
  - 8.5 g, Powder, PO, QDay, PRN Constipation, Routine (DEF)\**
  - 17 g, Powder, PO, QDay, PRN Constipation, Routine*
- +1 Hours** docusate







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- 2.5 mg/kg, Oral Susp, PO, bid, Routine, (1 mL = 10 mg) (DEF)\*
- 50 mg, Cap, PO, bid, Routine
- 100 mg, Cap, PO, bid, Routine

**Electrolytes**

- +1 Hours** potassium chloride
  - 0.5 mEq/Kg, Injection, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3.5, Max dose = 40 mEq (DEF)\*
  - 1 mEq/Kg, Injection, IV, q4h, PRN Other, specify in Comment, Routine, Potassium less than or equal to 3, Max dose = 40 mEq
- +1 Hours** calcium chloride
  - 10 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, ( infuse over 2 hr ), Max dose = 1 gram
  - Comments: Ionized Calcium less than 1.3
- +1 Hours** magnesium sulfate
  - 15 mg/kg, Ped Injectable, IV, q4h, PRN Other, specify in Comment, Routine, ( infuse over 4 hr ), Max dose = 2 grams
  - Comments: Magnesium less than 2

**Diuretics**

- +1 Hours** furosemide
  - 1 mg/kg, Ped Injectable, IV Push, q6h, Routine, Max dose = 40 mg (DEF)\*
  - 1 mg/kg, Ped Injectable, IV Push, q8h, Routine, Max dose = 40 mg
  - 1 mg/kg, Ped Injectable, IV Push, q12h, Routine, Max dose = 40 mg
  - 1 mg/kg, Ped Injectable, IV Push, N/A, Routine, Max dose = 40 mg, dose time to be determined by MD
- +1 Hours** chlorothiazide pediatric
  - 3 mg/kg, Ped Injectable, IV, q12h, Routine, Check with MD prior to administration of first dose
- bumetanide
  - 0.025 mg/kg, Ped Injectable, IV, q24h, Check with MD prior to administration of first dose

**Respiratory Medications**

- +1 Hours** albuterol (MDI)
  - 2 puff, MDI, INH, q4h, Routine, (for 6 dose ), (1 puff = 90 mcg)

**Laboratory**

- CBC
  - STAT, T;N, once, Type: Blood, Nurse Collect
  - Comments: Collect upon arrival to unit.
- CMP





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- BMP *STAT, T;N, once, Type: Blood, Nurse Collect*
- PT/INR *STAT, T;N, once, Type: Blood, Nurse Collect  
Comments: Collect upon arrival to unit.*
- PTT *STAT, T;N, once, Type: Blood, Nurse Collect  
Comments: Collect upon arrival to unit.*
- Fibrinogen Level *STAT, T;N, once, Type: Blood, Nurse Collect  
Comments: Collect upon arrival to unit.*
- Magnesium Level *STAT, T;N, once, Type: Blood, Nurse Collect  
Comments: Collect upon arrival to unit.*
- CBC *Routine, T+1;0400, once, Type: Blood*
- CMP *Routine, T+1;0400, once, Type: Blood*
- BMP *Routine, T+1;0400, once, Type: Blood*
- PT/INR *Routine, T+1;0400, once, Type: Blood*
- PTT *Routine, T+1;0400, once, Type: Blood*
- Fibrinogen Level *Routine, T+1;0400, once, Type: Blood*
- Magnesium Level *Routine, T+1;0400, once, Type: Blood*
- CBC *Routine, T+2;0400, qam x 3 day, Type: Blood*
- BMP *Routine, T+2;0400, qam x 3 day, Type: Blood*
- Magnesium Level *Routine, T+2;0400, qam x 3 day, Type: Blood*
- Methemoglobin





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*Time Study, T;N, q12h, Type: Blood*

*Comments: if patient on inhaled nitric oxide*

- LEB Transfusion Less Than 4 Months of Age Plan(SUB)\*
- LEB Transfusion 4 Months of Age or Greater Plan(SUB)\*  
Order below replaces Chloride test no longer available in Istat Profile.(NOTE)\*
- Chloride Level  
*Time Study, T;N+60, q1h x 2 occurrence, Type: Blood, Nurse Collect*
- Chloride Level  
*Time Study, T;N+240, q2h x 2 occurrence, Type: Blood, Nurse Collect*
- Chloride Level  
*Time Study, T;N+600, q4h, Type: Blood, Nurse Collect*

**Diagnostic Tests**

- Electrocardiogram  
*Start at: T;N, Priority: Stat, Reason: Other, specify, Transport: Portable, Perform upon arrival to unit.*  
*Comments: Reason: Post-Op cardiovascular surgery.*
- Chest 1 VW  
*T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable*  
*Comments: Reason: Post-Op cardiovascular surgery.*
- Chest 1 VW  
*T+1;0600, Reason for Exam: Other, Enter in Comments, Routine, Portable*  
*Comments: post-op cardiovascular surgery*
- Chest 1 VW  
*T+2;0600, Reason for Exam: Other, Enter in Comments, Routine, Portable*  
*Comments: post-op cardiovascular surgery*

**Consults/Notifications/Referrals**

- Notify Physician For Vital Signs Of
- Notify Physician-Continuing  
*Notify For: Notify if chest tube output is 10mL/kg/hr or greater, leakage, dislodgement, or for other significant changes in chest tube output.*
- Notify Physician-Continuing  
*Notify For: Notify if urinary output is < 1mL/kg/hr.*
- Notify Physician-Continuing  
*Notify For: Notify if patient experiences nausea/vomiting.*
- Consult MD Group
- Consult MD
- Nutritional Support Team Consult  
*Routine, Reason: Parenteral Nutrition Support*





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- Dietitian Consult/Nutrition Therapy
- Lactation Consult
- Medical Social Work Consult  
*Reason: Assistance at Discharge*
- Audiology Consult  
*Routine, Special Instructions: Screening*
- Consult Pastoral Care  
*Reason for Consult: Family Support*
- Consult Clinical Pharmacist  
*Reason: Anticoagulant therapy*
- Physical Therapy Ped Eval & Tx
- Speech Therapy Ped Eval & Tx  
Reason for Exam: \_\_\_\_\_
- Occupational Therapy Ped Eval & Tx

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

