**Physician Orders**

**Care Set: Pediatric Post-Op Craniotomy**

| Date: _________ | Time: _________ | Weight: ______ kg | Height: ______ cm | BSA _________ |

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**Admission**

- **Admit to Dr.**
- **Pager:**
- **Status:** [ ] Inpatient  [ ] Observation
- **Notify physician of room number on arrival to unit**

**Primary Diagnosis:**

**Allergies:**

- [ ] No known allergies
- [ ] Latex allergy
- [ ] Other: _____________________
- [ ] Medication allergy(s):

**Vital Signs**

- [ ] Vital Signs and neuro checks q 1 hr x 2 hrs, then q 2 hrs x 8 hrs, then q 4 hrs x 48 hrs, then q 8 hrs
- [ ] Q 2 hrs
- [ ] Q 4hrs
- [ ] Routine

**Activity**

- [ ] Bedrest
- [ ] Out of bed _______ times per day
- [ ] Assist
- [ ] As tolerated

**Food/Nutrition**

- [ ] Clear liquids, advance as tolerated
- [ ] Regular - age appropriate

**Patient Care**

- [ ] Elevate Head of Bed 30’
- [ ] Record I & O
- [ ] Continuous Pulse OX
- [ ] CP Monitor
- [ ] Notify House Officer of temperature greater than 38.5 degrees Celsius, neuro changes or CSF leak.

**Medications (this section can be subdivided as necessary)**

- [ ] 0.9% NS IV at ______ ml/hr
- [ ] D5 1/4 NS IV at ______ ml/hr
- [ ] D5 1/4 NS with 20 mEq KCL/1000ml IV at ______ ml/hr
- [ ] Heplock IV when tolerating PO well; flush with Heparin 10 units/ml

**Acetaminophen (10-15mg/kg/dose)**

- [ ] mg PO every 4 hours PRN pain/discomfort (max dose 650 mg)
- [ ] mg PO every 4 hours PRN pain (max. dose 60 mg of codeine) (12.5mg codeine/5cc)

**Ibuprofen (10mg/kg/dose)**

- [ ] mg PO every 6 hours PRN pain/discomfort (max dose 800 mg)

**Dexamethasone (0.05-0.1mg/kg/dose)**

- [ ] mg every 6 hours IV

**Ondansetron (0.1mg/kg/dose)**

- [ ] mg IV every 8 hours PRN nausea/vomiting (max. dose 4 mg)

**Cefazolin (8-13mg/kg/dose)**

- [ ] mg IV every 8 hours x ______ hr (max. dose 6mg/day)

**Vancomycin (10mg/kg/dose)**

- [ ] mg IV every 8 hours x ______ hr

**Indication for Vancomycin**

- [ ] Allergy to cephalosporins
- [ ] Treatment for methicillin-resistant S. aureus
- [ ] Other

**Ranitidine (0.5-1mg/kg/dose)**

- [ ] mg IV every 6 hours (max. dose 150mg/day)

**Morphine (0.05-0.1mg/kg/dose)**

- [ ] mg IV every 3 hours PRN severe pain (max. dose 6 mg)

**Diazepam (0.03-0.1mg/kg/dose)**

- [ ] mg IV every 8 hours (max. dose 15mg)

**Fosphenytoin (1.6-3 mg/kg/dose)**

- [ ] mg PE IVPB every 8 hours

**Other:**

- [ ] ____________________________
- [ ] ____________________________
- [ ] ____________________________

**Diagnostic Tests**

- [ ] CT of head with contrast
- [ ] CT of head without contrast
- [ ] MRI of head with contrast
- [ ] MRI of head without contrast
- [ ] MRI of head with contrast
- [ ] MRI of head without contrast

**Monday**    [ ] Tuesday    [ ] Wednesday    [ ] Thursday    [ ] Friday

**Monday**    [ ] Tuesday    [ ] Wednesday    [ ] Thursday    [ ] Friday    [ ] with Epilepsy Sequences

**Labs:**

- [ ] Give Morphine (0.05-0.1 mg IV when called for MRI (max dose 6mg)

**Consults**

- [ ] Social Work
- [ ] OT
- [ ] Child Life
- [ ] Nutrition Services
- [ ] PT
- [ ] Other
- [ ] Pediatrics
- [ ] ST

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**Physician’s/Nurse Practitioner’s Signature**

**Name Printed**

**Physician Number**

**Beeper Number**

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