



Post-Op Routine Shunt Revision

Allergies: _____

Weight: _____ kg

Height: _____ cm

Admit as: ☐ Inpatient ☐ Observation

Admit type: ☐ Floor ☐ Step-down unit

Admit to: _____

Pager #: _____

Diagnosis: _____

Diet: Clear liquids, advance as tolerated.

Vital Signs: ☐ Q1h x 2, then Q2h x 8, then Q4h x 48h, then routine (Q8h) and PRN

☐ Q2h ☐ Q4h

Activity: ☐ Bedrest ☐ Out of Bed _____ X per day

☐ As tolerated ☐ Assist

Elevate Head of Bed 30 ☐ or _____

Intake/Output: ☐ Yes ☐ No

Respiratory: ☐ Continuous Pulse Oximeter ☐ CP Monitor

☐ Other: _____

Medications (be sure to include any home medications):

☐ Acetaminophen (10-15 mg/kg) _____ mg ☐ PO ☐ PR every 4 hours PRN pain/discomfort

☐ Ibuprofen (10 mg/kg) _____ mg PO every 6 hours PRN pain/discomfort (Maximum dose 3.2 grams/day)

☐ Ondansetron (0.1mg/kg, up to 4 mg) _____ mg ☐ IV ☐ IM ☐ PO every 8 hours PRN nausea/vomiting

☐ Acetaminophen/Hydrocodone 500/5 mg, one tablet if <50kg, two tablets if >50kg) _____ tablets PO every 4 hours PRN pain

☐ Acetaminophen/Hydrocodone oral solution (0.2 mg/kg Hydrocodone, up to 10 mg) _____ mg every 4 hours PRN pain

☐ Morphine (0.1 mg/kg) _____ mg ☐ IV ☐ IM every 2 hours PRN pain (Max dose of 15 mg/dose)

☐ Diphenhydramine (1.25 mg/kg, maximum dose: 50 mg) _____ mg PO every 6 hours PRN itching

☐ Docusate Sodium (1.25 mg/kg) _____ mg PO every 6 hours PRN constipation (Maximum dose 400 mg/day)

☐ Lidocaine 4% cream topically PRN before IV starts/procedures

IV Fluids: D5W 1/2 NS with 20 Meq/L KCl to run at _____ mL/hr

☐ Heplock IV when taking PO well; flush with heparin 10 units/mL

☐ Other: _____

Physician Signature

Physician ID#