Post-Op Routine Shunt Revision

Allergies: ________________________________________________________  Weight: ___________________ kg

Height: ___________________ cm

Admit as: [   ] Inpatient  [   ] Observation

Admit to: _________________________________________________________  Pager #: ____________________________

Admit type: [   ] Floor  [   ] Step-down unit

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#