Physician Orders PEDIATRIC: PED Ortho General Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase

  *Phase: PED Ortho General Post Op Phase, When to Initiate:________________________*

PED Ortho General Post Op Phase
Admission/Transfer/Discharge

- Return Patient to Room
  *T;N*
- Transfer Pt within current facility

Vital Signs

- Vital Signs
  *Monitor and Record T,P,R,BP, per unit routine*

Activity

- Bedrest
- Up To Chair
  *bid*
- Activity As Tolerated
  *Up Ad Lib*

Food/Nutrition

- NPO
- Breastfeed
- Formula Per Home Routine
  *T;N*
- Regular Pediatric Diet

Patient Care

- Advance Diet As Tolerated
  *Advance to regular diet as tolerated*
- Neurovascular Checks
  *Routine, q2h(std)*
- Intake and Output
  *Routine, q2h(std)*
- Elevate
  *Area: Affected Extremity, at heart level (DEF)*
  *Area: Affected Extremity, Above heart.*
- Dressing Care
  *Routine, Action: Reinforce Only, PRN, loose dressing*
- Supply to Bedside
  *Keep dressing supplies at bedside PRN*
- Foley Care
  *Foley to gravity drainage*
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- **Drain Care**
  - *q-shift*, Jackson Pratt to bulb suction, record output *q-shift*
  - *q-shift*, Hemovac to gravity, record output *q-shift*

- **Pin Site Care**
  - bid

- **Teach**

- **Teach**
  - *Instruct*: parents/patient, *Topic*: Cast Care

- **O2 Sat Spot Check-NSG**
  - with vital signs

- **O2 Sat Monitoring NSG**
  - q2h (std)

- **Cardiopulmonary Monitor**
  - Stat, Monitor Type: CP Monitor

- **Discontinue 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.

- **Nursing Communication**
  - GeoMatt mattress

**Respiratory Care**

- **Oxygen Delivery (Ped)**
  - Special Instructions: Titrate to keep O2 sat =/> 92%, wean to room air

**Continuous Infusion**

- **D5 1/2 NS KCl 20 mEq/L**
  - 1,000 mL, IV, STAT, mL/hr

- **Sodium Chloride 0.9%**
  - 1,000 mL, IV, STAT, mL/hr

**Medications**

- **+1 Hours** ceFAZolin
  - 25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose), Max dose = 1 gram

- **+1 Hours** ibuprofen
  - 10 mg/kg, Oral Soln, PO, q6h, PRN Pain or Fever, Routine, Max dose = 600 mg

- **+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
  - 0.2 mg/kg, Elixir, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max dose = 10 mg

- **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  - 1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day), (1 tab = 5 mg HYDROcodone)

- **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
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1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 3 day), (1 tab = 5 mg OXYcodone)

☐ +1 Hours morphine
   0.1 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Breakthrough, Routine, (for 3 day), Max initial dose = 2 mg

☐ +1 Hours diphenhydRAMINE
   1 mg/kg, Cap, PO, q6h, PRN Itching, Routine, max 50mg (DEF)*
       Comments: Itching/Insomnia
   1 mg/kg, Elixir, PO, q6h, PRN Itching, Routine, max 50mg
       Comments: Itching/Insomnia
   25 mg/kg, Cap, PO, q6h, PRN Itching, Routine, max 50mg
       Comments: Itching/Insomnia
   50 mg/kg, Cap, PO, q6h, PRN Itching, Routine, max 50mg
       Comments: Itching/Insomnia

☐ +1 Hours ondansetron
   0.1 mg/kg, Oral Susp, PO, q6h, PRN Nausea, Routine, Max dose = 4 mg (DEF)*
   4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea, Routine

☐ +1 Hours ondansetron
   0.1 mg/kg, Ped Injectable, IV Push, q6h, PRN Nausea, Routine, Max dose = 8 mg

☐ +1 Hours docusate
   2.5 mg/kg, Oral Susp, PO, bid, Routine (DEF)*
       Comments: Hold for loose stools.
   50 mg, Cap, PO, bid, Routine

☐ +1 Hours diazePAM
   0.1 mg/kg, Oral Soln, PO, q8h, PRN Muscle Spasm, Routine, Max dose 5mg (DEF)*
   0.1 mg/kg, Tab, PO, q8h, PRN Muscle Spasm, Routine, Max dose 5mg
   0.1 mg/kg, Injection, IV, q6h, PRN Muscle Spasm, Routine
       Comments: May take IV if unable to take PO

Laboratory
☐ CBC
   Routine, T+1;0400, once, Type: Blood

☐ CRP
   Routine, T+1;0400, once, Type: Blood

☐ CRP High Sensitivity
   Routine, T+1;0400, once, Type: Blood

☐ ESR
   Routine, T+1;0400, once, Type: Blood

☐ ESR, (Erythrocyte Sedimentation Rate)
   Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals

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☐ Notify Physician-Continuing
   Notify: Orthopedic MD, Notify For: of drain output greater than 200 ml/hr over 4 hours, hematocrit less than 25%, increased O2 requirements

☐ Notify Physician-Continuing
   Notify: Orthopedic MD, Notify For: of ANY changes in neurovascular status

☐ Notify Physician-Continuing
   Notify: Orthopedic MD, Notify For: if dressing is soiled or saturated.

☐ PT Ped Ortho Eval & Tx
   Routine

☐ PT Resume Order
   Routine

☐ Consult Case Management
   Routine, Standard wheelchair with elevated leg rest (DEF)*
   Routine, Reclining wheelchair with elevated leg rest

☐ Consult Case Management
   Routine, Contact Orthotist for _____

_________________________  _________________  ______________________________________  __________
Date                   Time          Physician’s Signature     MD Number

*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