



**Physician Orders PEDIATRIC: LEB GEN SURG Pyloric Stenosis Post Op Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- Initiate Powerplan Phase

*Phase: LEB GEN SURG Pyloric Stenosis Post Op Phase, When to Initiate: \_\_\_\_\_*

**LEB GEN SURG Pyloric Stenosis Post Op Phase**

**Admission/Transfer/Discharge**

- Return Patient to Room  
*T;N*

**Vital Signs**

- Vital Signs

*Monitor and Record Pulse Monitor and Record Blood Pressure Monitor and Record Temp Monitor and Record Resp Rate, q1h x 2, then q4h*

**Activity**

- Activity As Tolerated  
*Up Ad Lib*

**Food/Nutrition**

- NPO

*NPO until child awakens from anesthesia then may have regular formula or breastmilk ad lib., Start at: T*

- Breastmilk (Expressed)

*NPO until child awakens from anesthesia then may have breastmilk ad lib.*

- Formula Per Home Routine

*T;N, NPO until child awakens from anesthesia then may have formula ad lib.*

**Patient Care**

- Intake and Output

*Routine, q2h(std), Please ensure volume and type of all feeding are recorded. If breastfed, please record number of minutes.*

- O2 Sat Spot Check-NSG  
*T;N, with vital signs*

- DC IV Fluids When Tolerating PO

*T;N, D/C IV fluids and Heplock IV after patient has received 2 feedings with a minimum volume of 45mLs without emesis*

- Cardiopulmonary Monitor

*T;N Routine, Monitor Type: CP Monitor, Special Instructions: upon arrival to floor*

- Nursing Communication

*T;N, Once Child awakens from anesthesia, please feed regular formula or breastmilk ad lib.*

- Nursing Communication

*T;N, Ensure that infant is burped after every 1/2 ounce or 5 minutes of breastfeeding.*

- Nursing Communication





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*T;N, If child has emesis, resume previously ordered diet once appears hungry again. DO NOT give Pedialyte*

- Indwelling Urinary Catheter Insert-Follow Removal Protocol

**Continuous Infusion**

**Maintenance IV Fluids**

- D5 1/2 NS KCl 20 mEq/L  
*500 mL, IV, Routine, mL/hr, Reference rate: 4 mL/kg/hr*

**Medications**

- +1 Hours** acetaminophen  
*10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine (DEF)\**  
*Comments: For temperature greater than 38 degrees Celsius, Max Dose=75 mg/kg/day up to 4 grams/day*  
*10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Max dose = 75 mg/kg/day up to 4g/day*
- +1 Hours** famotidine  
*0.5 mg/kg, Ped Injectable, IV, q12h, Routine, Max Daily Dose = 20 mg/dose or 40 mg/day*

**Consults/Notifications/Referrals**

- Notify Physician-Continuing  
*Notify: Resident on call, Notify For: for vomiting after two consecutive feedings.*
- Notify Physician-Continuing  
*Notify: Resident on call, Notify For: of temperature 38.0 degrees C or greater, urinary output less than 1mL/kg/hr over 4hours, or signs/symptoms of surgical site infection.*
- Notify Physician-Once  
*Notify: Resident on call, Notify For: after patient has tolerated second feeding of at least 60mL*
- Dietitian Clinical Consult  
*Routine, 0*

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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

