

Physician Orders

LEB General Surgery Burn Post-op Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB GEN SURG Burn Post Op Phase, When to Initiate:
<input type="checkbox"/>	Return to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N, Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital signs	T;N, Temperature, Pulse, Respirations, Blood Pressure every 4 hours
Activity		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Bedrest w/BRP	T;N
<input type="checkbox"/>	Out of Bed	T;N, Activity as Tolerated
Food/Nutrition		
<input type="checkbox"/>	High Calorie High Protein Diet	T;N
<input type="checkbox"/>	NPO	T; 2359
<input type="checkbox"/>	NPO Communication Nsg	T;N, See Special instruction, May have Clear Liquid Diet until 0600
<input type="checkbox"/>	Tube Feeding Titrate Peds	T;N, Product: _____, Start Rate mL/hr: _____, Increase Frequency: _____, Increase rate by (mL) _____, to goal rate: _____
Patient Care		
<input type="checkbox"/>	LEB PICC line insertion plan	see separate sheet
<input type="checkbox"/>	LEB Convert IV to Hepwell Plan	see separate sheet
<input type="checkbox"/>	O2 Sat- Continuous Monitoring (NSG)	T;N, Routine, q2h
<input type="checkbox"/>	Daily weights	T;N, Routine, qEve
<input type="checkbox"/>	Dressing Care	T;N, Special Instructions: Keep dressings dry, reinforce if soiled
<input type="checkbox"/>	Wound Care	T;N, TID, Topical Therapy: other (see special Instructions), Site: Face, wash wounds with washcloth and water then apply prescribed antibiotic ointment
<input type="checkbox"/>	Wound Care	T;N, BID, Topical Therapy: other (see special Instructions), Site: Ear Left, wash wounds with washcloth and water then apply prescribed antibiotic ointment
<input type="checkbox"/>	Wound Care	T;N, BID, Topical Therapy: other (see special Instructions), Site: Ear Right, wash wounds with washcloth and water then apply prescribed antibiotic ointment
<input type="checkbox"/>	NGT insert	T;N, Feeding tube for enteral nutrition



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Supplies	
[]	Supply to Bedside T;N, Mepilex AG8"X8" sheet- Already applied
[]	Supply to Bedside T;N, Therabond--Already applied
[]	Supply to Bedside T;N, Acticoat--Already applied
[]	Supply to Bedside T;N, Xeroform gauze--Already applied
[]	Supply to Bedside T;N, Replicare--Already applied
[]	Supply to Bedside T;N, Biobrane--Already applied
[]	Supply to Bedside T;N, Adaptic--Already applied
Continuous Infusions	
[]	D5 1/2NS KCL 20mEq/L 1000mL,IV,Routine,T;N, at ____ mL/hr
Medications	
[]	LEB Morphine PCA see separate sheet
[]	morPHINE ____ mg, (0.1 mg/kg), Injection, IV, q3h, PRN Pain, Routine, T;N, (for 3 day) Max initial dose = 2 mg
[]	docusate ____ mg, (2.5 mg/kg), Liq, PO, bid, Routine, T;N, (1 mL = 10 mg),
[]	docusate 50 mg, Cap, PO, bid, Routine, T;N
[]	acetaminophen ____mg(10mg/kg), Liq, PO, q4h, PRN Pain or temperature greater than 38, T;N, Max Dose=90 mg/kg/day up to 4 g/day
[]	acetaminophen ____mg (10 mg/kg), chew tab, PO, q4h, PRN Pain or Fever, T;N, For temperature greater than 38 Max Dose = 90 mg/kg/day up to 4 g/day, (1 tab= 80mg)
[]	acetaminophen 325mg, tab, PO, q4h, PRN Fever, T;N, Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen ____mg (10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, For temperature greater than 38, Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen-HYDROcodone oral elixir ____mg (0.2mg/kg) Elixir, PO, q4h PRN Pain,T;N, (for 5 day), Max dose = 10 mg (5mL = 2.5mg HYDROcodone)
[]	acetaminophen-HYDROcodone 5 mg-325 mg oral tablet 1 tab, Tab, PO, q4h, PRN Pain, Routine, T;N (for 5day), (1 tab = 5 mg HYDROcodone)
[]	diphenhydrAMINE ____mg (1mg/kg) Injection, IV, q6h, PRN itching, Routine, T;N, Max dose = 50 mg
[]	diphenhydrAMINE ____mg (1mg/kg) CAP,PO, q6h, PRN itching, Routine, T;N, Max dose = 50 mg
[]	diphenhydrAMINE ____mg (1mg/kg) Elixir, PO, q6h, PRN itching, Routine, T;N, Max dose = 50 mg, (5mL = 12.5mg)
[]	hydroOXYzine pamoate ____mg (0.5mg/kg) Syrup, PO, q6h, PRN itching, Routine, T;N
[]	hydroOXYzine hydrochloride 25 mg Tab PO, q6h, PRN itching, Routine, T;N
[]	ranitidine ____mg(1mg/kg), injection, IV, q8h, routine, T;N, Max dose = 150 mg/day
[]	bacitracin topical 1 application, Ointment, TOP, TID, Routine, T;N, Apply to Facial Burns

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Medications continued	
[]	bacitracin/neomycin/polymixin B topical 1 application, Ointment, TOP, prn, PRN Burns, Routine, T;N, Only apply to burn in starlight room
[]	collagenase topical 1 application, Ointment, TOP, prn, PRN Burns, Routine, T;N, Only apply to burn in starlight room
[]	silver sulfADIAZINE topical 1 application, Cream, TOP, prn, PRN Burns, Routine, T;N, Only apply to burn in starlight room
[]	mafenide topical 85 mg/g cream 1 application, Cream, TOP, BID, Routine, T;N, Apply to ears
Consults/Notifications	
[]	Notify Resident-Continuing T;N, Routine, Notify Who: Surgery Resident on call, Notify for: if dressings become contaminated with stool or urine or saturated with drainage or blood
[]	Physical Therapy Ped Eval & Tx T;N, Routine, Reason: Burn, evaluate and treat
[]	Occupational Therapy Ped Eval & Tx T;N, Routine, Reason: Burn, evaluate and treat
[]	Nutrition Services Consult T;N, Routine, Type of Consult: Enteral/Tube Feeding, Special Instructions: Burn Patient
[]	Consult Medical Social Work T;N, Routine, Reason: Burn patient

Date Time

Physician's Signature

MD Number

#s