



Physician Orders PEDIATRIC: LEB Neurology Epilepsy Craniotomy Postop Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase

Phase: LEB Neuro Epilepsy Crani Postop Phase, When to Initiate: _____

LEB Neurology Epilepsy Craniotomy Postop

Admission/Transfer/Discharge

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

Vital Signs

- Vital Signs
post op

Activity

- Bedrest
Out Of Bed
tid
Up
With Assistance
Activity As Tolerated
Up Ad Lib

Food/Nutrition

- NPO
Start at: T
Breastfeed
LEB Formula Orders Plan(SUB)*
Regular Pediatric Diet
Clear Liquid Diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
start clear liquids and advance to regular diet as tolerated
Neurovascular Checks
q1h x 2hrs, then q2h x 8hrs, then q4h x 48hrs, then q8h
Seizure Precautions
Elevate Head Of Bed
30 degrees
Intake and Output
Routine, q2h(std)





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- 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.

- O2 Sat Monitoring NSG

Continuous Infusion

- Sodium Chloride 0.9%
IV, Routine, (for 1 dose), mL/hr (infuse over 30 min)
- D5 1/2NS
1,000 mL, IV, Routine, mL/hr
- D5 1/4 NS
1,000 mL, IV, Routine, mL/hr
- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr
- D5 1/4 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr

Medications

- +1 Hours** ceFAZolin
25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose), Max dose = 1 gram
Indications for vancomycin surgical prophylaxis include: allergy to cephalosporins and/or treatment for methicillin resistant staph aureus(NOTE)*
- +1 Hours** vancomycin
10 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 3 dose), Max dose = 1 gram
- +1 Hours** acetaminophen-codeine #3
1 tab, Tab, PO, q6h, PRN Pain, Routine, (for 5 day), (1 tab = 30mg codeine)
- +1 Hours** acetaminophen-codeine 120 mg-12 mg/5 mL oral liquid
0.75 mg/kg, Liq, PO, q6h, PRN Pain, Routine, (for 5 day), (5mL = 12mg codeine), Max dose = 24mg
- +1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Routine, (for 5 day), (5 mL = 2.5 mg HYDROcodone), Max dose = 10mg
- +1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Routine, (for 5 day), (1 tab = 5 mg HYDROcodone),Max dose = 10 mg
- +1 Hours** acetaminophen
 - 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)**
 - 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day*





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- 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours** ibuprofen
10 mg/kg, Oral Soln, PO, q8h, PRN Pain, Routine, Max dose = 800 mg
- +1 Hours** ibuprofen
200 mg, Tab, PO, q8h, PRN Pain, Routine
- +1 Hours** morphine
0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Severe (8-10), Routine, (for 3 day), Max dose = 6mg
- +1 Hours** morphine
0.1 mg/kg, Ped Injectable, IV, once, Pain, Severe (8-10), Routine, Max dose = 6mg
Comments: On call for MRI
- +1 Hours** dexamethasone
0.1 mg/kg, Ped Injectable, IV Push, q6h, Routine
- +1 Hours** ondansetron
0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea, Routine, Max dose = 4mg (DEF)*
4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea, Routine
- +1 Hours** ondansetron
0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea, Routine, Max dose = 8 mg
- +1 Hours** ranitidine
2 mg/kg, Liq, PO, bid, Routine, Max dose = 300mg/day
- +1 Hours** famotidine
0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day
- +1 Hours** diazepam
 - 2.5 mg, Gel, PR, q8h, PRN Seizure Activity, Routine (DEF)*
 - 5 mg, Gel, PR, q8h, PRN Seizure Activity, Routine
 - 7.5 mg, Gel, PR, q8h, PRN Seizure Activity, Routine
 - 10 mg, Gel, PR, q8h, PRN Seizure Activity, Routine
 - 15 mg, Gel, PR, q8h, PRN Seizure Activity, Routine
 - 20 mg, Gel, PR, q8h, PRN Seizure Activity, Routine
- +1 Hours** diazepam
0.1 mg/kg, Injection, IV Push, once, Seizure Activity, STAT, Max dose = 15mg
- +1 Hours** diazepam
0.1 mg/kg, Injection, IV Push, q8h, PRN Seizure Activity, Routine, Max dose = 15mg
- +1 Hours** fosphenytoin
2.5 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, dose expressed as mg of phenytoin equivalents





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- +1 Hours** levETIRAcetam
20 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine

Laboratory

- CBC
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- Phenytoin Level
STAT, T;N, once, Type: Blood
- CBC
Routine, T;N, qam x 1 occurrence, Type: Blood
- BMP
Routine, T;N, qam x 1 occurrence, Type: Blood
- Phenytoin Level
Routine, T;N, qam x 1 occurrence, Type: Blood

Diagnostic Tests

- Skull < 4 view
*T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
Comments: Post op Craniotomy*
- LEB MRI Brain & Stem WO Cont Plan(SUB)*

Consults/Notifications/Referrals

- Notify Physician-Continuing
Notify: MD, Notify For: temperature > 38.5 degrees, neuro changes, or CSF leak
- Consult MD
Consult Who: pediatrics Reason for Consult: _____
- Consult Medical Social Work
Reason for Consult: _____
- Consult Clinical Dietitian
Type of Consult: _____
- Consult Child Life
T;N
- Physical Therapy Ped Eval & Tx
- Occupational Therapy Ped Eval & Tx
- Speech Therapy Ped Eval & Tx
Reason for Exam: _____

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

