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)
Physician Orders PEDIATRIC: LEB Neurology Epilepsy Craniotomy Postop Plan

☐ 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
Physician Orders PEDIATRIC: LEB Neurology Epilepsy Craniotomy Postop Plan

- 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
Physician Orders PEDIATRIC: LEB Neurology Epilepsy Craniotomy Postop Plan

- **+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 ______________________
Physician Orders PEDIATRIC: LEB Neurology Epilepsy Craniotomy Postop Plan

*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