



attach patient label

Physician Orders

PED ENT Surgery 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"/>	Initiate Powerplan Phase	T;N, Phase: PED ENT Surg Postop Phase
Admission/Transfer/Discharge		
<input type="checkbox"/>	Return Patient to Room	T;N
Condition		
<input type="checkbox"/>	Condition	T;N
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, post op
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	T & A Soft Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated.
<input type="checkbox"/>	Encourage PO Fluids	T;N
<input type="checkbox"/>	IV Discontinue When Tolerating PO	T;N
<input type="checkbox"/>	IV Discontinue When Bag Complete	T;N
<input type="checkbox"/>	IV Discontinue	T;N, Routine, prior to discharge
<input type="checkbox"/>	Elevate Head Of Bed	T;N, 30 degrees
<input type="checkbox"/>	Cold Apply	T;N, Neck, ICE Collar, Routine
<input type="checkbox"/>	Dressing Care	T;N, Routine, Action: Change, PRN, drip pad
<input type="checkbox"/>	Dressing Care	T;N, Routine, Action: Reinforce Only, PRN
<input type="checkbox"/>	Trach Care	T;N, Routine, q-shift
<input type="checkbox"/>	Suction Set Up	T;N, Routine, Yankeur suction at bedside for patient use.
<input type="checkbox"/>	Suction Patient	T;N, q2h(std), PRN, Nasal
<input type="checkbox"/>	Suction Patient	T;N, q2h(std), PRN, Oral
<input type="checkbox"/>	Suction Patient	T;N, q2h(std), PRN, Trach
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
<input type="checkbox"/>	PED ENT Discharge Orders	see separate sheet
Respiratory Care		
<input type="checkbox"/>	Simple Facemask	T; N, _____ L/min, Titrate to keep O2 sat \geq 92%, Wean to room air
<input type="checkbox"/>	O2-AFM	T; N, _____ L/min, Titrate to keep O2 sat \geq 92%, Wean to room air
Continuous Infusions		
<input type="checkbox"/>	Lactated Ringers (LR)	1000mL, IV, Routine, T;N, at _____ mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, IV, Routine, T;N, at _____ mL/hr





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Medications		
[]	acetaminophen-codeine liquid	_____mg(1mg/kg),Liq,PO,q6h,PRN pain,routine,T;N, (5mL=12mg codeine) Max dose= 24mg
[]	acetaminophen-codeine #3	1 tab,Tab,PO,q6h,PRN pain, routine,T;N (1 tab = 30mg codeine)
[]	acetaminophen-HYDROcodone oral elixir	_____mg(0.2mg/kg),Elixir,PO,q6h,PRN Pain,routine,T;N, (5mL = 2.5mg HYDROcodone), Max dose= 10mg
[]	acetaminophen-HYDROcodone 325mg-5mg oral tablet	1 tab,Tab,PO,q4h,PRN Pain, routine, T;N (1 tab = 5mg of HYDROcodone), Max dose= 10mg
[]	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN nausea/vomiting, routine,T;N, Max dose= 4mg
[]	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN nausea/vomiting, routine,T;N
[]	ondansetron	_____mg(0.1 mg/kg),injection,IVPush,q8h,PRN nausea/vomiting, routine,T;N, Max dose= 4mg
Consults/Notifications		
[]	Notify Physician-Continuing	T;N, of O2 sat less than 90%, temperature 38.0 degrees or greater, nausea/vomiting, stridor, or signs/symptoms of surgical site infection
[]	Notify Physician-Continuing	T;N, For: _____, Who: _____
[]	Notify Physician-Once	T;N, For: _____, Who: _____

Date

Time

Physician's Signature

MD Number