Physician Orders PEDIATRIC: LEB Oral Maxillofacial Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase

Phase: LEB Oral Maxillofacial Postop Phase, When to Initiate: ______________________

LEB Oral Maxillofacial Post Op Phase

Admission/Transfer/Discharge

☐ Transfer Pt within current facility
☐ Return Patient to Room
☐ Notify Physician-Once 

Notify For: Of room number on arrival to unit.

Vital Signs

☐ Vital Signs

☐ Monitor and Record T,P,R,BP (DEF)*
☐ Monitor and Record T,P,R,BP, q4h(std)

Activity

☐ Activity As Tolerated

Up Ad Lib

☐ Bedrest

Strict bedrest, do not ambulate

☐ Ambulate

☐ With Assistance (DEF)*

may ambulate in halls with assistance

Food/Nutrition

☐ NPO
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ Clear Liquid Diet

Start at: T;N

☐ Full Liquid Diet

Start at: T;N

☐ GI Soft Diet

Patient Care

☐ Advance Diet As Tolerated

Start clear liquids and advance to regular diet as tolerated.

☐ Isolation Precautions

☐ Intake and Output

Routine, q2h(std)

☐ Daily Weights

Routine, qEve

☐ O2 Sat Spot Check-NSG

with vital signs

☐ O2 Sat Monitoring NSG

Cardiopulmonary Monitor

Routine, 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.

☐ Elevate Head Of Bed

30 degrees
Physician Orders PEDIATRIC: LEB Oral Maxillofacial Post Op Plan

- Ice Pack Apply
  - Face, Ice Pack
- Dressing Care
  - Routine, may change dressing PRN - do not change more frequently than q1h
- Wound Care
  - Frequency: q8h(std), Clean/Irrigate With: Sterile Normal Saline
- Wire Cutters To Bedside
  - Routine, cut maxillo mandibular fixation wires only in emergency
- Suction Set Up
  - Routine, Yankauer suction at bedside for patient use
- Indwelling Urinary Catheter Care
  - indwelling urinary catheter to gravity
- Indwelling Urinary Catheter Remove
  - Routine
- Sequential Compression Device Apply
  - Apply To Lower Extremities, until mobilized out of bed
- Bedside Glucose Nsg
  - once
- Incentive Spirometry NSG
  - q2h-Awake

Respiratory Care
- Oxygen Delivery
  - Routine, Special Instructions: Titrate to keep O2 sat greater than or equal to 92%. Wean to room air.

Continuous Infusion
- Lactated Ringers Injection
  - 1,000 mL, IV, Routine, mL/hr
- Sodium Chloride 0.9%
  - 1,000 mL, IV, Routine, mL/hr
- 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

Medications
- +1 Hours acetaminophen
  - 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)^*
  - 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
  - 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours acetaminophen
  - 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
  - Comments: May give PR if unable to take PO
- +1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
  - 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 3 day ), (1 tab = 5 mg OXYcodone), Max dose = 10mg
- +1 Hours ketorolac
  - 0.5 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 5 day ), Max dose = 30mg
Physician Orders PEDIATRIC: LEB Oral Maxillofacial Post Op Plan

- **+1 Hours** morphine
  - 0.1 mg/kg, Ped Injectable, IV Push, q3h, PRN Pain, Moderate (4-7), Routine, (for 3 day ), Max initial dose = 2 mg (DEF)*
  - 2 mg, Ped Injectable, IV Push, q3h, PRN Pain, Moderate (4-7), Routine, (for 3 day )
  - 4 mg, Ped Injectable, IV Push, q3h, PRN Pain, Severe (8-10), Routine, (for 3 day )

- **+1 Hours** Chlorhexidine oral rinse
  - 15 mL, Liq, Mucous Membrane, bid, Routine
  - Comments: Swish for 30 seconds and spit

- **+1 Hours** oxymetazoline 0.05% nasal spray
  - 2 spray, Spray, Nasal, q4h, Routine, To be used in patients >= 6 years

- **+1 Hours** docusate
  - 2.5 mg/kg, Oral Susp, PO, bid, Routine (DEF)*
  - 100 mg, Cap, PO, bid, Routine

- **+1 Days** ranITIdine
  - 2 mg/kg, Syrup, PO, bid, Routine, Max dose = 150mg/dose (DEF)*
  - 75 mg, Tab, PO, QDay, Routine
  - 75 mg, Tab, PO, bid, Routine
  - 150 mg, Tab, PO, QDay, Routine
  - 150 mg, Tab, PO, bid, Routine

- **+1 Hours** ondansetron
  - 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
  - Comments: Max dose = 8 mg

- **+1 Hours** ondansetron
  - 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

- **+1 Hours** ondansetron
  - 0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
  - Comments: Max dose = 4 mg

- **+1 Hours** penicillin G potassium
  - 50,000 units/kg, Injection, IV Piggyback, q6h, (for 14 day ) (DEF)*
  - 2 million-units, Injection, IV Piggyback, q6h, (for 14 day )

- **+1 Hours** clindamycin
  - 10 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day ), Max dose = 4.8 grams/day

- **+1 Hours** clindamycin
  - 10 mg/kg, Oral Soln, PO, q8h, Routine, (for 14 day ), Max dose = 1.8 grams/day (DEF)*
  - 10 mg/kg, Cap, PO, q8h, Routine, (for 14 day ), Max dose = 1.8 grams/day

- **+1 Hours** metroNIDAZOLE
  - 7.5 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day ), Max dose = 4 grams/day

- **+1 Hours** metroNIDAZOLE
  - 7.5 mg/kg, Oral Soln, PO, q6h, Routine, (for 14 day ), Max dose = 4 grams/day (DEF)*
  - 7.5 mg/kg, Tab, PO, q6h, Routine, (for 14 day ), Max dose = 4 grams/day

- **+1 Hours** ceFAZolin
  - 25 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day ), Max dose = 12 grams/day

- **+1 Hours** ampicillin-sulbactam
  - 50 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day ), Dose expressed as mg of ampicillin, Max dose = 8 grams/day (DEF)*
  - 1 g, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day ), Dose expressed as mg of
Physician Orders PEDIATRIC: LEB Oral Maxillofacial Post Op Plan

- ampicillin, Max dose = 8 grams/day

- +1 Hours levofloxacin
  10 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, (for 14 day )

- +1 Hours levofloxacin
  10 mg/kg, Tab, PO, q12h, Routine, (for 14 day )

- +1 Hours penicillin V potassium
  7.5 mg/kg, Oral Susp, PO, q6h, (for 14 day ) (DEF)*
  500 mg, Tab, PO, q6h, (for 14 day )

- +1 Hours amoxicillin-clavulanate 400 mg-57 mg/5 mL oral liquid
  20 mg/kg, Oral Susp, PO, q12h, Routine, (for 14 day ), dose expressed as mg of amoxicillin

- +1 Hours amoxicillin-clavulanate 500 mg-125 mg oral tablet
  500 mg, Tab, PO, q12h, Routine, (for 14 day ), dose expressed as mg of amoxicillin

Laboratory

- CBC
  STAT, T;N, once, Type: Blood

- BMP
  Routine, T;N, once, Type: Blood

- PT/INR
  Routine, T;N, once, Type: Blood

- PTT
  Routine, T;N, once, Type: Blood

- CRP
  Routine, T;N, once, Type: Blood

- Hepatic Panel
  Routine, T;N, once, Type: Blood

- Glucose Level
  Routine, T;N, once, Type: Blood

- CBC
  Routine, T+1;0400, once, Type: Blood

- Urinalysis w/Reflex Microscopic Exam
  Routine, T;N, once, Type: Urine, Nurse Collect

- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*
- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*

Diagnostic Tests

- Chest PA & Lateral
  T;N, Routine, Wheelchair (DEF)*
  T+1;0800, Routine, Wheelchair

- LEB CT Maxillofacial Area WO Cont Plan(SUB)*

Consults/Notifications/Referrals

- Notify Physician-Once
  Notify For: inability to void within 4 hrs of Foley removal.

- Notify Physician-Continuing
  Notify For: dressing changes needed more frequently than q1h

- Consult Physician Group
  Reason for Consult:

- Consult MD
  Consult Who:
  Reason for Consult:

- Dietitian Consult/Nutrition Therapy
  Type of Consult:

Physician Orders PEDIATRIC: LEB Oral Maxillofacial Post Op Plan

☐ Lactation Consult
☐ ST Ped Eval & Tx
Reason for Exam:________________________

Date___________ Time___________ Physician’s Signature ___________ MD Number

*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