**Physician Orders PEDIATRIC: LEB GEN SURG Pectus Excav POD 1 Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowrPlans**

- **Initiate Powerplan Phase**

  **Phase: LEB GEN SURG Pectus Excav POD 1 Phase, When to Initiate:__________**

**LEB GEN SURG Pectus Excav POD 1 Phase**

**Activity**

- Out Of Bed
  - *Up To Chair, bid, with PT assistance for the first time out of bed*
- Ambulate
  - *bid, With Assistance, with PT assistance for the first time ambulating*

**Food/Nutrition**

- Regular Pediatric Diet

**Patient Care**

- DC IV Fluids When Tolerating PO
  - *T;N, DC IV Fluids and Heplock IV when tolerating PO*
- Foley Remove
- Indwelling Urinary Catheter Insert-Follow Removal Protocol

**Nursing Communication**

- Nursing Communication
  - *Please discontinue PCA basal rate.*

**Continuous Infusion**

- **D5 1/2NS**
  - *1,000 mL, IV, Routine, TKO*  
  - *Comments: To infuse TKO with PCA.*

**Medications**

- **+1 Hours** bisacodyl
  - *10 mg, Supp, PR, QDay, Routine, May hold if patient has had a BM in last 24 hours*
- **+1 Hours** docusate
  - *100 mg, Cap, PO, bid, Routine*
- **+1 Hours** methocarbamol
  - *500 mg, Tab, PO, tid, Routine*
- **+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 = 5mg oxyCODONE)*

**Consults/Notifications/Referrals**

- **Notify Physician-Continuing**
  - *Notify: physician, Notify For: if unable to void 8 hours after Foley removal*
- **Pharmacy Consult**
  - *Reason: Discontinue PCA basal rate*

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**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
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R-Required order