



Physician Orders PEDIATRIC: LEB UROL Bladder Augmentation/MACE/Mitrofanoff Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: LEB UROL Blad Aug/MACE/Mitro Postop Phase, When to Initiate:_____

LEB UROL Blad Aug/MACE/Mitro Post Op Phase

Admission/Transfer/Discharge

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

Vital Signs

- ☐ Vital Signs
Monitor and Record T,P,R,BP, post op, then q4h

Activity

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

Food/Nutrition

- ☐ NPO
- ☐ 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.
- ☐ Foley Care
to gravity
- ☐ Dressing Care
- ☐ Drain Care
- ☐ Supply Request CSR
Geomat
- ☐ Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor
- ☒ Incentive Spirometry NSG
q1h-Awake

Respiratory Care

- ☐ RT Assess and Call
Routine, Special Instructions: BHH Protocol

Continuous Infusion

- ☐ D5 1/2NS
1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/4 NS
1,000 mL, IV, Routine, mL/hr

Medications

- ☐ **+1 Hours** diphenhydrAMINE
1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, max dose = 50mg, (5mL = 12.5mg)
- ☐ **+1 Hours** diphenhydrAMINE
1 mg/kg, Ped Injectable, IV, q4h, PRN Itching, Routine, max dose = 50 mg




Physician Orders PEDIATRIC: LEB UROL Bladder Augmentation/MACE/Mitrofanoff Post Op Plan

- ☐ **+1 Hours** B & O Suppettes 15-A
 - ☐ 0.25 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine (DEF)*
 - ☐ 0.33 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
 - ☐ 0.5 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
 - ☐ 1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
- ☐ **+1 Hours** hyoscyamine elixir
 - ☐ 31.25 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (1.25 mL = 31.25 mcg) (DEF)*
 - ☐ 62.5 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (2.5 mL = 62.5 mcg)
 - ☐ 125 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (5 mL = 125 mcg)
- ☐ **+1 Hours** hyoscyamine
 - ☐ 0.125 mg, Tab, PO, q4h, PRN Bladder Spasm, Routine
- ☐ **+1 Hours** oxybutynin
 - ☐ 0.2 mg/kg, Susp, PO, tid, Bladder Spasm, Routine, 1 to 5 years (DEF)*
 - ☐ 0.2 mg/kg, Tab, PO, tid, Bladder Spasm, Routine, 1 to 5 years
- ☐ **+1 Hours** oxybutynin extended release
 - ☐ 5 mg, ER Tablet, PO, QDay, Routine, greater than or equal to 6 years

Anti-infectives

- ☐ **+1 Hours** Triple Antibiotic
 - ☐ 1 application, Ointment, TOP, tid, PRN Wound Care, Routine
- ☐ **+1 Hours** ampicillin
 - ☐ 25 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 14 day), Max dose = 12 grams/day
- ☐ **+1 Hours** Gentamicin Bladder Irrigation 0.48 mg/mL (Pediatric)
 - ☐ 30 mL, Topical Soln, IRR, QNight, Routine
 - ☐ Comments: Instill into bladder
- ☐ **+1 Hours** nitrofurantoin
 - ☐ 2 mg/kg, Oral Soln, PO, QDay, Routine, (for 14 day), Max dose = 100 mg/day, UTI Prophylaxis (DEF)*
 - ☐ 50 mg, Cap, PO, QDay, Routine, (for 14 day)
 - ☐ 100 mg, Cap, PO, QDay, Routine, (for 14 day)
- ☐ **+1 Hours** sulfamethoxazole-trimethoprim susp
 - ☐ 2 mg/kg, Susp, PO, q24h, Routine, (for 14 day), UTI Prophylaxis, dosed as mg of TMP

Analgesics

- ☐ **+1 Hours** acetaminophen
 - ☐ 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
 - ☐ 10 mg/kg, Liq, 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 suppository if unable to take oral medication.
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
 - ☐ 0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Moderate (4-7), 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, Moderate (4-7), Routine, (for 5 day), (1 tab = 5 mg HYDROcodone), Max dose = 10 mg
- ☐ **+1 Hours** morphine
 - ☐ 0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Breakthrough, Routine, (for 3 day), Max initial dose = 2mg





Physician Orders PEDIATRIC: LEB UROL Bladder Augmentation/MACE/Mitrofanoff Post Op Plan

Bowel Preparation

- ☐ **+1 Hours** bisacodyl
10 mg, Supp, PR, QDay, PRN Constipation, Routine
- ☐ **+1 Hours** polyethylene glycol 3350
1 g/kg, Powder, PO, QDay, Routine, Max dose = 17 grams
- ☐ **+1 Hours** magnesium citrate
 - ☐ 3 mL/kg, Liq, PO, q6h, Routine, (for 2 dose) [Less Than 7 year] (DEF)*
 - ☐ 100 mL, Liq, PO, q6h, Routine, (for 2 dose) [7 - 12 year]
 - ☐ 150 mL, Liq, PO, q6h, Routine, (for 2 dose) [Greater Than or Equal To 12 year]
- ☐ **+1 Hours** sodium biphosphate-sodium phosphate enema pediatric
66 mL, Enema, PR, once, Routine, (2 to 11 years)
- ☐ **+1 Hours** sodium biphosphate-sodium phosphate enema adult
133 mL, Enema, PR, once, Routine

Antiemetics

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

Laboratory

- ☐ CBC
T;N, Routine, once, Type: Blood
- ☐ BMP
T;N, Routine, once, Type: Blood
- ☐ Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Urine Culture
Routine, T;N, Specimen Source: Urine, Nurse Collect

Diagnostic Tests

- ☐ Abdomen 1 View
T;N, ROUTINE, Wheelchair

Consults/Notifications/Referrals

- ☐ Notify Physician-Continuing
Notify For: Urology on call for questions
- ☐ Notify Physician For Vital Signs Of
- ☐ Consult MD Group
- ☐ Consult MD
- ☐ Urodynamics Teaching Consult LEB
Topic: Clean Intermittent Catheterization
- ☐ Consult Wound Care Nurse

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





Physician Orders PEDIATRIC: LEB UROL Bladder Augmentation/MACE/Mitrofanoff Post Op Plan

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, separate sheet

R-Required order

