Physician Orders PEDIATRIC: LEB NEURO SURG Shunt Rev Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
  
  Phase: LEB Neuro Surg Shunt Rev Postop Phase, When to Initiate:__________________

LEB NEURO SURG Shunt Rev Post Op Phase

Admission/Transfer/Discharge

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

Vital Signs

- Vital Signs w/Neuro Checks
  
  - post op then q2h (DEF)*
  
  - post op then q4h

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.
- Nothing Per Rectum
  
  T;N
- Isolation Precautions
- Seizure Precautions
- Elevate Head Of Bed
  
  30 degrees
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☐ Intake and Output
  Routine, q2h(std)

☐ Drain Care
  Place externalized shunt bag at _____ level.

☐ 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.

☐ Instruct/Educate
  Instruct: Patient and Family, Shunt Education

☐ O2 Sat Monitoring NSG

☐ Sequential Compression Device Apply
  Apply To Lower Extremities

Respiratory Care
☐ Oxygen Delivery
  Special Instructions: Titrate to keep O2 sat =/> 92%.  Wean to room air

Continuous Infusion
☐ D5NS KCl 20 mEq
  1,000 mL, IV, Routine, mL/hr

☐ D5 1/2NS
  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-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 = 90 mg/kg/day up to 4 g/day
  (DEF)*

☐ +1 Hours acetaminophen
  80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours acetaminophen
  325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours acetaminophen
  10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day
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+1 Hours ibuprofen
- 10 mg/kg, Oral Soln, PO, q6h, PRN Pain, Routine, Max dose = 600 mg (DEF)*
- 200 mg, Tab, PO, q6h, 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 (DEF)*
- 0.1 mg/kg, Ped Injectable, IV, once, Routine, Max dose = 6 mg
  Comments: on call for MRI

+1 Hours dexamethasone
- 0.1 mg/kg, Ped Injectable, IV Push, q6h, Routine, Max dose = 4 mg

+1 Hours ondansetron
- 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4 mg (DEF)*
- 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

+1 Hours diphenhydrAMINE
- 1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, Max Dose = 50mg, (5mL = 12.5mg)

+1 Hours docusate
- 2.5 mg/kg, Oral Susp, PO, prn, PRN Constipation, Routine, (1 mL = 10 mg)

+1 Hours ranitidine
- 2 mg/kg, Liq, PO, bid, Routine, Max dose = 300 mg/day

+1 Hours famotidine
- 0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day

+1 Hours lidocaine 4% topical cream
- 1 application, Cream, TOP, prn, NOW, apply before IV starts/procedures

LEB Antiepileptic Medication Orders Plan(SUB)*

+1 Hours ceFAZolin
- 25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose ), max dose is 1 gram

+1 Hours Dulcolax Laxative
- 10 mg, Supp, PR, QDay, PRN Constipation

+1 Hours Colace
- 100 mg, Cap, PO, bid, Routine

+1 Hours Valium
- 0.1 mg/kg, Injection, IV Push, q6h, PRN Muscle Spasm

Laboratory
- CBC
  STAT, T;N, once, Type: Blood
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☐ BMP

| STAT, T;N, once, Type: Blood |

Diagnostic Tests

☐ CT Brain/Head WO Cont

| T+1:0600, Reason for Exam: Other, Enter in Comments, Routine, Stretcher |

☐ Shunt Series

| T+1:0600, Reason for Exam: Other, Enter in Comments, Routine, Stretcher |

| Comments: Reason for Exam: Follow-up distal shunt catheter placement. |

Consults/Notifications/Referrals

☐ Notify Resident-Continuing

| Notify: Neurosurgery Resident, Notify For: Of temperature > 38.5 degrees or neuro changes. |

☐ Consult MD

| Consult Who:________________ Reason for Consult:__________________________ |

☐ Nutritional Support Team Consult

| Reason: Parenteral Nutrition Support |

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