



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)**
 - 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day*
 - 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

