Physician Orders PEDIATRIC: LEB GEN SURG Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase

Phase: LEB GEN SURG Post Op Phase, When to Initiate:____________

LEB GEN SURG Post Op Phase
Admission/Transfer/Discharge
- Return Patient to Room
- Transfer Pt within current facility

Vital Signs
- Vital Signs
  Monitor and Record T,P,R,BP, q4h(std)

Activity
- Bedrest
  Routine
- Bedrest w/BRP
- Out Of Bed
  Up As Tolerated

Food/Nutrition
- NPO
- Clear Liquid Diet
  Start at: T,N

Patient Care
- Nothing Per Rectum
  Place sign above patient’s bed-Nothing per rectum., T,N
- Advance Diet As Tolerated
- Intake and Output
  Routine, q2h(std)
- Cardiopulmonary Monitor
  Monitor Type: CP Monitor, Special Instructions: Upon arrival to floor
- O2 Sat Spot Check-NSG
  q4h(std)
- O2 Sat Continuous Monitoring NG
  q2h(std)
- NGT Insert
- NGT
  Suction Strength: Low Intermittent
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
  Bedside gravity drainage
- Indwelling Urinary Catheter Care
  Bedside gravity drainage
- LEB Convert IV to INT/ Hepwell Plan(SUB)*
- LEB PICC Line Insertion Plan(SUB)*
- Incentive Spirometry NSG
  q1h-Awake
- Discontinue CP Monitor
  When ALL Criteria met: No NG-Tube, No PCA, No Chest Tube, No Sepsis Alert notified, PEWS of 1, and 24 hour post op.

Respiratory Care
- Oxygen Delivery
  Special Instructions: Titrate to keep O2 sat greater than or equal to 92%.
Continuous Infusion
- D5 1/2 NS KCl 20 mEq/L
  1,000 mL, IV, Routine, mL/hr
- LR
  1,000 mL, IV, Routine, Replacement fluids, Replace NGT output 1mL:1mL q4h

Medications
- +1 Hours acetaminophen
  - 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4 g/day (DEF)*
  - 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4 g/day
- +1 Hours acetaminophen
  - 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, For temperature greater than 38, Max Dose = 75 mg/kg/day up to 4 g/day
  - Comments: Use rectal form if patient unable to take PO
- +1 Hours acetaminophen-HYDROCodone 325 mg-7.5 mg/15 mL oral solution
  - 0.15 mg/kg, Liq, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 5 day ), Max dose = 10 mg,(5 mL = 2.5 mg HYDROCodone)
- +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=10mg
- LEB MorPHINE PCA(SUB)*
- +1 Hours morphine
  - 0.05 mg/kg, Ped Injectable, IV Push, q2h, PRN Pain, Severe (8-10), Routine, (for 3 day ), Max initial dose = 4 mg
  - Comments: Max initial dose = 4 mg
  - NOTE: If acute appendicitis place order below for CeFOXitin:(NOTE)*
- +1 Hours ceFOXitin
  - 40 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose ), Max dose = 12 grams/day
  - NOTE : If perforated appendicitis place order below for CefTRIAXone AND metroNIDAZOLE:(NOTE)*
  - NOTE : If allergic to cephalosporins place order below for ciprofloxacin AND metroNIDAZOLE ::(NOTE)*
- +1 Hours cefTRIAXone
  - 50 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day ), Max dose = 2 grams
- +1 Hours ciprofloxacin
  - 10 mg/kg, Ped Injectable, IV Piggyback, q12h, (for 14 day ), Max dose = 400 mg/dose
- +1 Hours metroNIDAZOLE
  - 30 mg/kg, Ped Injectable, IV Piggyback, q24h, Routine, (for 14 day ), Max 1500mg
- +1 Hours ondansetron
  - 0.1 mg/kg, Ped Injectable, IV Piggyback, q8h, PRN Nausea, Routine, Max dose = 4 mg
- +1 Hours ketorolac
  - 0.5 mg/kg, Ped Injectable, IV Push, q8h, Routine, (for 8 dose ), Max dose = 30 mg
- +1 Hours famotidine
  - 0.5 mg/kg, Ped Injectable, IV, bid, Routine, Max Daily Dose = 20 mg/dose or 40 mg/day

Laboratory
- CBC
  - STAT, T;N, once, Type: Blood
- CBC
  - Routine, T+1,0400, once, Type: Blood
- Hgb & Hct
  - STAT, T;N, once, Type: Blood
- Hgb & Hct
Physician Orders PEDIATRIC: LEB GEN SURG Post Op Plan

- **Routine, T+1;0400, once, Type: Blood**
- **BMP STAT, T;N, once, Type: Blood**
- **BMP Routine, T+1;0400, once, Type: Blood**

**Diagnostic Tests**
- **Portable CXR**
  - **T;N, Stat, Portable**

**Consults/Notifications/Referrals**
- **Notify Physician-Continuing**
  - Notify: Resident on call, Notify For: For temperature greater than 38.0 degrees, persistent vomiting, urinary output less than 1mL/kg/hr over four hours, or signs/symptoms of surgical site infection (erythema/blood/pus)
- **Consult MD Group**
  - Reason for Consult:_______________________, Group:________________________________
- **Consult MD**
  - Consult Who:______________________, Reason for Consult:____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

*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