



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 NSG
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%.





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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, q6h, 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





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- BMP**
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: _____

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

