



MethodistSM Physician Orders

Le Bonheur Healthcare

Care Set: PED SDS Postop Orders

[X or R] = will be ordered unless marked out.

Height: _____ cm Weight: _____ kg

Allergies: _____ [] No known allergies

[] Medication allergy(s): _____

[] Latex allergy [] Other: _____

Admission/Transfer/Discharge

[] Admit Patient to Dr. _____

Admit Status: [] Inpatient [] Routine Post Procedure <24hrs [] 23 hour OBS

NOTE to MD: Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical event, patient does not respond to treatment.

Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8 -24 hours

expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

23 Hour Observation: additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

Bed Type: [] Med/Surg [] Critical Care [] Stepdown [] Telemetry; Specific Unit Location: _____

[] Notify physician of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

[X] Vital Signs Per Unit Protocol T;N

Activity

[X] Activity As Tolerated T;N

Food/Nutrition

[X] Clear Liquid Diet Start at: T;N

Patient Care

[X] IV Discontinue T;N, prior to discharge

Respiratory Care

Continuous Infusions

NOTE: Dose pediatric fluid bolus and pediatric maintenance fluids using formulas

listed below: Fill in volume needed (mL); volume ordered will be infused over 24 hours.

BOLUS FLUID: 10 mL/kg or 20 mL/kg over 30 min or 60 min

MAINTENANCE FLUID:

WEIGHT IN KG	VOLUME NEEDED
<1.5 g	150 mL/kg/day
1500g-2kg	120 mL/kg/day
2.1kg - 10 kg	100 mL/kg/day
11kg - 20 kg	1000 mL+5

[] Lactated Ringers mL, IV, STAT, (infuse over 24 hr)

[] Lactated Ringers mL, IV, STAT, mL/hr

Medications

[] acetaminophen-codeine 0.5 mg/kg, Liq, PO, q4h, PRN Pain, Moderate (4-7), Routine

[] acetaminophen-codeine #3 1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

[] acetaminophen 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild (1-3), Routine

[] promethazine 0.5 mg/kg, Supp, PR, q6h, PRN Nausea, Routine, T;N

Laboratory

Consults/Notifications

[] Notify Physician-Once T;N, when patient meets discharge criteria

Date _____ Time _____ Physician's Signature _____

MD Number _____

