Physician Orders PEDIATRIC: PED ENT Surgery Post Op and Discharge Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
  Phase: PED ENT Surgery Post Op Phase, When to Initiate:____________________

- Initiate Powerplan Phase
  Phase: PED ENT Discharge Orders Phase, When to Initiate:____________________

R Powerplan Open

PED ENT Surgery Post Op Phase
Admission/Transfer/Discharge

- Return Patient to Room
  T;N
  Comments: References and PACU discharge criteria are located on MOLLI.

- Transfer Pt within current facility
  T;N
  Comments: References and PACU discharge criteria are located on MOLLI.

Condition

- Condition

Vital Signs

- Vital Signs
  Monitor and Record T,P,R,BP, post op

Activity

- Out Of Bed
  Up Ad Lib

Food/Nutrition

- NPO
- Clear Liquid Diet
  Start at: T;N

Patient Care

- Advance Diet As Tolerated
  start clear liquids and advance to soft diet as tolerated.

- Daily Weights
  Routine, qEve

- Intake and Output
  q2h(std)

- IV Discontinue When Tolerating PO

- IV Discontinue When Bag Complete

- IV Discontinue
  Routine, prior to discharge

- Elevate Head Of Bed
  30 degrees

- Cold Apply
  Neck, ICE Collar, Routine

- Dressing Care
  Routine, Action: Change, PRN, drip pad (DEF)*
  Routine, Action: Reinforce Only, PRN

- Trach Care
  Routine, q-shift

- Suction Set Up
  Routine, Yankeur suction at bedside for patient use.

- Suction Patient
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☐ q2h(std), PRN, Suction: Nasal (DEF)*
☐ q2h(std), PRN, Suction: Oral
☐ q2h(std), PRN, Suction: Trach

☐ Indwelling Urinary Catheter Care
   indwelling urinary catheter to gravity

☐ Indwelling Urinary Catheter Remove
   Remove in AM

☐ O2 Sat Monitoring NSG
☐ O2 Sat Spot Check-NSG
   T;N, with vital signs

☐ 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.

Nursing Communication
☐ Nursing Communication
   encourage PO fluids

Respiratory Care
☐ Oxygen Delivery (Ped)
   Special Instructions: Titrate to keep O2 sat >= 92%, wean to room air

Continuous Infusion
☐ LR
   1,000 mL, IV, Routine, mL/hr

☐ Sodium Chloride 0.9%
   1,000 mL, IV, Routine, mL/hr

☐ D5 1/2 NS KCl 20 mEq/L
   20 mEq / 1,000 mL, IV, mL/hr

Medications
☐ +1 Hours heparin flush
   1 mL, Ped Injectable, IV Push, prn, PRN Cath Clearance, Routine, Peripheral or central per nursing policy

☐ +1 Hours acetaminophen
   325 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
   80 mg, Chew tab, PO, q4h, Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day [Less Than 18 year]
   10 mg/kg, Liq, PO, q4h, PRN Pain, Mild (1-3), Max Dose = 75 mg/kg/day up to 4g/day

☐ +1 Hours acetaminophen
   10 mg/kg, Supp, PR, q4h, PRN Pain, Mild (1-3), Routine, May give PR if unable to take PO. Max Dose = 75 mg/kg/day up to 4g/day [Less Than 18 year]

☐ +1 Days ibuprofen
   10 mg/kg, Oral Soln, PO, q6h, PRN Pain, Mild or Fever, Routine, unrelied by acetaminophen, Max dose = 600 mg [Less Than 18 year] (DEF)*
   200 mg, Tab, PO, q6h, Pain, Mild or Fever, Routine, unrelied by acetaminophen

☐ +1 Hours acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
   0.15 mg/kg, Elixir, PO, q6h, PRN Pain, Moderate (4-7), Routine, (for 5 day ), (5 mL = 2.5 mg HYDROcodone), Max dose = 7.5mg

☐ +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
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HYDROcodone), Max dose = 7.5 mg

+1 Hours ondansetron
  0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8mg

+1 Hours ondansetron
  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 = 4 mg

Laboratory

- CBC
  Routine, T;N, once, Type: Blood

- BMP
  Routine, T;N, once, Type: Blood

Diagnostic Tests

- Chest PA & Lateral
  T;N, Routine, Wheelchair

Consults/Notifications/Referrals

- Notify Physician-Once
  Notify For: of room number on arrival to unit

- Notify Physician-Continuing
  Notify For: of O2 sat less than 90%, temperature 38.0 degrees or greater, nausea/vomiting, stridor, or signs/symptoms of surgical site infection

- Notify Physician-Continuing
- Notify Physician-Once
- Dietitian Consult/Nutrition Therapy
- Medical Social Work Consult

PED ENT Discharge Orders Phase

Admission/Transfer/Discharge

Use for 23 hour observation and inpatient discharges only(NOTE)*

- Nursing Communication
  Place order for Discharge in am if patient is stable. Pt is stable when pain is controlled, has no bleeding, and able to tolerate PO liquids. (DEF)*
  Place order for Discharge in am after_________.
  Call __________ in am for Discharge order.
  Call __________ for Discharge order at ________ time.

Use for SDS discharges only(NOTE)*

- Discharge When Meets Same Day Criteria

Condition

- Condition
  Stable

Patient Care

- DC All Lines

- Instruct/Educate
  Instruct: Patient

- Discharge Instructions
  Activity: Up ad lib

- Discharge Instructions
  Activity: Resume normal activity after 24 hours

- Discharge Instructions
  Activity: no strenuous activity for 2 weeks

- Discharge Instructions
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**Diet:** Diet as tolerated

- Discharge Instructions
  - Follow-up Appointments: Return to ENT Clinic in ____ weeks.

- Discharge Instructions
  - Follow-up Appointments: Return to ENT Clinic as needed for any problems

- Discharge Instructions
  - Follow-up Appointments: Follow-up with Primary Care MD in ____ weeks.

- Discharge Instructions
  - Follow-up Appointments: Follow-up with Dr. _____ in ____ weeks.

**Wound/Incision Care:** Dressing Changes

**Other Instructions:** Notify MD for worsening condition including swelling, bleeding, drainage.

**PE Tubes and/or Adenoidectomy**

- Discharge Instructions
  - Other Instructions: Keep ears dry

- Discharge Instructions
  - Other Instructions: Use ear plugs or cotton ball with petroleum jelly when bathing, washing hair, or swimming

- Discharge Instructions
  - Other Instructions: Use ear drops as directed

- Discharge Instructions
  - Other Instructions: May have bloody drainage for 2-3 days and will gradually decrease

- Discharge Instructions
  - Other Instructions: May return to school tomorrow

- Discharge Instructions
  - Other Instructions: Call for puslike drainage, temperature greater than 102 degrees or concerns.

- Discharge Instructions
  - Other Instructions: Adenoidectomy: Will have bloody drainage from nose that will eventually decrease. DO NOT blow nose for 48 hours.

- Discharge Instructions
  - Other Instructions: Adenoidectomy: May return to school in 2-3 days.

- Discharge Instructions
  - Follow-up Appointments: Return to ENT Clinic in 6 weeks

- Discharge Instructions
  - Follow-up Appointments: Return to ENT Clinic as needed for any problems

**T&A**

- Discharge Instructions
  - Diet: Cool clear liquids today, soft diet for 2 days then advance

- Discharge Instructions
  - Diet: Avoid citrus or tomato products

- Discharge Instructions
  - Other Instructions: Do not use a straw for 48 hours

- Discharge Instructions
  - Diet: Encourage fluids, at least four 8 ounce servings/day

- Discharge Instructions
  - Other Instructions: Go to nearest ER for bright red bleeding or patient refusing to drink.

- Discharge Instructions
  - Other Instructions: Call doctor for temperature greater than 102 degrees or questions/concerns

- Discharge Instructions
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Activity: No rough play or sports/PE X 2 weeks
Comments: Child usually out of school for 1 week

☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic in 2 weeks

☐ Discharge Instructions
Follow-up Appointments: Return to ENT Clinic as needed for any problems

Tympanoplasty

☐ Discharge Instructions
Wound/Incision Care: Keep dressing/ear cup on until tomorrow

☐ Discharge Instructions
Wound/Incision Care: Keep site/ear clean and dry until follow up; may wash hair over sink with assistance

☐ Discharge Instructions
Wound/Incision Care: May change cotton ball as needed after cup removed

☐ Discharge Instructions
Wound/Incision Care: Apply triple antibiotic ointment to incision 2-3 times daily

☐ Discharge Instructions
Activity: No strenuous activity for 2 weeks or as otherwise directed
Comments: No heavy lifting

☐ Discharge Instructions
Other Instructions: Instruct patient to sneeze with mouth open

☐ Discharge Instructions
Other Instructions: Call doctor for temperature greater than 102 degrees or questions/concerns

☐ Discharge Instructions
Other Instructions: Use ear drops as directed

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