



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 \geq 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, unrelieved by acetaminophen, Max dose = 600 mg [Less Than 18 year] (DEF)**
 - 200 mg, Tab, PO, q6h, Pain, Mild or Fever, Routine, unrelieved 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.
- Discharge Instructions
Wound/Incision Care: Dressing Changes
- Discharge Instructions
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 48hours.
- 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

