Physician Orders PEDIATRIC: LEB UROL Nephrectomy Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
Phase: LEB UROL Nephrectomy Postop Phase, When to Initiate: ________________________

LEB UROL Nephrectomy 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, routine post op, then q4h

Activity
☑ Ambulate
 tid, Ambulate in halls on postoperative day #1.

Food/Nutrition
☐ NPO
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
☐ Clear Liquid Diet
Start at: T,N

Patient Care
☐ Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated.

☐ Intake and Output
Routine, q2h(std)

☐ Foley Care
to gravity

☐ Dressing Care

☐ Drain Care

☐ 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.

☑ Incentive Spirometry NSG
q1h-Awake

Continuous Infusion
☐ D5 1/2NS
  1,000 mL, IV, Routine, mL/hr

☐ D5 1/4 NS
  1,000 mL, IV, Routine, mL/hr

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

☐ 1/2NS
  1,000 mL, IV, Routine, mL/hr

Medications
Physician Orders PEDIATRIC: LEB UROL Nephrectomy Post Op Plan

+1 Hours diphenhydRAMINE
1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, max 50mg, (5mL = 12.5mg)

+1 Hours diphenhydRAMINE
1 mg/kg, Ped Injectable, IV, q4h, PRN Itching, Routine, max dose 50 mg

+1 Hours B & O Suppretes 15-A
- 0.25 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine (DEF)*
- 0.33 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
- 0.5 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine
- 1 supp, Supp, PR, q6h, PRN Bladder Spasm, Routine

+1 Hours hyoscyamine elixir
31.25 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (1.25 mL = 31.25 mcg) (DEF)*
62.5 mcg, Elixir, PO, q4h, PRN Bladder Spasm, Routine, (2.5 mL = 62.5 mcg)

+1 Hours hyoscyamine
0.125 mg, Tab, PO, q4h, PRN Bladder Spasm, Routine

+1 Hours oxybutynin
- 0.2 mg/kg, Susp, PO, tid, Bladder Spasm, Routine, 1 to 5 years (DEF)*
- 0.2 mg/kg, Tab, PO, tid, Bladder Spasm, Routine, 1 to 5 years

+1 Hours oxybutynin extended release
5 mg, ER Tablet, PO, QDay, Routine, greater than or equal to 6 years

Anti-infectives
+1 Hours nitrofurantoin
- 2 mg/kg, Oral Soln, PO, QDay, Routine, (for 14 day), Max dose = 100 mg/day, UTI Prophylaxis (DEF)*
- 50 mg, Cap, PO, QDay, Routine, (for 14 day), UTI Prophylaxis
- 100 mg, Cap, PO, QDay, Routine, (for 14 day), UTI Prophylaxis

+1 Hours sulfamethoxazole-trimethoprim susp
2 mg/kg, Susp, PO, q24h, Routine, (for 14 day), UTI Prophylaxis, dosed as mg of TMP

Analgesics
+1 Hours acetaminophen
- 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
- 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- 325 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

+1 Hours acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

Comments: May give suppository if unable to take oral medication.

+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 = 10mg

+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 = 10 mg

+1 Hours morphine
0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Breakthrough, Routine, (for 3 day), Max initial dose = 2mg

Antiemetics
Physician Orders PEDIATRIC: LEB UROL Nephrectomy Post Op Plan

☐ +1 Hours ondansetron
   0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4mg (DEF)*
   4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

☐ +1 Hours ondansetron
   0.1 mg/kg, Ped Injectable, IV, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

Laboratory
☐ CBC
   T:N, Routine, once, Type: Blood
☐ BMP
   T:N, Routine, once, Type: Blood
☐ Urinalysis w/Reflex Microscopic Exam
   Routine, T:N, once, Type: Urine
☐ Urine Culture
   Routine, T:N, Specimen Source: Urine

Diagnostic Tests
☐ US Retroperitoneal B Scan/Real Time Comp
   T:N, Routine, Wheelchair

Consults/Notifications/Referrals
☐ Notify Physician-Continuing
   Notify: Urology on call for questions
☐ Notify Physician For Vital Signs Of
☐ Consult MD Group
☐ Consult MD
☐ Urodynamics Teaching Consult LEB
   Topic: Clean Intermittent Catheterization

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