



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
T;N
- 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





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- +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 Supporettes 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





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- +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
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*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

