Physician Orders PEDIATRIC: LEB GEN SURG Pyloric Stenosis Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

✔ Initiate Powerplan Phase

Phase: LEB GEN SURG Pyloric Stenosis Admit Phase, When to Initiate:____________

LEB GEN SURG Pyloric Stenosis Admit Phase
Admission/Transfer/Discharge

☐ Patient Status Initial Inpatient

T,N Admitting Physician: ________________________________

Reason for Visit: ________________________________________

Bed Type: __________________ Specific Unit: __________________

Care Team: ______________________________ Anticipated LOS: 2 midnights or more

Vital Signs

✔ Vital Signs

Monitor and Record T,P,R,BP, q4h(std)

Activity

✔ Activity As Tolerated

Up Ad Lib

Food/Nutrition

✔ NPO

Patient Care

✔ Consent Signed For

Procedure: Pyloromyotomy

✔ Intake and Output

Routine, q2h(std)

✔ Hepwell Insert/Site Care LEB

Stat, q2h (std)

✔ Cardiopulmonary Monitor

Routine, Monitor Type: CP Monitor, Special Instructions: upon arrival to floor

✔ O2 Sat Continuous Monitoring NSG

Nursing Communication

After first void, discontinue D5 1/2NS and start D5 1/2NS KCL 20mEq/L

Continuous Infusion

Bolus IV Fluids

✔ Sodium Chloride 0.9% Bolus

20 mL/kg, Injection, IV, once, STAT, mL/hr (infuse over 30 min), (Bolus)

Maintenance IV Fluids

✔ D5 1/2NS

500 mL, IV, Routine, 6 mL/kg/hr, before first void

✔ D5 1/2 NS KCl 20 mEq/L

500 mL, IV, Routine, 6 mL/kg/hr, after first void

Medications

☐ +1 Hours acetaminophen

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

Comments: For temperature greater than 38 degrees Celsius

☐ +1 Hours famotidine

0.5 mg/kg, Ped Injectable, IV, bid, Routine, Max Daily Dose = 20 mg/dose or 40 mg/day

Laboratory

✔ CBC
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- Routine, T;N, once, Type: Blood
  - CMP
  - BMP

Diagnostic Tests
- LEB US Abd Comp w/Delay Diet Plan (SUB)*

Consults/Notifications/Referrals
- Notify Physician-Continuing
  - Notify: Resident on call, Notify For: of temperature 38.0 degrees C or greater, bilious vomiting, or urinary output less than 1mL/kg/hr over 4 hours
- Notify Physician-Once
  - Notify: PCP, Notify For: of admission in AM
- Consult Clinical Dietitian
- Lactation Consult
  - Routine
- Notify Physician-Once
  - Notify: Resident On Call, Notify For: if IV access is not obtained within 2 hours of admission

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