



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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- CMP** *Routine, T;N, once, Type: Blood*
- BMP** *Routine, T;N, once, Type: Blood*
- BMP** *Routine, T+1;0600, once, Type: Blood*

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
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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

