attach patient label

Physician Orders

LEB UROL Bladder Augmentation/MACE/Mitrofanoff Post Op Plan

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PEDIATRIC

Height: _____**cm** **Weight:** _____**kg**

Allergies:		[ ] No known allergies
	Admission/Transfer/Discharge	
[ ]	Return Patient to Room	T;N
[ ]	Transfer Patient	T;N
	Bed Type: [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: _____	
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
	Vital Signs	
[ ]	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, post op, then q4h
	Activity	
[ ]	Bedrest	T;N
[ ]	Activity As Tolerated	T;N, Up Ad Lib
[ ]	Out Of Bed	T;N, tid
	Food/Nutrition	
[ ]	NPO	Start at: T;N
[ ]	Breastfeed	T;N
[ ]	Formula Per Home Routine	T;N
[ ]	**LEB Formula Orders Plan**	**see separate sheet**
[ ]	Regular Pediatric Diet	Start at: T;N
[ ]	Clear Liquid Diet	Start at: T;N
	Patient Care	
[ ]	Advance Diet As Tolerated	T;N, Start clear liquids and advance to regular diet as tolerated.
[ ]	Foley Care	T;N, to gravity
[ ]	Hepwell Insert/Site Care LEB	T;N, Routine, q2h(std)
[ ]	Dressing Care	T;N, frequency_____
[ ]	Drain Care	T;N, frequency_____
[ ]	Supply Request CSR	T;N, Geomat
[ ]	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
	Respiratory Care	
[ ]	RT Assess and Call	T;N, Routine, Special Instructions: BHH Protocol
[ ]	Initiate Pediatric Respiratory Treatment Protocol	T;N
[ ]	Incentive Spirometry Teaching by RT	T;N q1h-Awake
	Continuous Infusions	
[ ]	D5 1/2NS	1000mL,IV,Routine,T:N, at____mL/hr
[ ]	D5 1/4NS	1000mL,IV,Routine,T:N, at____mL/hr
	Medications	
[ ]	Heparin 10 unit/mL flush	5 mL (10units/mL),Ped Injectable, IVPush, PRN Catheter clearance, routine,T;N, peripheral or central line per nursing policy
[ ]	diphenhydrAMINE	____mg(1 mg/kg), Elixir,PO, q4h, PRN, Itching, Routine, T;N, Max dose = 50mg, (5 mL = 12.5 mg)
[ ]	diphenhydrAMINE	____mg(1 mg/kg), Injection, IV, q4h, PRN,Itching, Routine, T;N, Max dose = 50mg

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	Urology Medications	
[ ]	Belladonna/Opium 15A Supp	0.25 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[ ]	Belladonna/Opium 15A Supp	0.33 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[ ]	Belladonna/Opium 15A Supp	0.5 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[ ]	Belladonna/Opium 15A Supp	1 supp, Supp, PR, q6h, PRN, Bladder Spasm,Routine, T;N,
[ ]	hyoscyamine elixir	31.25 mcg, Elixir, PO, q4h, PRN, Bladder Spasm,Routine,T;N, (1.25 mL = 31.25 mcg)
[ ]	hyoscyamine elixir	62.5 mcg, Elixir, PO, q4h, PRN, Bladder Spasm,Routine,T;N, (2.5 mL = 62.5 mcg)
[ ]	hyoscyamine tablet	0.125mg, Tab, PO, q4h,PRN, Bladder Spasm, Routine, T;N,
[ ]	oxybutynin elixir	_____mg(0.2 mg/kg), Syrup, PO, q8h, PRN, Bladder Spasm, Routine, T;N, 1 to 5 years
[ ]	oxybutynin tablet	_____mg(0.2 mg/kg), Tab, PO, q8h, PRN, Bladder Spasm, Routine, T;N, 1 to 5 years
[ ]	oxybutynin extended-release tablet	5 mg, ER Tablet, PO, Qday, Routine, T;N, greater than or equal to 6 years
	Antibiotics	
[ ]	triple antibiotic ointment	1 application, Ointment, TOP, tid, PRN Wound Care, Routine, T;N
[ ]	ampicillin	____mg(25 mg/kg), Injection, IV Piggyback, q6h (14 day), Routine, T;N, Max dose = 12 grams/day
[ ]	Gentamicin Bladder Irrigation 0.48 mg/mL	30 mL, Topical Soln, IRR, hs, Routine, T;N, Instill into bladder
[ ]	nitrofurantoin	____mg(2 mg/kg), Oral Susp, PO, QDay, Routine, T;N, (14 day) Max dose = 100 mg/day, UTI Prophylaxis
[ ]	nitrofurantoin	50 mg, Cap, PO, QDay, Routine, T;N, (14 day), UTI Prophylaxis
[ ]	nitrofurantoin	100 mg, Cap, PO, QDay, Routine, T;N, (14 day), UTI Prophylaxis
[ ]	sulfamethoxazole-trimethoprim	____mg(2 mg/kg), Oral Susp, PO, QDay, (14 day), Routine, T;N, UTI Prophylaxis, dosed as mg of TMP
	Pain Medications	
[ ]	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[ ]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[ ]	acetaminophen	80 mg, chew tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[ ]	acetaminophen	325mg, tab, PO, q4h, PRN, Pain or Fever, T;N,Max Dose = 90 mg/kg/day up to 4 g/day
[ ]	acetaminophen-codeine liquid	_____mg(1mg/kg),Liq,PO,q6h,PRN, pain,routine,T;N, (5mL=12mg codeine), Max dose = 24 mg
[ ]	acetaminophen-codeine #3	1 tab,Tab,PO,q6h,PRN Pain, pain,routine,T;N (1 tab = 30mg codeine)
[ ]	acetaminophen-HYDROcodone oral elixir	____mg(0.2mg/kg),Elixir,PO,q6h,PRN, Pain,routine,T;N, (5mL = 2.5mg hydrocodone), Max dose = 10mg
[ ]	acetaminophen-HYDROcodone 325 mg-5mg oral tablet	1 tab,Tab,PO,q4h,PRN, Pain,T;N (1 tab = 5mg of hydrocodone), Max dose = 10mg
[ ]	morphine	__mg/kg(0.1mg/kg),injection,IV,q3h,PRN, breakthrough pain,routine,T;N, Max intial dose = 2mg

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	Bowel Management Medications	
[ ]	bisacodyl	10 mg, Supp, PR, QDay, PRN Constipation, Routine, T;N
[ ]	polyethylene glycol	____g(1 g/kg), Powder, PO, Qday, Routine, T;N
[ ]	magnesium citrate oral soln	____mL(3 ml/kg), Liq, PO, q6h, Routine, T;N, X 2 doses, less than 6 years
[ ]	magnesium citrate oral soln	100 ml, Liq, PO, q6h, (2 dose), Routine, T;N, 7 to 12 years
[ ]	magnesium citrate oral soln	150 ml, Liq, PO, q6h, (2 dose), Routine, T;N, greater than 12 years
[ ]	sodium biphosphate-sodium phosphate enema pediatric	66 mL, Enema, PR, once,T;N, 2 to 11 years
[ ]	sodium biphosphate-sodium phosphate enema adult	133 mL, Enema, PR, once,T;N
	Antiemetics	
[ ]	ondansetron	_____mg(0.1 mg/kg),Oral Soln,PO,q8h,PRN, nausea/vomiting,routine,T;N, Max dose = 4 mg
[ ]	ondansetron	4mg,Orally Disintegrating Tablet,PO,q8h,PRN, nausea/vomiting,routine,T;N
[ ]	ondansetron	_____mg(0.1 mg/kg),injection,IVPush,q8h,PRN, nausea/vomiting,routine,T;N, Max dose = 4 mg
	Laboratory	
[ ]	CBC	T;N, Routine, once, Type: Blood
[ ]	Basic Metabolic Panel (BMP)	T;N, Routine, once, Type: Blood
[ ]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
[ ]	Urine Culture	Routine, T;N, Specimen Source: Urine, Nurse Collect
	Diagnostic Tests	
[ ]	Abd Sing AP VW	T;N, ROUTINE, Reason: _____Wheelchair
	Consults/Notifications	
[ ]	Notify Physician-Continuing	T;N, Urology on call for questions
[ ]	Notify Physician For Vital Signs Of	T;N, Who: _____, VS:_____ _____
[ ]	Consult MD Group	T;N, Consult Who:_____,Reason:_____
[ ]	Consult MD	T;N, Consult Who:_____,Reason:_____
[ ]	Urodynamics Teaching Consult LEB	T;N, Clean Intermittent Catheterization Education
[ ]	Enterostomal Therapy Consult	T;N

Date	Time	Physician's Signature	MD Number
_____	_____	_____	_____