



Physician Orders PEDIATRIC: LEB Anesthesia PACU Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Anesthesia PACU Phase, When to Initiate: When patient arrives in PACU

LEB Anesthesia PACU Phase

Admission/Transfer/Discharge

- Return Patient to Room
*T;N, Discharge from PACU when criteria met and discontinue PACU orders
Comments: References and PACU discharge criteria are located on MOLLI*
- Transfer Pt within current facility
*T;N
Comments: References and PACU discharge criteria are located on MOLLI*
- Notify Physician-Once
Notify For: of room number on arrival to unit

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, per PACU protocol

Activity

- Bedrest

Food/Nutrition

- NPO

Patient Care

- Advance Diet As Tolerated
advance to clear liquids as tolerated
- O2 Sat Monitoring NSG
continuous
- Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor
- DC 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.
- IV Discontinue When Bag Complete
- IV Discontinue When Tolerating PO
T;N
- Nursing Communication
Continue IV Fluid
- Nursing Communication
Assess patient's condition using Aldrete system

Nursing Communication

- Nursing Communication
Hold physical therapy until bedrest complete.

Respiratory Care

- Oxygen Delivery
Routine, 3 L/min, Special Instructions: titrate to keep O2 sat \geq 92%, wean to room air
- ISTAT POC (RT Collect)
T;N Stat once, Test Select Arterial Blood Gas

Continuous Infusion

- Lactated Ringers Injection
1,000 mL, IV, Routine, mL/hr, For PACU Only
- Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr, For PACU Only

Medications

- +1 Hours morphine





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0.04 mg/kg, Ped Injectable, IV Push, q10min, PRN Pain, Breakthrough, Routine, (for 3 dose), For pain in PACU only, Max initial dose = 2 mg,

- +1 Hours** HYDRomorphone
0.005 mg/kg, Injection, IV Push, q10min, PRN Pain, Breakthrough, Routine, (for 3 dose), For Pain in PACU only, Max initial dose = 0.25mg
 - +1 Hours** meperidine
0.4 mg/kg, Injection, IV, q10min, PRN Shivering, Routine, (for 3 dose), For PACU use
Comments: Max total dose = 50 mg,
 - +1 Hours** ketorolac
0.5 mg/kg, Ped Injectable, IV Piggyback, N/A, Routine, Max dose = 30mg, For PACU Use
 - +1 Hours** midazolam
0.1 mg/kg, Ped Injectable, IV, N/A, Routine, (for 1 dose), Max dose = 2mg
 - +1 Hours** naloxone
0.02 mg/kg, Ped Injectable, IV Push, N/A, Routine, Max dose = 2 mg, Opioid Reversal
- NOTE: Please order either acetaminophen or ibuprofen below for mild pain (NOTE)*
- +1 Hours** acetaminophen
 - 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)**
 - 80 mg, Chew tab, PO, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day*
 - 325 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, Max Dose = 75 mg/kg/day up to 4g/day*
 - +1 Hours** acetaminophen
20 mg/kg, Supp, PR, once, Routine, Max Dose = 75 mg/kg/day up to 4g/day
 - +1 Hours** ibuprofen
 - 10 mg/kg, Oral Susp, PO, q6h, PRN Pain, Mild (1-3), Routine, Max dose = 800 mg (DEF)**
 - 200 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine*
 - 400 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine*
 - 600 mg, Tab, PO, q6h, PRN Pain, Mild (1-3), Routine*
 - 800 mg, Tab, PO, q8h, PRN Pain, Mild (1-3), Routine*
 - +1 Hours** dexamethasone
0.6 mg/kg, Ped Injectable, IV, once, Routine
Comments: In PACU only
 - +1 Hours** diphenhydrAMINE
0.5 mg/kg, Ped Injectable, IV Push, once, Routine, Max dose = 25 mg
Comments: In PACU only
 - +1 Hours** albuterol
0.3 mg/kg, Inh Soln, NEB, q4h, PRN Wheezing, Routine, (3 mL = 2.5mg)
 - +1 Hours** racepinephrine 2.25% inhalation solution
0.25 mL, Inh Soln, INH, q4h, PRN Stridor, Routine
 - +1 Hours** ondansetron
0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg
 - +1 Hours** promethazine
0.25 mg/kg, Ped Injectable, IM, q6h, PRN Other, specify in Comment, Routine
Comments: For persistent n/v nor responding to ondansetron

Laboratory

- CBC
Routine, T;N, once, Type: Blood
- Hematocrit & Hemoglobin
Routine, T;N, once, Type: Blood
- BMP
Routine, T;N, once, Type: Blood

Diagnostic Tests





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- Chest 1 View
T;N, Routine, Portable

Consults/Notifications/Referrals

- Notify Resident-Continuing
Notify For: _____
- Notify Resident-Once
Notify For: _____
- Consult MD Group
Reason for Consult: _____ Group: _____
- Consult MD
Consult Who: _____ Reason for Consult: _____

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

