



Physician Orders PEDIATRIC: LEB UROL Bowel Prep Admit Pre Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB UROL Bowel Prep Admit Preop Phase, When to Initiate: _____

LEB UROL Bowel Prep Admit Pre Op Phase

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
*T;N Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure
[] OP OBSERVATION Services*

Vital Signs

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

Activity

- Bedrest
- Activity As Tolerated
Up Ad Lib
- Out Of Bed
tid

Food/Nutrition

- NPO
- Breastfeed
- LEB Formula Orders Plan(SUB)*
- Regular Pediatric Diet

Patient Care

- Intake and Output
Routine, q2h(std)
- Replogle (NGT)
Suction Strength: Low Continuous
- Supply Request CSR
Geomat
- Consent Signed For
T;N

Continuous Infusion

- D5 1/2NS
1,000 mL, IV, Routine, mL/hr
- Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr

Medications

- +1 Hours** diphenhydrAMINE
1 mg/kg, Elixir, PO, q4h, PRN Itching, Routine, max dose = 50mg, (5mL = 12.5mg)
- +1 Hours** diphenhydrAMINE
1 mg/kg, Ped Injectable, IV Push, q4h, PRN Itching, Routine, max dose 50 mg

Anti-infectives

- +1 Hours** erythromycin
 *20 mg/kg, Oral Susp, PO, tid, Routine, (for 3 dose), To be given at 1300, 1400 and 2300, Bowel Prep (DEF)**





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- 20 mg/kg, Tab, PO, tid, Routine, (for 3 dose), To be given at 1300, 1400 and 2300, Bowel Prep
- +1 Hours** neomycin
25 mg/kg, Tab, PO, q8h, Routine, (for 3 dose), To be given at 1300, 1400 and 2300, Bowel Prep
- +1 Hours** ceFAZolin
25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 14 day)
- +1 Hours** Gentamicin Bladder Irrigation 0.48 mg/mL (Pediatric)
30 mL, Topical Soln, IRR, QNight, Routine
Comments: Instill into bladder
- +1 Hours** metroNIDAZOLE
 - 7.5 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 4 dose), Max dose = 500 mg (DEF)*
 - 500 mg, Ped Injectable, IV Piggyback, q6h, Routine, (for 4 dose)
- +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 or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
 - 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
 - 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
- +1 Hours** acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

Bowel Preparation

- +1 Hours** bisacodyl
10 mg, Supp, PR, QDay, PRN Constipation, Routine
- +1 Hours** polyethylene glycol 3350 with electrolytes
25 mL/kg, Oral Soln, PO, q1h, Routine, (for 4 dose)
Comments: To be given at 25 mL/kg/hr for four hours, Max total volume = 100mL/kg
- +1 Hours** magnesium citrate
 - 3 mL/kg, Liq, PO, q6h, Routine, (for 2 dose) [Less Than 7 year] (DEF)*
 - 100 mL, Liq, PO, q6h, Routine, (for 2 dose) [7 - 12 year]
 - 150 mL, Liq, PO, q6h, Routine, (for 2 dose) [Greater Than or Equal To 12 year]
- +1 Hours** sodium biphosphate-sodium phosphate enema pediatric
66 mL, Enema, PR, once, Routine, (2 to 11 years)
- +1 Hours** sodium biphosphate-sodium phosphate enema adult
133 mL, Enema, PR, once, Routine

Antiemetics

- +1 Hours** ondansetron
 - 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg (DEF)*
 - 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine
- +1 Hours** ondansetron
0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg





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Laboratory

- CBC
T;N, Routine, once, Type: Blood
- BMP
Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine
- Urine Culture
Routine, T;N, Specimen Source: Urine

Diagnostic Tests

- Abdomen 1 View
T;N, Routine, Wheelchair

Consults/Notifications/Referrals

- Notify Physician-Once
Notify For: of room number on arrival to unit.
- Notify Physician-Continuing
Notify For: Notify Urology on call for poor tolerance of bowel prep or 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

