Physician Orders PEDIATRIC: LEB NEURO SURG Surgical Spine Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: LEB Neuro Surg Spine Postop Phase, When to Initiate: ________________________

LEB Neuro Surgical Spine Post Op Phase
Admission/Transfer/Discharge
☐ Transfer Pt within current facility
☐ Return Patient to Room
   T;N

Vital Signs
☐ Vital Signs w/Neuro Checks
   ☐ routine post op, then q2h (DEF)*
      Comments: and vascular checks
   ☐ routine post op, then q4h
      Comments: and vascular checks

Activity
☐ Bedrest
☐ Out Of Bed
   tid
☐ Up
   With Assistance
☐ Activity As Tolerated
   Up Ad Lib

Food/Nutrition
☐ NPO
   Start at: T
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
☐ Clear Liquid Diet
   Start at: T;N

Patient Care
☐ Advance Diet As Tolerated
   start clear liquids and advance to regular diet as tolerated.
☐ Nothing Per Rectum
   T;N
☐ Isolation Precautions
☐ Elevate Head Of Bed
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☐ 30 degrees
☐ Logroll Turn
   q2h(std)
☐ SCD Apply
   Apply To Lower Extremities, Post Op
☐ Intake and Output
   Routine, q2h(std)
☐ Indwelling Urinary Catheter Care
   Routine, to gravity drainage
☐ Cardiopulmonary Monitor
   Routine, Monitor Type: CP Monitor
☐ Discontinue 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.
☐ O2 Sat Monitoring NSG
☐ Incentive Spirometry NSG
   q2h-Awake

Respiratory Care
☐ Oxygen Delivery
   Special Instructions: Titrate to keep O2 sat =/> 92%. Wean to room air.

Continuous Infusion
☐ D5NS KCl 20 mEq
   1,000 mL, IV, Routine, mL/hr
☐ D5 1/2NS
   1,000 mL, IV, Routine, mL/hr
☐ D5 1/2 NS KCl 20 mEq/L
   1,000 mL, IV, Routine, mL/hr

Medications
☐ +1 Hours ceFAZolin
   25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose ), Max dose = 1 gram
   Indications for vancomycin surgical prophylaxis include: allergy to cephalosporins and/or treatment for methicillin resistant staph aureus(NOTE)*
☐ +1 Hours vancomycin
   10 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 3 dose ), Max dose = 1 gram
☐ +1 Hours acetaminophen-codeine 120 mg-12 mg/5 mL oral liquid
   0.75 mg/kg, Liq, PO, q6h, PRN Pain, Routine, (for 5 day ), (5mL = 12mg codeine), Max dose = 24mg
☐ +1 Hours acetaminophen-codeine #3
   1 tab, Tab, PO, q6h, PRN Pain, Routine, (for 5 day ), (1 tab = 30mg codeine)
☐ +1 Hours acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
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- **0.15 mg/kg, Liq, PO, q6h, PRN Pain, Routine, (5 mL = 2.5 mg HYDROcodone), Max dose = 10 mg**

  - **1 Hour** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
    - 1 tab, Tab, PO, q4h, PRN Pain, Routine, (for 5 day), (1 tab = 5 mg HYDROcodone), Max dose = 10 mg

  - **1 Hour** 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 Hour** acetaminophen
    - 10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

  - **1 Hour** ibuprofen
    - 10 mg/kg, Oral Soln, PO, q6h, PRN Pain, Routine, Max dose = 600 mg

  - **1 Hour** ibuprofen
    - 200 mg, Tab, PO, q4h, PRN Pain, Routine

  - **1 Hour** morphine
    - 0.1 mg/kg, Ped Injectable, IV, q3h, PRN Pain, Severe (8-10), Routine, (for 3 day), Max dose = 6mg

  - **1 Hour** morphine
    - 0.1 mg/kg, Ped Injectable, IV, once, Routine, Max dose = 6mg

  - **1 Hour** dexamethasone
    - 0.1 mg/kg, Ped Injectable, IV Push, q6h, Routine, Max dose = 4mg

  - **1 Hour** ondansetron
    - 0.1 mg/kg, Oral Susp, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 4mg (DEF)*
    - 4 mg, Orally Disintegrating Tab, PO, q8h, PRN Nausea/Vomiting, Routine

  - **1 Hour** ondansetron
    - 0.1 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

  - **Comments:** To be given at 12:30pm

  - **1 Hour** ranitidine
    - 2 mg/kg, Liq, PO, bid, Routine, Max dose = 300mg/day

  - **1 Hour** famotidine
    - 0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day

  - **1 Hour** Unicomplex M
    - 1 tab, Tab, PO, QDay, Routine

  - Leb Neurosurgery Dexamethasone Taper Orders: Posterior Fossa Tumors(SUB)*

  - Leb Neurosurgery Dexamethasone Taper Orders: Temporals and Parietals(SUB)*

  - LEB Antiepileptic Medication Orders Plan(SUB)*

  - **1 Hour** Dulcolax Laxative
    - 10 mg, Supp, PR, QDay, PRN Constipation
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- +1 Hours Colace  
  2.5 mg/kg, Liq, PO, bid
- +1 Hours Colace  
  100 mg, Cap, PO, bid
- +1 Hours Valium  
  0.1 mg/kg, Injection, IV Push, q6h, PRN Muscle Spasm

Laboratory
- CBC  
  STAT, T;N, once, Type: Blood
- BMP  
  STAT, T;N, once, Type: Blood
- CBC  
  Routine, T+1:0400, Type: Blood
- BMP  
  Routine, T+1:0400, Type: Blood

Diagnostic Tests
- Spine Thoracic 2VW  
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable  
  Comments: Post op
- Spine Lumbar 2/3VW  
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable (DEF)*  
  Comments: Post op
- Spine Cerv 2/3 Views  
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable  
  Comments: Post op

Consults/Notifications/Referrals
- Notify Resident-Continuing  
  Notify For: Notify Neurosurgery Resident of temperature >38.5 degrees, neuro changes or CSF leak
- Consult MD  
  Pediatrics
- Consult Nutritional Support Team  
  Routine, Reason: Parenteral Nutrition Support
- Consult Clinical Dietitian  
  Type of Consult:____________________
- Consult Child Life  
  T;N

LEB NEURO SURG Surgical Spine Post Op Plan 42308 PP QM1008 Rev091316
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☐ Consult School Teacher
  Homebound School

☐ Consult Medical Social Work
  ☐ Routine (DEF)*
  ☐ Routine, Reason: Other, specify, Contact Snell's for Halo Brace
  ☐ Routine, Reason: Other, specify, Contact Snell's for TLSO Brace
  ☐ Routine, Reason: Other, specify, Contact Snell's for Cervical Collar

☐ Physical Therapy Ped Eval & Tx

☐ Occupational Therapy Ped Eval & Tx

☐ Speech Therapy Ped Eval & Tx
  Reason for Exam:__________________

__________________________________________  ______________________________________  _______________  _______________
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