Physician Orders PEDIATRIC: LEB Ortho General Post Op Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowervPlans
☑ Initiate Powerplan Phase

Phase: LEB Ortho General Postop Admit Phase, When to Initiate: ______________

LEB Ortho General Post Op Admit Phase
Admission/Transfer/Discharge
☐ Return Patient to Room
☐ Transfer Pt within current facility

Vital Signs
☑ Vital Signs

Monitor and Record T,P,R,BP, per unit routine

Activity
☐ Bedrest
☐ Up To Chair
bid
☐ Activity As Tolerated
Up Ad Lib

Food/Nutrition
☐ NPO
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet

Patient Care
☐ Advance Diet As Tolerated
Advance to regular diet as tolerated
☑ Neurovascular Checks
Routine, q2h(std)
☑ Intake and Output
Routine, q2h(std)
☐ Elevate
☐ Area: Affected Extremity, at heart level (DEF)*
☐ Area: Affected Extremity, Above heart.
☐ Dressing Care
Routine, Action: Reinforce Only, PRN, loose dressing
☐ Supply to Bedside
Keep dressing supplies at bedside PRN
☐ Foley Care
Foley to gravity drainage
☐ Drain Care
Physician Orders PEDIATRIC: LEB Ortho General Post Op Admit Plan

- *q-shift*, Jackson Pratt to bulb suction, record output *q-shift*
- Drain Care
  - *q-shift*, Hemovac to gravity, record output *q-shift.*
- Pin Site Care
  - *bid*
- Teach
  - *Instruct: parents/patient, Topic: pin site care*
- Teach
  - *Instruct: parents/patient, Topic: Cast Care*
- O2 Sat Spot Check-NSG
  - *with vital signs*
- O2 Sat Monitoring NSG
  - *q2h(std)*
- Cardiopulmonary Monitor
  - *Stat, 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.*
- CSR Supply Request
  - *geomatt*
- Incentive Spirometry NSG
  - *q2h-Awake, series of 10 breaths*

Nursing Communication

- *Nursing Communication*
  - *Discontinue IV fluids once patient is tolerating clear liquids and has a urine output of at least 1mL/kg/hr*

Respiratory Care

- Oxygen Delivery
  - *Special Instructions: Titrate to keep O2 sat =/>92%. Wean to room air.*

Continuous Infusion

- Sodium Chloride 0.9%
  - 1,000 mL, IV, STAT, mL/hr
- D5 1/2NS
  - 250 mL, IV, Routine, For medication administration
- D5 1/2 NS KCl 20 mEq/L
  - 1,000 mL, IV, STAT, mL/hr

Medications

- **+1 Hours** ceFAZolin
  - 25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose), Max dose = 1 gram
- **+1 Hours** ibuprofen
  - 10 mg/kg, Oral Soln, PO, q6h, PRN Pain, Mild or Fever, Routine, Max dose = 600 mg
Physician Orders PEDIATRIC: LEB Ortho General Post Op Admit Plan

☐ +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day ), (1 tab = 5 mg HYDROcodone)

☐ +1 Hours acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
  0.15 mg/kg, Elixir, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day ), (5 mL = 2.5 mg
  HYDROcodone), Max dose = 10mg

☐ +1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
  1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 3 day ), ( 1 tab = 5 mg OXYcodone)

☐ +1 Hours morphine
  0.1 mg/kg, Ped Injectable, IV, q2h, PRN Pain, Breakthrough, Routine, (for 3 day ), Max initial dose =
  2 mg

☐ +1 Hours diphenhydRAMINE
  ☐ 1 mg/kg, Cap, PO, q6h, PRN Itching, Routine, max 50mg (DEF)*
    Comments: Itching/Insomnia
  ☐ 1 mg/kg, Elixir, PO, q6h, PRN Itching, Routine, max 50mg
    Comments: Itching/Insomnia

☐ +1 Hours ondansetron
  ☐ 0.1 mg/kg, Oral Susp, PO, q6h, PRN Nausea, Routine, Max dose = 4 mg (DEF)*
  ☐ 4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea, Routine

☐ +1 Hours ondansetron
  0.1 mg/kg, Ped Injectable, IV Push, q6h, PRN Nausea, Routine, Max dose = 8 mg

☐ +1 Hours docusate
  ☐ 50 mg, Cap, PO, bid, Routine, Hold for loose stools (DEF)*
  ☐ 2.5 mg/kg, Liq, PO, bid, Routine, Hold for loose stools
    Comments: Please mix with drink/pudding of patient's preference

☐ +1 Hours diazePAM
  ☐ 0.1 mg/kg, Oral Soln, PO, q8h, PRN Muscle Spasm, Routine, Max dose 5mg (DEF)*
  ☐ 0.1 mg/kg, Tab, PO, q8h, PRN Muscle Spasm, Routine, Max dose 5mg
  ☐ 0.1 mg/kg, Injection, IV, q6h, PRN Muscle Spasm, Routine
    Comments: May take IV if unable to take PO

☐ LEB Morphine PCA(SUB)*

Laboratory
  ☐ CBC
    Routine, T+1:0400, once, Type: Blood
  ☐ CRP
    Routine, T+1:0400, once, Type: Blood
  ☐ ESR
    Routine, T+1:0400, once, Type: Blood

Diagnostic Tests
  ☐ LEB Ortho Diagnostic Orders Plan(SUB)*

Consults/Notifications/Referrals
Physician Orders PEDIATRIC: LEB Ortho General Post Op Admit Plan

☐ Notify Resident-Continuing
   Notify: Orthopedic resident, Notify For: of drain output greater than 200 ml/hr over 4 hours, hematocrit less than 25%, increased O2 requirements

☑ Notify Resident-Continuing
   Notify: Orthopedic resident, Notify For: of ANY changes in neurovascular status

☐ Notify Resident-Continuing
   Notify: Orthopedic resident, Notify For: if dressing is soiled or saturated.

☐ PT Ped Ortho Eval & Tx
   Routine

☐ PT Resume Order
   Routine

☐ Consult Case Management
   Routine, Standard wheelchair with elevated leg rest (DEF)*
   Routine, Reclining wheelchair with elevated leg rest

☐ Consult Case Management
   Routine, Contact Orthotist for _____

☐ OT Ped Eval & Tx
   Routine, Special Instructions: Evaluate and Treat

____________________________________  ______________________________________  __________________________
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