



Physician Orders PEDIATRIC: LEB Ortho General Post Op Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- 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
Activity As Tolerated

Food/Nutrition

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

Patient Care

- Advance Diet As Tolerated
Neurovascular Checks
Intake and Output
Elevate
Dressing Care
Supply to Bedside
Foley Care
Drain Care





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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 \geq 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





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- +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





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- 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
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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

