Physician Orders PEDIATRIC: LEB Ortho VEPTR Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  *Initiate LEB Ortho VEPTR Post Op Phase, When to Initiate:_________________________

LEB Ortho VEPTR Post Op Phase
Admission/Transfer/Discharge
- Return Patient to Room
- Transfer Pt within current facility

Vital Signs
- Vital Signs
  *Monitor and Record T,P,R,BP, q2h(std)
- Vital Signs
  *Monitor and Record T,P,R,BP, per unit protocol

Activity
- Bedrest
- Up To Chair
- Activity As Tolerated
  *Up Ad Lib

Food/Nutrition
- Clear Liquid Diet
  *Start at: T,N
- Regular Pediatric Diet

Patient Care
- Advance Diet As Tolerated
  *Advance to regular diet as tolerated
- Neurovascular Checks
  *q1h for 24h then q 2h
- Intake and Output
  *Routine, q2h(std)
- Elevate Head Of Bed
  *30 degrees
- Turn
  *q2h-Awake
- Turn
  *q4h, at night time
- Dressing Care
  *only to be performed by Ortho team
- Dressing Care
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- **Routine, prn, PRN, Reinforce loose dressing**
- **Drain Care**
  - q4h(std), Hemovac to gravity, record output q4h
- **Foley Care**
  - Foley to gravity drainage
- **Sequential Compression Device Apply**
  - Apply To Lower Extremities, apply at all times until ambulating
- **O2 Sat Continuous Monitoring NSG**
  - q2h(std)
- **Cardiopulmonary Monitor**
  - Stat, Monitor Type: CP Monitor, Special Instructions: q24h, continuous
- **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.
- **Incentive Spirometry NSG**
  - q2h-Awake, series of 10 breaths
- **Indwelling Urinary Catheter Insert-Follow Removal Protocol**

**Nursing Communication**

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

**Respiratory Care**

- **O2-BNC**
  - Special Instructions: Titrate to keep O2 sat =/> 92%.

**Continuous Infusion**

- **D5 1/2 NS KCl 20 mEq/L**
  - 1,000 mL, IV, STAT, mL/hr

**Medications**

- **+1 Hours** vancomycin
  - 10 mg/kg, Ped Injectable, IV Piggyback, q6h, Routine, (for 4 dose ), Max dose = 1 gram

- **+1 Hours** ceFAZolin
  - 25 mg/kg, Ped Injectable, IV Piggyback, q8h, Routine, (for 3 dose ), Max dose = 1 gram

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

- **+1 Hours** raNITIdine
  - 2 mg/kg, Liq, PO, bid, Routine, Max dose = 300mg/day (DEF)^
  - 2 mg/kg, Tab, PO, bid, Routine, Max dose = 300mg/day

- **+1 Hours** diazePAM
  - 0.1 mg/kg, Injection, IV, q6h, PRN Muscle Spasm, Routine, Max dose = 5 mg
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**+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** acetaminophen
- 10 mg/kg, Liq, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
- 80 mg, Chew tab, PO, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

**+1 Hours** acetaminophen
- 10 mg/kg, Supp, PR, q4h, PRN Pain, Mild or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
  *Comments: May give PR if unable to take PO

LEB Morphine PCA(SUB)*

**+1 Hours** ketorolac
- 0.5 mg/kg, Ped Injectable, IV Push, q8h, Routine, (for 3 dose ), Max dose = 30 mg

ondansetron
- 0.1 mg/kg, Oral Soln, PO, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg (DEF)*
- 0.1 mg/kg, Ped Injectable, IV, q8h, PRN Nausea/Vomiting, Routine, Max dose = 8 mg

acetaminophen-HYDROcodone 325 mg-7.5 mg/15 mL oral solution
- 0.15 mg/kg, Soln, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 5 day ), 5 mL = 2.5 mg of HYDROcodone

**Laboratory**
- CBC
  *Routine, T;N, qam x 3 day, Type: Blood
- CMP
  *Routine, T;N, qam x 3 day, Type: Blood

**Diagnostic Tests**
- Chest 1 VW
  *T;N, Stat, Portable

**Consults/Notifications/Referrals**
- Notify Physician-Continuing
  *Notify: Ortho Team, Notify For: if dressing is soiled or saturated
- Notify Physician-Continuing
  *Notify: Ortho Resident, Notify For: if drain output greater than 200mL/hr over 4 hours, Hematocrit less than 25%, increased O2 requirements, pain not relieved by PCA
- Notify Physician-Continuing
  *Notify: Ortho Resident, Notify For: of ANY changes in neuro status
- Notify Physician For Vital Signs Of
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Notify: Ortho Resident, BP Systolic < 90, Celsius Temp > 38.5, Heart Rate < 50, Resp Rate < 10, Oxygen Sat < 92%, Urine Output < 1mL/kg/hr

- Consult MD Group
  Routine, Group: ULPS Pulmonology, Reason for Consult: Post Op VEPTR, follow while inpatient

- PT Ped Eval & Tx
  Special Instructions: ambulate with assistance

- Occupational Therapy Ped Eval & Tx
  Routine

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