Physician Orders PEDIATRIC: LEB Ophthalmology Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  *
  * Initiate: ________________

LEB Ophthalmology Post Op Phase
Admission/Transfer/Discharge
- Discharge Patient
  *
  * Discharge: ________________
- Discharge When Meets Criteria
  *
  * Discharge: ________________
Condition
- Condition
  *
  * Condition: ________________
Vital Signs
- Vital Signs
  *
  * Vital Signs: ________________
Activity
- Activity As Tolerated
  *
  * Activity: ________________
- Bedrest w/BRP
  *
  * Bedrest: ________________
Food/Nutrition
- NPO
  *
  * NPO: ________________
- Clear Liquid Diet
  *
  * Clear Liquid: ________________
- Regular diet
  *
  * Regular: ________________
Patient Care
- Advance Diet As Tolerated
  *
  * Advance: ________________
- IV Discontinue When Tolerating PO
  *
  * IV Discontinue: ________________
- IV Discontinue When Bag Complete
  *
  * IV Discontinue: ________________
- Elevate Head Of Bed
  *
  * Elevate: ________________
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☐ O2 Sat Spot Check-NSG
   T;N, with vital signs

Respiratory Care

☐ Nasal Cannula
   T;N, Oxygen Liter Flow: ________, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%. Wean to room air.

Discharge Instructions

☐ Discharge Instructions
   T;N, Followup Appointments: Follow up with Dr. ______ in ______ days. (DEF)*
   T;N, Followup Appointments: Follow up with Dr. ______ in ______ weeks.

☐ Discharge Instructions
   T;N, Activity: resume normal activity after 24 hours

☐ Discharge Instructions
   T;N, Activity: No strenuous activity for 2 weeks. (DEF)*
   T;N, Activity: No strenuous activity for 1 week.

☐ Discharge Instructions
   T;N, Activity: No contact sports for 1 week. (DEF)*
   T;N, Activity: No contact sports for 2 weeks.

☐ Discharge Instructions
   T;N, Activity: No swimming in pool or lake for 2 weeks. (DEF)*
   T;N, Activity: No swimming in pool or lake for 1 week.

☐ Discharge Instructions
   T;N, Other Instructions: Call for pus-like drainage from the eyes, temperature greater than 102 degrees, swollen, red eyelids or difficulty looking in all directions.

☐ Discharge Instructions
   T;N, Other Instructions: Call for increasing redness, swelling, or bleeding around eyes.

☐ Discharge Instructions
   T;N, Other Instructions: Do not rub eyes, may apply cool, clean compress for discomfort.

☐ Discharge Instructions
   T;N, Other Instructions: Leave patch or shield on until seen by MD.

☐ Discharge Instructions
   T;N, Other Instructions: Call for noisy or difficulty breathing.
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☐ Discharge Instructions

T:N, Other Instructions: Call for persistent vomiting.

Medications

☐ +1 Hours acetaminophen
  ☐ 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day (DEF)*
  ☐ 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
  ☐ 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day

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

☐ Ondansetron
  0.1mg/kg, Ped Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine, Comment: Less than 40kg, Max Single Dose=4mg

☐ Ondansetron
  4mg, Injection, IV Push, q4h, PRN Nausea/Vomiting, Routine, Comment: Greater than or equal to 40kg.

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