



Physician Orders PEDIATRIC: LEB Ophthalmology Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
T;N, Phase: LEB Ophthalmology Postop Phase, When to Initiate: _____

LEB Ophthalmology Post Op Phase

Admission/Transfer/Discharge

- Discharge Patient
T;N, Disposition: Home
- Discharge When Meets Criteria
T;N, discharge from SDS when meets criteria

Condition

- Condition
T;N, Stable

Vital Signs

- Vital Signs
T;N, Routine Monitor and Record T,P,R,BP

Activity

- Activity As Tolerated
T;N, Up Ad Lib
- Bedrest w/BRP
T;N

Food/Nutrition

- NPO
Start at: T;N
- Clear Liquid Diet
Start at: T;N]
- Regular diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
T;N, start clear liquids and advance to regular diet as tolerated
- IV Discontinue When Tolerating PO
T;N
- IV Discontinue When Bag Complete
T;N
- Elevate Head Of Bed
T;N, 30 degrees





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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 week.*
- 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

