



attach patient label

Physician Orders

PED Ortho General Post Op Admit Plan

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PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB Ortho General Postop Admit Phase
Admission/Transfer/Discharge		
<input type="checkbox"/>	Return Patient to Room	T;N
<input type="checkbox"/>	Transfer Patient	T;N
Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, per unit routine
Activity		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Up To Chair	T;N, bid
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Breastfeed	T;N
<input type="checkbox"/>	Formula Per Home Routine	T;N,
<input type="checkbox"/>	Regular Pediatric Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, Advance to regular diet as tolerated
<input type="checkbox"/>	Neurovascular Checks	T;N, Routine, q2h(std)
<input type="checkbox"/>	Strict I/O	T;N, Routine, q2h(std)
<input type="checkbox"/>	Elevate	T;N, Area: Affected Extremity, at heart level
<input type="checkbox"/>	Elevate	T;N, Area: Affected Extremity, Above heart.
<input type="checkbox"/>	Dressing Care	T;N, Routine, Action: Reinforce Only, PRN, loose dressing
<input type="checkbox"/>	Supply to Bedside	T;N, Keep dressing supplies at bedside PRN
<input type="checkbox"/>	Foley Care	T;N, Foley to gravity drainage
<input type="checkbox"/>	Drain Care	T;N, q-shift, Jackson Pratt to bulb suction, record output q-shift
<input type="checkbox"/>	Drain Care	T;N, q-shift, Hemovac to gravity, record output q-shift.
<input type="checkbox"/>	K-Wire Site Care (Pin Site Care)	T;N, bid
<input type="checkbox"/>	Instruct/Educate (Teach)	T;N, Instruct: parents /patient, Topic: pin site care
<input type="checkbox"/>	Instruct/Educate (Teach)	T;N, Instruct: parents/patient, Topic: Cast Care
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N, q2h(std)
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Stat, Monitor Type: CP Monitor
<input type="checkbox"/>	Nursing Communication	T;N, GeoMatt mattress
Respiratory Care		
<input type="checkbox"/>	Simple Facemask	T; N, _____ L/min, Titrate to keep O2 sat \geq 92%. Wean to room air.
<input type="checkbox"/>	O2-AFM	T; N, _____ L/min, Titrate to keep O2 sat \geq 92%. Wean to room air.
<input type="checkbox"/>	Incentive Spirometry Teaching by RT	T;N q2h-Awake, series of 10 breaths

24022- PP-PED ORTHO General Post Op Admit-
QM1111 110411



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Continuous Infusions		
<input type="checkbox"/>	D5 1/2 NS KCl 20 mEq/L	1000mL,IV,STAT,T:N, at ____ mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000mL,IV,STAT,T:N, at ____ mL/hr
Medications		
<input type="checkbox"/>	ceFAZolin	____mg(25mg/kg),injection,IVPB,q8h x3doses,routine,T:N, Max dose = 1 gram
<input type="checkbox"/>	ibuprofen	____mg(10 mg/kg),Susp,PO,q6h,PRN pain/fever,routine,T:N, Max dose = 600 mg
<input type="checkbox"/>	acetaminophen-OXYcodone 325 mg-5 mg oral tablet	1 tab,Tab,PO,q4h,PRN Pain,T:N(1 tab = 5 mg OXYcodone)
<input type="checkbox"/>	acetaminophen-OXYcodone 325 mg-5 mg/5 mL oral solution	____mg,(0.15 mg/kg),Oral Soln,PO,q4h,PRN Pain,T:N, (5mL = 5mg oxycodone), Max dose = 10 mg
<input type="checkbox"/>	HYDROcodone-acetaminophen oral elixir Acetaminophen -hydrocodone 325mg-7.5 mg/15mL oral solution	____mg,(0.2 mg/kg), Elixir,PO,q4h,PRN Pain,routine,T:N, (5mL = 2.5mg HYDROcodone), Max dose = 10 mg
<input type="checkbox"/>	acetaminophen-HYDROcodone 325 mg-5 mg oral tablet	1 tab,Tab,PO,q4h,PRN Pain,T:N, (1 tab = 5 mg HYDROcodone), Max dose = 10 mg
<input type="checkbox"/>	morPHINE	____mg/kg(0.1mg/kg),injection,IV,q2h,PRN breakthrough pain,routine,T:N, Max initial dose = 2 mg
<input type="checkbox"/>	diphenhydRAMINE	____mg(1mg/kg),Cap,PO,q6h,PRN itching/insomnia,routine,T:N, max dose 50 mg
<input type="checkbox"/>	ondansetron	____mg(0.1 mg/kg),Oral Soln,PO,q6h,PRN nausea,routine,T:N, Max dose = 4 mg
<input type="checkbox"/>	ondansetron	4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea, Routine
<input type="checkbox"/>	ondansetron	____mg(0.1 mg/kg),injection,IVPush,q6h,PRN nausea,routine,T:N, Max dose = 4mg
<input type="checkbox"/>	docusate	50mg,Cap,PO,bid,routine,T:N, Hold for loose stools
<input type="checkbox"/>	docusate	____mg(2.5mg/kg),Liq,PO,bid,routine,T:N, Hold for loose stools
<input type="checkbox"/>	diazepam	____mg(0.1mg/kg),Oral Soln,PO,q8h, PRN muscle spasms,routine,T:N, Max dose = 5 mg/day
<input type="checkbox"/>	diazepam	____mg(0.1mg/kg),Injection, IV,q8h, PRN muscle spasms,routine,T:N
Laboratory		
<input type="checkbox"/>	CBC	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	CRP	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	CRP High Sensitivity	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	ESR	Routine, T+1;0400, once, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	PED Ortho Diagnostic Orders Plan	See separate order sheet



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Consults/Notifications		
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Orthopaedic resident, of drain output >200 ml/hr over 4 hours, hematocrit <25%, increased O2 requirements
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Orthopaedic resident, of ANY changes in neurovascular status
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Orthopaedic resident, if dressing is soiled or saturated.
<input type="checkbox"/>	PT Ped Ortho Eval & Tx	T;N, Routine, Weight Bearing Status: _____, Involved Extremity: _____
<input type="checkbox"/>	PT Resume Order	T;N, Routine
<input type="checkbox"/>	Case Management Consult	T;N, Routine, Special Instructions: standard wheelchair with elevated leg rest
<input type="checkbox"/>	Case Management Consult	T;N, Routine, Special Instructions: reclining wheelchair with elevated leg rest
<input type="checkbox"/>	Case Management Consult	T;N, Routine, Special Instructions: Contact Orthotist for _____

Date

Time

Physician's Signature

MD Number