



attach patient label

Physician Orders

PED General Surgery Post Op Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Initiate Powerplan Phase		T;N, Phase , LEB GEN SURG Post Op Phase, When to Initiate: _____
Admission/Transfer/Discharge		
<input type="checkbox"/>	Return 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, Monitor and record temperature, pulse, respirations, and blood pressure q 4 hours
Activity		
<input type="checkbox"/>	Bedrest	T;N, Routine
<input type="checkbox"/>	Bedrest w/BRP	T;N,
<input type="checkbox"/>	Out of Bed	T;N, Up-as Tolerated
Food/Nutrition		
<input type="checkbox"/>	NPO	T;N,
<input type="checkbox"/>	Clear Liquid Diet	T;N, Age Group: _____
Patient Care		
<input type="checkbox"/>	Advance Diet as Tolerated	T;N,
<input type="checkbox"/>	Incentive Spirometry Nsg	T;N, q1h while awake
<input type="checkbox"/>	Nothing Per Rectum	T;N, Place sign above patient's bed - "Nothing Per Rectum"
<input type="checkbox"/>	Strict I/O	T;N, q2h
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N, monitor type: CP monitor, upon arrival to floor
<input type="checkbox"/>	O2 Sat-Spot Check (NSG)	T;N, q4h
<input type="checkbox"/>	O2 Sat- Continuous Monitoring (NSG)	T;N, q2h
<input type="checkbox"/>	NGT Insert	T;N,
<input type="checkbox"/>	NGT	T;N, to low intermittent suction
<input type="checkbox"/>	Indwelling Urinary Catheter Insert	T;N, to bedside gravity drainage
<input type="checkbox"/>	Indwelling Urinary Catheter Care	T;N, to bedside gravity drainage
<input type="checkbox"/>	Convert IV to Hepwell Plan	T;N
Respiratory Care		
<input type="checkbox"/>	O2-Nasal Cannula	T; N, Routine, _____%/Liters Titrate to keep O2 sat \geq 92%
<input type="checkbox"/>	Simple Facemask	T; N, Routine, _____%/Liters Titrate to keep O2 sat \geq 92%
Continuous Infusions		
<input type="checkbox"/>	D5 1/2NS KCL 20mEq/L	1000mL, IV, Routine, T;N, at _____mL/hr
<input type="checkbox"/>	Lactated Ringers	1000 ml, IV, Routine T;N, Replacement Fluids, Replace NGT output 1mL:1mL q4h



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Medications		
[]	acetaminophen	___mg (10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, T;N, For temperature greater than 38, Max Dose=90 mg/kg/day up to 4 g/day
[]	acetaminophen	___mg (10 mg/kg), chew tab, PO, q4h, PRN Pain or Fever, T;N, For temperature greater than 38 Max Dose = 90 mg/kg/day up to 4 g/day, (1
[]	acetaminophen	325mg, tab, PO, q4h, PRN Fever, T;N, Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen	___mg (10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, T;N, For temperature greater than 38, Max Dose = 90 mg/kg/day up to 4 g/day
[]	acetaminophen-HYDROcodone	___mg (0.2mg/kg) Elixir, PO, q4h PRN Pain,T;N, (for 5 day), Max dose = 10 mg (5mL = 2.5mg HYDROcodone)
[]	acetaminophen-HYDROcodone 5 mg-325 mg oral tablet	1 tab, Tab, PO, q4h, PRN Pain, Routine, T;N (for 5day), (1 tab = 5 mg HYDROcodone)
[]	morPHINE	___mg (0.05mg/kg) Injection, IV push, q3h, PRN Pain, Routine, T;N, (for 3 day), Max initial dose = 2 mg
[]	ceFAZolin	___mg (25mg/kg), Injection, IV Piggyback, q8h, Routine, T;N (for 3 dose), Max dose = 1 gram
[]	cefoxitin	___mg (30 mg/kg), Injection, IV Piggyback, q8h, Routine, T;N, (for 3 dose), Max Dose = 12 grams/day
[]	ceftazidime	___mg (50mg/kg),Injection, IV Piggyback, q8h, Routine, T;N, (for 14 days), Max Dose = 2 grams/dose
[]	clindamycin	___mg (10mg/kg),Injection, IV Piggyback, q8h, Routine, T;N, (for 14 days), Max Dose = 4.8 grams/day
[]	meropenem	___mg (20mg/kg),Injection, IV Piggyback, q8h, Routine, T;N, (for 14 days), Max Dose = 2 grams
[]	metroNIDAZOLE	___mg (7.5mg/kg),Injection, IV Piggyback, q6h, Routine, T;N, (for 14 days), Max Dose = 4 grams/day
[]	vancomycin	___mg, (10 mg/kg),Injection, IV, q6h, Routine, T;N, (for 14 days), Max dose = 1 gram
[]	ondansetron	___mg(0.1 mg/kg),injection,IV,q8h, PRN nausea, Routine, T;N, Max dose = 4mg
[]	ketorolac	___mg, (0.5 mg/kg), Injection, IV Piggyback, q6h, (for 8 dose), Routine, T;N, Max dose = 30 mg
[]	ranitidine	___mg(1mg/kg),injection,IV,q8h,routine, T;N, Max dose = 150mg/day
Laboratory		
[]	CBC	Stat, T;N, once, blood
[]	CBC	T+1; 0400, Routine, once, Type:blood
[]	BMP	Stat, T;N, once, blood
[]	BMP	T+1; 0400, Routine, once, Type:blood
[]	Hgb & Hct	Stat, T;N, once, blood
[]	Hgb & Hct	T+1; 0400, Routine, once, Type:blood



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Diagnostic Tests		
<input type="checkbox"/>	Chest 1 View	T;N, Stat, Portable
Consults/Notifications		
<input type="checkbox"/>	Notify Physician- Continuous	T;N, Notify: Resident on call, for temperature greater than 38.0 degrees, persistent vomiting, urinary output less than 1mL/kg/hr over four hours, or signs/symptoms of surgical site infection (erythema/blood/pus)
<input type="checkbox"/>	Physician Group Consult	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	Physician Consult	T;N, Consult Who: _____, Reason: _____
<input type="checkbox"/>	PICC Line Insert	T;N, PICC Line Insertion

Date

Time

Physician's Signature

MD Number