

ORTHO POST-OP MEDICATION PLAN FOR PATIENTS LESS THAN 40 KG

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

IV Solutions

D5 1/2 NS + 20 mEq KCl/L

IV, mL/hr

LR (Lactated Ringer's)

IV, mL/hr

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

aspirin

81 mg, PO, tab chew, Daily

81 mg, PO, tab chew, BID

Antibiotics

ceFAZolin

25 mg/kg, IVsyr, syringe, q8h, x 3 dose
Begin 6 hours after preoperative dose given.
Reconstitute with 10 mL of Sterile Water or NS
Administer IV Push over 3 minutes

clindamycin

10 mg/kg, IVsyr, syringe, q8h, x 3 dose, Infuse over 30 min
Begin 6 hours after preoperative dose given.

gentamicin

0.5 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis
 1 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis

If MRSA suspected:

vancomycin

15 mg/kg, IVsyr, syringe, q12h, x 1 dose, Infuse over 90 min
Begin 12 hours after preoperative dose given.

Scheduled Analgesics

ketorolac

0.3 mg/kg, IVPush, inj, q6h, x 48 hr
May give IM if no IV access
 0.4 mg/kg, IVPush, inj, q6h, x 48 hr
May give IM if no IV access
 0.5 mg/kg, IVPush, inj, q6h, x 48 hr
May give IM if no IV access
 10 mg, IVPush, inj, q6h, x 48 hr
May give IM if no IV access
 15 mg, IVPush, inj, q6h, x 48 hr
May give IM if no IV access

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	acetaminophen <input type="checkbox"/> 15 mg/kg, IVsyr, syringe, q6h, x 2 dose, Infuse over 15 min Do not exceed 4000 mg of acetaminophen per day from all sources.
	ibuprofen <input type="checkbox"/> 10 mg/kg, PO, liq, q6h
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution) <input type="checkbox"/> 0.1 mL/kg, PO, soln, q6h, x 48 hr
PRN Analgesics	
	Severe Pain: morphine <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered***** <input type="checkbox"/> 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered***** <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered*****
	HYDROmorphine <input type="checkbox"/> 0.01 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10), For children less than 50 kg. <input type="checkbox"/> 0.2 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Muscle Relaxant	
	methocarbamol <input type="checkbox"/> 10 mg/kg, IVPush, syringe, q6h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes. Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion. <input type="checkbox"/> 10 mg/kg, IVPush, syringe, q8h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes. Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion.
Gastrointestinal Agents	
	docusate <input type="checkbox"/> 50 mg, PO, cap, BID Do not crush or chew.
	bisacodyl <input type="checkbox"/> 5 mg, PO, tab ec, BID Do not crush or chew.
	sodium biphosphate-sodium phosphate (Fleet Enema for Children) <input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation
	polyethylene glycol 3350 <input type="checkbox"/> 1 packet, PO, liq, BID Give scheduled until BM

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Antihistamines	
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 1 mg/kg, PO, liq, q6h, PRN itching</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, q6h, PRN itching</p>
	<p>For Insomnia:</p> <p>diphenhydrAMINE</p> <p><input type="checkbox"/> 1 mg/kg, PO, liq, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg</p>
Antiemetics	
	<p>ondansetron (ondansetron pediatric)</p> <p><input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting</p> <p><input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting</p>
	<p>ondansetron</p> <p><input type="checkbox"/> 2 mg, PO, liq, q8h, PRN nausea/vomiting</p> <p><input type="checkbox"/> 2 mg, IVPush, soln, q8h, PRN nausea/vomiting</p>
GI Prophylaxis	
	<p>famotidine</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.</p>

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