

PEDIATRIC ANESTHESIA POST-OP OUTPATIENT SURGERY PLAN

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

Admit/Discharge/Transfer

Return Patient to PACU

Patient Care

Patients who are at high risk for obstructive sleep apnea (OSA) AND receive IV sedating medications intra-operative/ intra-procedure (EXCLUDING case start sedating medications), or during Phase II recovery, should be, at the discretion of the anesthesia provider, transferred to a higher level of monitoring to PACU

Convert IV to INT

When tolerating PO liquids.

Communication

SPECIAL CONSIDERATION: Phase II (OPS) - Continuous Pulse Oximetry is mandatory for all patients with the following criteria: ASA Score of III or greater, prone positioning, obese patients and patients with a positive High Risk OSA Score

Notify Nurse (DO NOT USE FOR MEDS)

Continuous Pulse Oximetry

Notify Provider of VS Parameters

SpO2 Less Than 92%, Notify anesthesia provider assigned to case

Notify Provider (Misc)

Notify Attending Anesthesiologist and Attending Surgeon, Reason: If unable to wean off O2 after two 15 min Room Air Trials

Notify Nurse (DO NOT USE FOR MEDS)

DISCHARGE: Patient may be discharged when Modified Post Anesthesia Recovery Score (MPAR) is 18 or above, per Department of Anesthesia Guidelines.

Notify Nurse (DO NOT USE FOR MEDS)

DISCHARGE: Requires Anesthesiology Attending evaluation prior to discharge.

IV Solutions

LR

IV, mL/hr

NS

IV, mL/hr

Medications

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

Medication Management

NOW, Start date T;N
No IV narcotics or IV promethazine to be given Post-Op in OPS.

ondansetron

0.1 mg/kg, IVPush, soln, ONE TIME, PRN nausea/vomiting, For patients LESS than 40 kg.
For administration Post-OP in OPS.
Recommended maximum dose is 4 mg. Administer IVP over 2-5 minutes.

Continued on next page....

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC ANESTHESIA POST-OP OUTPATIENT SURGERY PLAN

PHYSICIAN ORDERS

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
	<input type="checkbox"/> 4 mg, IVPush, soln, ONE TIME, PRN nausea/vomiting, For patients GREATER than 40 kg. For administration Post-OP in OPS. Recommended maximum dose is 4 mg. Administer IVP over 2-5 minutes.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Use surgeon preference for post-operative pain management.
Laboratory	
	POC Blood Sugar Check <input type="checkbox"/> ONE TIME, on arrival
	Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> Notify anesthesia provider assigned to case, Reason: blood sugar less than _____ or greater than _____.
Respiratory	
	Oxygen Therapy <input type="checkbox"/> 2-3 L/min, Via: Nasal cannula, Keep sats greater than: 92% Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge. <input type="checkbox"/> 8 L/min, Via: Simple mask, Keep sats greater than: 92% Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge. <input type="checkbox"/> 10 L/min, Via: Face tent, Keep sats greater than: 92% Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

