PEDIATRIC ANESTHESIA POST-OP PACU PLAN

Patient Label Here

	PHYSICIAN ORDERS				
Diagnosi	Diagnosis				
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	ler detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Communication				
	Notify Provider of VS Parameters SpO2 Less Than 92%, Notify anesthesia provider assigned to case	•			
	IV Solutions				
	LR □ IV, mL/hr For administration in PACU.				
	NS ☐ IV, mL/hr For administration in PACU.				
	Medications				
	Medication sentences are per dose. You will need to calculate a	total daily dose if needed.			
	.Medication Management NOW, Start date T;N				
	Antiemetics				
	ondansetron □ 0.1 mg/kg, IVPush, soln, ONE TIME, PRN nausea/vomiting For administration in PACU. Administer IVP over 2-5 min. Recommended maximum dose is 4 r IF ondansetron is ineffective or contraindicated, use promethazine □ 4 mg, IVPush, soln, ONE TIME, PRN nausea/vomiting For administration in PACU. Administer IVP over 2-5 min. Recommended maximum dose is 4 r IF ondansetron is ineffective or contraindicated, use promethazine	pediatric IF ordered.			
	promethazine (promethazine pediatric) □ 0.25 mg/kg, rectally, supp, ONE TIME, PRN nausea/vomiting For administration in PACU. Recommended maximum dose is 25 m □ 0.5 mg/kg, rectally, supp, ONE TIME, PRN nausea/vomiting For administration in PACU. Recommended maximum dose is 25 m □ 1 mg/kg, rectally, supp, ONE TIME, PRN nausea/vomiting For administration in PACU. Recommended maximum dose is 25 m	ng.			
	Pain Management				
,	acetaminophen (acetaminophen pediatric) 15 mg/kg, IVPB syr, syringe, ONE TIME For administration in PACU. Recommended maximum dose is 1000 mg. Continued on next page				
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan		
Order Taken by Signature:		Date	Time		
DI		D. C.	Tr'		

Version: 8 Effective on: 04/22/24

1 of 4

PEDIATRIC ANESTHESIA POST-OP PACU PLAN

Patient Label Here

	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			
ORDER	ORDER DETAILS 250 mg, IVPB, iv soln, ONE TIME For administration in PACU. Recommended maximum dose is 1000 mg. 500 mg, IVPB, iv soln, ONE TIME For administration in PACU. Recommended maximum dose is 1000 mg. 1,000 mg, IVPB, iv soln, ONE TIME For administration in PACU. Recommended maximum dose is 1000 mg. 10 mg/kg, PO, liq, ONE TIME, PRN postoperative pain-PACU For administration in PACU. Recommended maximum dose is 1000 mg. 15 mg/kg, PO, liq, ONE TIME, PRN postoperative pain-PACU For administration in PACU. Recommended maximum dose is 1000 mg. 15 mg/kg, PO, liq, ONE TIME, PRN postoperative pain-PACU For administration in PACU. Recommended maximum dose is 1000 mg.			
	ketorolac ☐ 0.5 mg/kg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU For administration in PACU. For patients GREATER than 6 months old. Recommended maximum dose is 15 mg. ☐ 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU For administration in PACU.			
	morphine □ 0.05 mg/kg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose For administration in PACU. Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg. Notify provider if more than 3 doses are needed. □ 0.05 mg/kg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose For administration in PACU. Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg. Notify provider if more than 3 doses are needed. □ 2 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose For administration in PACU. Notify provider if more than 6 mg are needed. □ 2 mg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose For administration in PACU. Notify provider if more than 6 mg are needed.			
	Respiratory			
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) ☐ 2.5 mg, inhalation, soln, ONE TIME For administration in PACU.			
	albuterol-ipratropium ☐ 3 mL, inhalation, soln, ONE TIME For administration in PACU.			
	racepinephrine ☐ 0.5 mL, inhalation, neb, ONE TIME For administration in PACU.			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

Version: 8 Effective on: 04/22/24

PEDIATRIC ANESTHESIA POST-OP PACU PLAN

Pati	ent	l ahel	Here

	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				
	lidocaine (lidocaine 4% inhalation solution) ☐ mL, inhalation, soln, ONE TIME For administration in PACU.			
	line separator			
	Pain Management Rescue Medications			
	Nurses MUST contact provider to obtain additional orders if initial pain management doses did not provide adequate pain control. morphine 0.05 mg/kg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose For administration in PACU - RESCUE DOSE Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg.			
	 □ 0.05 mg/kg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose For administration in PACU - RESCUE DOSE Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg. □ 2 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose For administration in PACU - RESCUE DOSE □ 2 mg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose For administration in PACU - RESCUE DOSE □ 7 mg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose For administration in PACU - RESCUE DOSE 			
	line separator			
	Laboratory			
	POC Blood Sugar Check ONE TIME, on arrival Notify Provider (Misc) (Notify Provider of Results)			
	Notify anesthesia provider assigned to case, Reason: blood sugar less than or greater than			
	POC Chem 8			
	POC Hemoglobin and Hematocrit			
	Diagnostic Tests DX Chest Portable ☐ T;N, STAT			
	Respiratory			
(Oxygen (O2) Therapy 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. Continued on next page			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

Version: 8 Effective on: 04/22/24

3 of 4

PEDIATRIC ANESTHESIA POST-OP PACU PLAN

Pati	ient	Label	Here

	PHYSICIAN	ORDERS	
	Place an "X" in the Orders column to designate orders of choice AND	an "x" in the specific order deta	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	□ 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. □ 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.		
	Arterial Blood Gas ☐ STAT		
	Respiratory Care Plan Guidelines		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
	n by Signature:	Date	Time
Physician Signature:		Date	Time

Version: 8 Effective on: 04/22/24