



PEDIATRIC ANESTHESIA POST-OP PACU 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"/> 250 mg, IVPB, iv soln, ONE TIME For administration in PACU. Recommended maximum dose is 1000 mg. <input type="checkbox"/> 500 mg, IVPB, iv soln, ONE TIME For administration in PACU. Recommended maximum dose is 1000 mg. <input type="checkbox"/> 1,000 mg, IVPB, iv soln, ONE TIME For administration in PACU. Recommended maximum dose is 1000 mg. <input type="checkbox"/> 10 mg/kg, PO, liq, ONE TIME, PRN postoperative pain-PACU For administration in PACU. Recommended maximum dose is 1000 mg. <input type="checkbox"/> 15 mg/kg, PO, liq, ONE TIME, PRN postoperative pain-PACU For administration in PACU. Recommended maximum dose is 1000 mg.
	<b>ketorolac</b> <input type="checkbox"/> 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. <input type="checkbox"/> 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU For administration in PACU.
	<b>morphine</b> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.
<b>Respiratory</b>	
	<b>albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)</b> <input type="checkbox"/> 2.5 mg, inhalation, soln, ONE TIME For administration in PACU.
	<b>albuterol-ipratropium</b> <input type="checkbox"/> 3 mL, inhalation, soln, ONE TIME For administration in PACU.
	<b>racepinephrine</b> <input type="checkbox"/> 0.5 mL, inhalation, neb, ONE TIME For administration in PACU.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





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	<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.
	<b>Arterial Blood Gas</b> <input type="checkbox"/> STAT
	<b>Respiratory Care Plan Guidelines</b>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

