

UMC Health System PEDIATRIC CRANIOTOMY POST-OP PLAN	Patient Label Here
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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

Patient Care

Vital Signs
 Per Unit Standards, with SpO2 checks.

Patient Activity
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees
 Bedrest | Bathroom Privileges, Bed Position: HOB Greater Than or Equal to 30 degrees
 Up Ad Lib/Activity as Tolerated, Bed Position: HOB Greater Than or Equal to 30 degrees

Perform Neurological Checks
 q1h q2h

Strict Intake and Output
 Per Unit Standards q1h
 q2h q4h
 q12h

Urinary Catheter Care

Maintain External Ventricular Drain
 5 cm H2O, Zero At: Opening of ear. 10 cm H2O, Zero At: Opening of ear.
 12 cm H2O, Zero At: Opening of ear.

Strict Drain/Tube Output
 Ventricular Drain, q1h Ventricular Drain, q2h
 Ventricular Drain, q4h

ICP Monitoring
 Camino Bolt Codman
 EVD

Apnea Monitoring

Apply Sequential Compression Device

Communication

Notify Provider/Primary Team of Pt Admit
 Upon Arrival to Floor/Unit Now
 In AM

Notify Nurse (DO NOT USE FOR MEDS)
 Clean incision with 1:1 peroxide & sterile water. May wash hair with mild shampoo after 48 hours.

Notify Provider of VS Parameters
 Temp Greater Than 101.5, SpO2 Less Than 92% on room air.

Notify Provider (Misc)
 Reason: Change in neurological status or excessive wound drainage or swelling.

Notify Provider (Misc)
 Reason: Urine output less than 30mL/hr.

Dietary

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Order Taken by Signature: _____ Date _____ Time _____
Physician Signature: _____ Date _____ Time _____

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	NPO Diet <input type="checkbox"/> NPO
	Oral Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular
IV Solutions	
	D5 1/2 NS + 20 mEq KCl/L <input type="checkbox"/> IV, mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	bacitracin-polymyxin B topical (bacitracin-polymyxin B 500 units-10,000 units/g topical ointment) <input type="checkbox"/> 1 app, topical, oint, BID, x 2 days Apply to incision <input type="checkbox"/> 1 app, topical, oint, BID Apply to incision
	dexamethasone (dexamethasone pediatric) <input type="checkbox"/> 0.15 mg/kg, IVPush, inj, q6h
Antibiotics	
	ceFAZolin (ceFAZolin pediatric) <input type="checkbox"/> 25 mg/kg, IVPB syr, syringe, q12h, Infuse over 30 min, [50 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 25 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [75 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 50 mg/kg, IVPB syr, syringe, q12h, Infuse over 30 min, [100 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 50 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [150 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis
	vancomycin (vancomycin pediatric) <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [40 mg/kg/DAY], [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [60 mg/kg/DAY], [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis
Muscle Relaxant	
	For ages less than 6 years diazePAM (diazePAM pediatric) <input type="checkbox"/> 0.04 mg/kg, IVPush, inj, q2h, PRN muscle spasms <input type="checkbox"/> 0.2 mg/kg, IVPush, inj, q2h, PRN muscle spasms
	For ages 6 to 16 years methocarbamol (methocarbamol pediatric) <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, q8h, x 72 hr, Infuse over 15 min
	For ages greater than 16 years methocarbamol <input type="checkbox"/> 1,500 mg, PO, tab, q8h, x 5 days <input type="checkbox"/> 500 mg, IVPB, inj, q8h, x 72 hr <input type="checkbox"/> 1,000 mg, IVPB, inj, q8h, x 72 hr
Gastrointestinal Agents	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



