	UMC Health System					
	-	Patient Label Here				
PE	EDIATRIC CRANIOTOMY POST-OP PLAN					
Diagnag		N ORDERS				
Diagnos						
Weight	Allergies					
ORDER	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 DETAILS					
OKDEK	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	🗌 q2h				
	Strict Intake and Output Per Unit Standards q2h q12h	☐ q1h ☐ q4h				
	Urinary Catheter Care					
	Maintain External Ventricular Drain 5 cm H2O, Zero At: Opening of ear. 12 cm H2O, Zero At: Opening of ear.	☐ 10 cm H2O, Zero At: Opening of ear.				
	Strict Drain/Tube Output Uventricular Drain, q1h Ventricular Drain, q4h	☐ Ventricular Drain, q2h				
	ICP Monitoring Camino Bolt EVD	Codman				
	Apnea Monitoring					
Apply Sequential Compression Device						
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit In AM	Now				
	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						
L						
🗆 то	Read Back	Scanned Powerchart Scanned PharmScan				
Order Take	en by Signature:	Date Time				
Physician	Signature:	Date Time				

1 of 3

PE	UMC Health System EDIATRIC CRANIOTOMY POST-OP PLAN	Ра	itient Label Here			
	PHYSICI	AN ORDERS				
	Place an "X" in the Orders column to designate orders of choice Al	ND an "x" in the specific orde	er detail box(es) where applicable.			
ORDER	ORDER DETAILS					
	NPO Diet					
	Oral Diet	Clear Liquid Diet, Advance	e as tolerated to Regular			
	IV Solutions					
	D5 1/2 NS + 20 mEq KCI/L IV, mL/hr					
	Medications	tal daily dose if needed				
	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) 1 app, topical, oint, BID, x 2 days Apply to incision 1 app, topical, oint, BID Apply to incision Apply to incision					
	dexamethasone (dexamethasone pediatric) □ 0.15 mg/kg, IVPush, inj, q6h					
	Antibiotics					
	ceFAZolin (ceFAZolin pediatric) □ 25 mg/kg, IVPB syr, syringe, q12h, Infuse over 30 min, [50 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis □ 25 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [75 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis □ 50 mg/kg, IVPB syr, syringe, q12h, Infuse over 30 min, [75 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis □ 50 mg/kg, IVPB syr, syringe, q12h, Infuse over 30 min, [100 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis □ 50 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [150 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis					
	 vancomycin (vancomycin pediatric) 10 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [40 mg/kg/DAY], [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-O Post-Op Prophylaxis 15 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [60 mg/kg/DAY], [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-O Post-Op Prophylaxis 					
	Muscle Relaxant					
	For ages less than 6 years					
	diazePAM (diazePAM pediatric) □ 0.04 mg/kg, IVPush, inj, q2h, PRN muscle spasms	0.2 mg/kg, IVPush, inj, q2	h, PRN muscle spasms			
	For ages 6 to 16 years					
	methocarbamol (methocarbamol pediatric) 10 mg/kg, IVPB syr, syringe, q8h, x 72 hr, Infuse over 15 min					
	For ages greater than 16 years					
	methocarbamol □ 1,500 mg, PO, tab, q8h, x 5 days	☐ 500 mg, IVPB, inj, q8h, x	70 hr			
	1,000 mg, IVPB, inj, q8h, x 72 hr		7211			
	Gastrointestinal Agents					
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			

PEDIATRIC CRANIOTOMY POST-OP PLAN PHOSICIAN 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 Imposition (famotidine pediatric) Imposition (famotidine pediatric) Imposition (famotidine pediatric) Imposition (famotidine pediatric) Imposition (famotidine pediatric) Imposition (famotidine pediatric) Imposition (famotidine pediatric) Imposition (famotidine famotidine less than 20 kg Imposition (famotidine famotidine pediatric) Imposition (famotidine famotidine less than 20 kg Imposition (famotidine famotidine famotidine less than 20 kg Imposition (famotidine famotidine f	UMC Health System PEDIATRIC CRANIOTOMY POST-OP PLAN		Patient Label Here	
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 famotidine (famotidine pediatric) Img/lsg, IVFush, IN, Nghthy. For children less than 20 kg Recommended maximum dose = 20 mg Ondansetron (ordansetron pediatric) On Singki, IVFush, Nghthy Ibiosci07 Opdemostron pediatric) On Singki, IVFush, Nghthy Ordansetron (ordansetron pediatric) On Singki, IVFush, Son, q12b, IPKN nausealvomiting, x 24 hr Maximum dose is 4 mg. Libiosci07 POC PT with INR Basic Metabolic Panel <ld>Routine, T:N</ld> <ld>Routine, T:N</ld> <ld>Oxygen Therapy Was Sale Caronul, Keep sats greater than: 92% Via: Nonrebreather mask, Keep sats greater than: 92% Continuous Pulse Oximitry Sinstructions: q1h for 24hrs while awake. Sinstructions: q30min for 24hrs while awake. Sinstructions: q30min for 24hrs wh</ld>				
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 DETALLS famotidine (famotidine pediatric) Img/lsg, IVFush, IM, Nghi/by, For children less than 20 kg Recommended maximum dose = 20 mg Ondansetron (ordansetron pediatric) Ontigita, IVFush, IM, Nghi/by ordansetron (ordansetron pediatric) Ontigita, IVFush, IM, Nghi/by Ordansetron (ordansetron pediatric) Ontigita, IVFush, IM, Shi/by POC PT with INR Basic Metabolic Panel Routine, T-N Routine, T-N Routine, T-11,0300 MRSA Rapid Nasal Screen by PCR Continuous Pulse Oximity Oxygen Therapy Via: Venturi mask, Keep sats greater than: 92% Via: Venturi mask, Keep sats greater than: 92% Continuous Pulse Oximity Stinstructions: q1h for 24hrs while awake. IS Instructions: q30min for 24hrs while awake. IS Instructions: q30min for 24hrs while awake. IS Instructions: q30min while awake. IS Instructions: q30min for 24hrs while awake.<td></td><td></td><td></td><td></td>				
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ORDER ORDER DETAILS				
□ Ing/kg, I/Push, inj, Nghty, For children less than 20 kg □ 20 mg, I/Push, inj, Nghty □ 0.15 mg/kg, I/Push, soli, qt21, PRN nausea/vomiling, x 24 hr Maximum dose is 4 mg. Lehoratory POC PT with INR	ORDER			
□ 1.5 mg/kg, IVPush, soln, q12h, PRN hausea/vomiting, x 24 hr Maximum dose is 4 mg. ■ Boordory POC PT with INR CBC □ Routine, T: N □ Routine, T+1:0300 Basic Metabolic Panel □ Routine, T: N □ Routine, T-1:0300 MRSA Rapid Nasal Screen by PCR Respiratory ○ Vygen Therapy ○ Vyia: Venturi mask, Keep sats greater than: 92% ○ Via: Neat Cannula. Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Via: Venturi mask, Keep sats greater than: 92% ○ Is Instructions: q1h for 48hrs while awake. ○ Is Instructions: q30min for 48hrs while awake. <td></td> <td>1 mg/kg, IVPush, inj, Nightly, For children less than 20 kg Recommended maximum dose = 20 mg</td> <td></td> <td></td>		1 mg/kg, IVPush, inj, Nightly, For children less than 20 kg Recommended maximum dose = 20 mg		
POC PT with INR CBC CBC Couline, T;N Routine, T+1;0300 Basic Metabolic Panel Routine, T+1;0300 MRSA Rapid Nasal Screen by PCR Castration Oxygen Therapy Via: Nasal cannula, Keep sats greater than: 92% Via: Nonrebreather mask, Keep sats greater than: 92% Via: Simple mask, Keep sats greater than: 92% Via: Simple mask, Keep sats greater than: 92% Via: Simple mask, Keep sats greater than: 92% Sinstructions: q1h for 24hrs while awake. IS Instructions: q30min for 24hrs while awake. <td< th=""><th></th><th>□ 0.15 mg/kg, IVPush, soln, q12h, PRN nausea/vomiting, x 24 hr</th><th></th><th></th></td<>		□ 0.15 mg/kg, IVPush, soln, q12h, PRN nausea/vomiting, x 24 hr		
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