

PEDIATRIC ENDOSCOPIC THIRD VENTRICULOSTOMY
POST-OP 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

Patient Care

Vital Signs

- Per Unit Standards, with SpO2 checks.
- q2h
- q12h

- q1h
- q4h

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
- q2h
- q12h

- q1h
- q4h

Urinary Catheter Care

Convert IV to INT

- When tolerating PO intake.

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

- Ventricular Drain, q1h
- Ventricular Drain, q4h

- Ventricular Drain, q2h

ICP Monitoring

- Camino Bolt
- EVD

- Codman

Apply Sequential Compression Device

Communication

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.

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Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	Notify Provider (Misc) <input type="checkbox"/> Reason: Urine output less than 30mL/hr.
Dietary	
	NPO Diet <input type="checkbox"/> NPO
	Oral Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Regular 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, to incision <input type="checkbox"/> 1 app, topical, oint, BID, to incision
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], Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [60 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis
Laboratory	
	POC PT with INR
	CBC <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T+1;0300
	CBC with Differential <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T+1;0300
	Basic Metabolic Panel <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T+1;0300
Respiratory	
	Oxygen Therapy <input type="checkbox"/> Via: Nasal cannula, Keep sats greater than: 92% <input type="checkbox"/> Via: Simple mask, Keep sats greater than: 92% <input type="checkbox"/> Via: Venturi mask, Keep sats greater than: 92% <input type="checkbox"/> Via: Nonrebreather mask, Keep sats greater than: 92%
	Continuous Pulse Oximetry

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ORDER	ORDER DETAILS						
	<p>IS Instruct</p> <table border="0"> <tr> <td><input type="checkbox"/> IS Instructions: q1h for 24hrs while awake.</td> <td><input type="checkbox"/> IS Instructions: q1h for 48hrs while awake.</td> </tr> <tr> <td><input type="checkbox"/> IS Instructions: q1h while awake until discharged.</td> <td><input type="checkbox"/> IS Instructions: q30min for 24hrs while awake.</td> </tr> <tr> <td><input type="checkbox"/> IS Instructions: q30min for 48hrs while awake.</td> <td><input type="checkbox"/> IS Instructions: q30min while awake until discharged.</td> </tr> </table>	<input type="checkbox"/> IS Instructions: q1h for 24hrs while awake.	<input type="checkbox"/> IS Instructions: q1h for 48hrs while awake.	<input type="checkbox"/> IS Instructions: q1h while awake until discharged.	<input type="checkbox"/> IS Instructions: q30min for 24hrs while awake.	<input type="checkbox"/> IS Instructions: q30min for 48hrs while awake.	<input type="checkbox"/> IS Instructions: q30min while awake until discharged.
<input type="checkbox"/> IS Instructions: q1h for 24hrs while awake.	<input type="checkbox"/> IS Instructions: q1h for 48hrs while awake.						
<input type="checkbox"/> IS Instructions: q1h while awake until discharged.	<input type="checkbox"/> IS Instructions: q30min for 24hrs while awake.						
<input type="checkbox"/> IS Instructions: q30min for 48hrs while awake.	<input type="checkbox"/> IS Instructions: q30min while awake until discharged.						

Consults/Referrals

Consult Dietitian

...Additional Orders

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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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Analgesics for Mild Pain	
	<p>***Select only ONE of the following for Mild Pain***</p> <p>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, NGT/PO, liq, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 15 mg/kg, NGT/PO, liq, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 325 mg, NGT/PO, tab, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 500 mg, NGT/PO, tab, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 10 mg/kg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 15 mg/kg, rectally, supp, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 325 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 500 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p>
	<p>ibuprofen (ibuprofen pediatric)</p> <p><input type="checkbox"/> 5 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food</p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food</p>
Analgesics for Moderate Pain	
	<p>***Select only ONE of the following for Moderate Pain***</p> <p>***HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose***</p> <p>ketorolac</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 24 hr Recommended maximum pediatric dose = 15 mg</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 48 hr Recommended maximum pediatric dose = 15 mg</p>

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UMC Health System PEDIATRIC DISCOMFORT MED PLAN	Patient Label Here
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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
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution) <input type="checkbox"/> 0.2 mL/kg, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 2.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***

Analgesics for Severe Pain

	morphine (morphine pediatric) <input type="checkbox"/> 0.3 mg/kg, PO, liq, q3h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.5 mg/kg, PO, liq, q3h, PRN pain-severe (scale 8-10) <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 8-10) Recommended maximum dose is 2 mg. <input type="checkbox"/> 0.2 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) Recommended maximum dose is 2 mg. <input type="checkbox"/> 2 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10), For patients weighing greater than or equal to 40 kg For patients weighing greater than or equal to 40 kg
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Scheduled Analgesics

	Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day. gabapentin <input type="checkbox"/> 5 mg/kg, PO, liq, Nightly, x 1 dose, Day 1. For patients 3-11 years old. Recommended MAX dose of 300 mg. <input type="checkbox"/> 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. <input type="checkbox"/> 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. <input type="checkbox"/> 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.
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	gabapentin <input type="checkbox"/> 5 mg/kg, PO, liq, BID, x 2 dose, Day 2. For patients 3-11 years old. Recommended MAX dose of 300 mg. <input type="checkbox"/> 100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. <input type="checkbox"/> 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. <input type="checkbox"/> 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.
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	gabapentin <input type="checkbox"/> 5 mg/kg, PO, liq, TID, x 3 dose, Day 3. For patients 3-11 years old. Recommended MAX dose of 300 mg. <input type="checkbox"/> 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. <input type="checkbox"/> 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. <input type="checkbox"/> 300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.
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Anti-pyretics

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ORDER	ORDER DETAILS						
	<p>***Select only ONE of the following for Fever***</p> <p>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, NGT/PO, liq, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 15 mg/kg, NGT/PO, liq, q6h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 325 mg, NGT/PO, tab, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 500 mg, NGT/PO, tab, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 10 mg/kg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 15 mg/kg, rectally, supp, q6h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 325 mg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p> <p><input type="checkbox"/> 500 mg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***</p>						
	<p>ibuprofen (ibuprofen pediatric)</p> <p><input type="checkbox"/> 5 mg/kg, PO, liq, q6h, PRN fever Give with food</p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN fever Give with food</p> <p><input type="checkbox"/> 200 mg, PO, tab, q6h, PRN fever Give with food</p>						
Antiemetics							
	<p>***Select only ONE of the following for Nausea/Vomiting***</p> <p>ondansetron (ondansetron pediatric)</p> <table border="0"> <tr> <td><input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> </tr> <tr> <td><input type="checkbox"/> 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting</td> </tr> <tr> <td><input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting</td> </tr> </table>	<input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting
<input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, PO, liq, q4h, PRN nausea/vomiting						
<input type="checkbox"/> 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting						
<input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.15 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting						
	<p>promethazine (promethazine pediatric)</p> <table border="0"> <tr> <td><input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea/vomiting</td> </tr> <tr> <td><input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting</td> <td><input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea/vomiting</td> </tr> </table>	<input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea/vomiting		
<input type="checkbox"/> 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, PO, liq, q4h, PRN nausea/vomiting						
<input type="checkbox"/> 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting	<input type="checkbox"/> 0.5 mg/kg, rectally, supp, q4h, PRN nausea/vomiting						
Constipation Treatment/Prevention							

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