

UMC Health System PEDIATRIC FACIAL PLASTIC 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

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

Apply Extremity Brace/Immobilizer
 Apply Elbow Immobilizer, to Bilateral Upper Extremities, On at all Times, to keep hands out of mouth

Communication

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

Notify Provider of VS Parameters
 SpO2 Less Than 90%

Notify Nurse (DO NOT USE FOR MEDS)
 Patient has On-Q pump. Reinforce dressing as needed

Notify Nurse (DO NOT USE FOR MEDS)
 Place sign at HOB for "No NG/OG tubes. In the event that nasal trumpet was placed intraoperatively, do not replace if it falls out. In the event of airway obstruction, loosen tape on cheek, and pull tongue stitch forward."

Airway Precautions
 DO NOT deep suction in mouth or nose. No NG/OG tubes, nasal trumpets, or oral airways.

Dietary

Oral Diet
 Clear Liquid Diet, Advance as tolerated to Full Liquid, after 24 hours
 Clear Liquid Diet, Advance as tolerated to Regular, after 24 hours
 Regular Diet, Please use syringe for feeds

Dietary Supplements
 Supplement: Pediasure 1.5 Supplement: Pediasure Grow and Gain

IV Solutions

D5 1/2 NS + 20 mEq KCl/L
 IV, mL/hr

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Do Not Exceed Adult Dosing for Weight Based Pediatric Medications

 Dexamethasone: Do Not exceed 10 mg total, including dose given in OR.

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	<p>dexamethasone (dexamethasone pediatric)</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q12h, x 1 dose Start 12 hours after intraoperative dose.</p> <p>Do not exceed 10 mg total, including dose given in OR</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q12h, x 2 dose Start 12 hours after intraoperative dose.</p> <p>Do not exceed 10 mg total, including dose given in OR</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, q12h, x 1 dose Start 12 hours after intraoperative dose.</p> <p>Do not exceed 10 mg total, including dose given in OR</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, q12h, x 2 dose Start 12 hours after intraoperative dose.</p> <p>Do not exceed 10 mg total, including dose given in OR</p> <p><input type="checkbox"/> 8 mg, IVPush, inj, q12h, x 1 dose Start 12 hours after intraoperative dose.</p> <p>Do not exceed 10 mg total, including dose given in OR</p>
	<p>phenylephrine nasal (phenylephrine 0.125% nasal drops)</p> <p><input type="checkbox"/> 2 drop, intra-nasal, nasal drop, TID</p>
	<p>ofloxacin otic (ofloxacin 0.3% otic solution)</p> <p><input type="checkbox"/> 5 drop, both ears, otic soln, BID</p>
	<p>bacitracin topical (bacitracin 500 units/g topical ointment)</p> <p><input type="checkbox"/> 1 app, topical, oint, BID Apply to upper lip</p>
	<p>mupirocin topical</p> <p><input type="checkbox"/> 1 app, topical, oint, BID Apply to upper lip</p>
Antibiotics	
	<p>clindamycin (clindamycin pediatric)</p> <p><input type="checkbox"/> 8 mg/kg, IVPB syr, syringe, q8h, x 2 dose, Infuse over 60 min, [24 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis</p>
	<p>ceFAZolin (ceFAZolin pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, q8h, x 2 dose, Infuse over 30 min, [30 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis</p>
Analgesics	

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	<p>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, 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. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if patient is 12 years or older.***</p> <p><input type="checkbox"/> 15 mg/kg, PO, liq, 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. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if patient is 12 years or older.***</p> <p><input type="checkbox"/> 325 mg, 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. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if age is greater than 12 years.***</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. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour if age is greater than 12 years.***</p> <p><input type="checkbox"/> 650 mg, 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. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if age is greater than 12 years.***</p> <p><input type="checkbox"/> 650 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. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour if age is greater than 12 years.***</p>
	<p>***HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose***</p> <p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)</p> <p><input type="checkbox"/> 2.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7)/breakthrough Administer only if pain is not controlled by mild and/or moderate prn pain medications ordered. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if patient is 12 years or older. Max recommended dose of hydrocodone is 0.2 mg/kg/dose for patients less than 50 kg and 10 mg in patients 50 kg or greater.***</p> <p><input type="checkbox"/> 5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7)/breakthrough Administer only if pain is not controlled by mild and/or moderate prn pain medications ordered. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if patient is 12 years or older. Max recommended dose of hydrocodone is 0.2 mg/kg/dose for patients less than 50 kg and 10 mg in patients 50 kg or greater.***</p> <p><input type="checkbox"/> 7.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7)/breakthrough Administer only if pain is not controlled by mild and/or moderate prn pain medications ordered. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if patient is 12 years or older. Max recommended dose of hydrocodone is 0.2 mg/kg/dose for patients less than 50 kg and 10 mg in patients 50 kg or greater.***</p> <p><input type="checkbox"/> 10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7)/breakthrough Administer only if pain is not controlled by mild and/or moderate prn pain medications ordered. ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if patient is 12 years or older. Max recommended dose of hydrocodone is 0.2 mg/kg/dose for patients less than 50 kg and 10 mg in patients 50 kg or greater.***</p> <p>Continued on next page....</p>

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	morphine <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 8-10)/breakthrough Administer only if pain still poorly controlled by acetaminophen if ordered. Recommended maximum dose is 2 mg. <input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN pain-severe (scale 8-10)/breakthrough, For patients weighing greater than or equal to 40 kg Administer only if pain still poorly controlled by acetaminophen if ordered
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Respiratory

	Continuous Pulse Oximetry <input type="checkbox"/> Notify ENT Surgery Resident for oxygen saturation less than 90%
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