PEDIATRIC LAMINECTOMY POST-OP PLAN

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	DUVEIO	IAN OPDERS		
Diagnos	PHYSICIAN ORDERS			
Weight	Allergies			
Weight	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			ист истан история	
	Patient Care			
	Vital Signs ☐ Per Unit Standards, with SpO2 checks.			
	Patient Activity ☐ Bedrest, Bed Position: HOB Flat ☐ Bedrest, Bed Position: HOB Greater Than or Equal to 10 degrees ☐ Bedrest, Bed Position: HOB Greater Than or Equal to 20 degrees ☐ Bedrest, 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			
	Convert IV to INT When tolerating PO intake.			
	Apply Sequential Compression Device			
	Communication			
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit In AM	Now		
	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			
	NPO Diet ☐ NPO			
	Oral Diet Clear Liquid Diet Clear Liquid Diet, Advance as tolerated to Regular	Regular Diet		
	IV Solutions			
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, mL/hr			
	Medications Medication sentences are per dose. You will need to calculate a t	otal daily dose if needed.		
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	en by Signature:	Date	Time	

PEDIATRIC LAMINECTOMY POST-OP 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			
	bacitracin-polymyxin B topical (bacitracin-polymyxin B 500 units- ☐ 1 app, topical, oint, BID, x 2 days, to incision	10,000 units/g topical ointment 1 app, topical, oint, BID, to		
	dexamethasone (dexamethasone pediatric) 0.06 mg/kg, IVPush, inj, q6h, [0.25 mg/kg/DAY] Recommended maximum DAILY dose = 16 mg 0.125 mg/kg, IVPush, inj, q6h, [0.5 mg/kg/DAY] Recommended maximum DAILY dose = 16 mg 4 mg, IVPush, inj, q6h Recommended maximum daily dose = 16 mg			
Т	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, [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-OP 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-OP 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, q2l	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, [6 - 1]	16 yr]		
	For ages greater than 16 years			
	methocarbamol ☐ 1,500 mg, PO, tab, q8h, x 5 days ☐ 1,000 mg, IVPB, inj, q8h, x 72 hr	☐ 500 mg, IVPB, inj, q8h, x 7	72 hr	
	Gastrointestinal Agents			
	famotidine (famotidine pediatric) ☐ 1 mg/kg, IVPush, inj, q12h, For children less than 20 kg Recommended maximum dose = 20 mg ☐ 20 mg, IVPush, inj, q12h Recommended maximum dose = 20 mg			
	docusate 40 mg, PO, liq, Nightly (less than 3 years of age give 40 mg/day) 50 mg, PO, liq, Nightly (less than 3 years of age give 40 mg/day) 100 mg, PO, liq, Nightly			
□ то	(greater than 3 years of age give 50 - 100 mg/day) Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature: Date Time			Time	
Physician Signature:		Date	Time	

PEDIATRIC LAMINECTOMY POST-OP 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			
	Laboratory			
	POC PT with INR			
	CBC ☐ Routine, T;N	Routine, T+1;0300		
	CBC with Differential Routine, T;N	Routine, T+1;0300		
	Basic Metabolic Panel Routine, T;N	Routine, T+1;0300		
	Respiratory			
	Oxygen Therapy Via: Nasal cannula Via: High Flow Nasal Cannula	☐ Via: Simple mask☐ Via: Venturi mask		
	Continuous Pulse Oximetry			
	IS Instruct IS Instructions: q1h for 24hrs while awake. IS Instructions: q1h while awake until discharged. IS Instructions: q30min for 48hrs while awake.	☐ IS Instructions: q1h for 48hrs☐ IS Instructions: q30min for 2☐ IS Instructions: q30min while	4hrs while awake.	
	Consults/Referrals			
	Consult Dietitian			
	Additional Orders			
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Order Take	en by Signature:	Date	Time	
Physician	Signature:	Date	Time	

PEDIATRIC DISCOMFORT MED 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.			
RDER	ORDER DETAILS			
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	Analgesics for Mild Pain			
	Select only ONE of the following for Mild Pain			
	acetaminophen (acetaminophen pediatric) 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 hour*** 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 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*** 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*** 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*** 10 mg/kg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***To 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources			
	ibuprofen (ibuprofen pediatric) 5 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food			
	Analgesics for Moderate Pain			
	Select only ONE of the following for Moderate Pain			
	HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose			
	ketorolac ☐ 0.5 mg/kg, IVPush, inj, q6h, x 24 hr Recommended maximum pediatric dose = 15 mg ☐ 0.5 mg/kg, IVPush, inj, q6h, x 48 hr Recommended maximum pediatric dose = 15 mg			
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Order Take	n by Signature: Date Time			
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PEDIATRIC DISCOMFORT MED PLAN

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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) □ 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 *** □ 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 *** □ 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 *** □ 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ***			
T	Analgesics for Severe Pain			
	morphine (morphine pediatric) 0.3 mg/kg, PO, liq, q3h, PRN pain-severe (scale 8-10) 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 8-10) Recommended maxiumum dose is 2 mg. 0.2 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) Recommended maxiumum dose is 2 mg. 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			
	Scheduled Analgesics			
	Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day. gabapentin 5 mg/kg, PO, liq, Nightly, x 1 dose, Day 1. For patients 3-11 years old. Recommended MAX dose of 300 mg. 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.			
	gabapentin ☐ 5 mg/kg, PO, liq, BID, x 2 dose, Day 2. For patients 3-11 years old. Recommended MAX dose of 300 mg. ☐ 100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. ☐ 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. ☐ 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.			
	gabapentin ☐ 5 mg/kg, PO, liq, TID, x 3 dose, Day 3. For patients 3-11 years old. Recommended MAX dose of 300 mg. ☐ 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. ☐ 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. ☐ 300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.			
	Anti-pyretics			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Taker	by Signature: Date Time			
Physician S	ignature:DateTime			

Version: 9 Effective on: 02/01/21

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PEDIATRIC DISCOMFORT MED 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			
JKDEK	***Select only ONE of the following for Fever*** acetaminophen (acetaminophen pediatric) 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 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 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 if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours.			
	Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hour 500 mg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 h exceed 4,000 mg of acetaminophen from all sources in 24 hour*** ibuprofen (ibuprofen pediatric) 5 mg/kg, PO, liq, q6h, PRN fever			
	Give with food 10 mg/kg, PO, liq, q6h, PRN fever Give with food 200 mg, PO, tab, q6h, PRN fever Give with food			
	Antiemetics			
	Select only ONE of the following for Nausea/Vomiting ondansetron (ondansetron pediatric) 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting	0.1 mg/kg, PO, liq, q4h, P 0.1 mg/kg, IVPush, soln, o 0.15 mg/kg, IVPush, soln,	q8h, PRN nausea/vomiting	
	promethazine (promethazine pediatric) 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting	0.5 mg/kg, PO, liq, q4h, P 0.5 mg/kg, rectally, supp,	RN nausea/vomiting q4h, PRN nausea/vomiting	
	Constipation Treatment/Prevention			
□ то	☐ Read Back	Scanned Powerchart	☐ Scanned PharmScan	
Order Take	en by Signature:	Date	Time	
Physician S	Signature:	Date	Time	

PEDIATRIC DISCOMFORT MED PLAN

	PHYSICIA	.IN 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			
	glycerin (glycerin pediatric rectal suppository) 0.25 supp, rectally, ONE TIME 1 supp, rectally, ONE TIME	0.5 supp, rectally, ONE TIME 1 supp, rectally, Daily, PRN col	nstipation	
	docusate (docusate sodium) 40 mg, PO, liq, Nightly, for patients LESS than 3 years of age 50 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years 100 mg, PO, cap, Nightly, for patients GREATER than or EQUAL to 3 years	years of age		
	polyethylene glycol 3350 0.5 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea. 1 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea.			
	Notify Nurse (DO NOT USE FOR MEDS) Give patientounces of prune juice daily.			
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician S	ignature:	Date	Time	