

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

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 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
 q1h q2h

Strict Intake and Output
 Per Unit Standards q1h
 q2h q4h
 q12h

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 Now
 In AM

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 Regular Diet
 Clear Liquid Diet, Advance as tolerated to Regular

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.

TO Read Back Scanned Powerchart Scanned PharmScan

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

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

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-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
	dexamethasone (dexamethasone pediatric) <input type="checkbox"/> 0.06 mg/kg, IVPush, inj, q6h, [0.25 mg/kg/DAY] Recommended maximum DAILY dose = 16 mg <input type="checkbox"/> 0.125 mg/kg, IVPush, inj, q6h, [0.5 mg/kg/DAY] Recommended maximum DAILY dose = 16 mg <input type="checkbox"/> 4 mg, IVPush, inj, q6h Recommended maximum daily dose = 16 mg
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, [6 - 16 yr]
	For ages greater than 16 years methocarbamol <input type="checkbox"/> 1,500 mg, PO, tab, q8h, x 5 days <input type="checkbox"/> 1,000 mg, IVPB, inj, q8h, x 72 hr <input type="checkbox"/> 500 mg, IVPB, inj, q8h, x 72 hr
Gastrointestinal Agents	
	famotidine (famotidine pediatric) <input type="checkbox"/> 1 mg/kg, IVPush, inj, q12h, For children less than 20 kg Recommended maximum dose = 20 mg <input type="checkbox"/> 20 mg, IVPush, inj, q12h Recommended maximum dose = 20 mg
	docusate <input type="checkbox"/> 40 mg, PO, liq, Nightly (less than 3 years of age give 40 mg/day) <input type="checkbox"/> 50 mg, PO, liq, Nightly (less than 3 years of age give 40 mg/day) <input type="checkbox"/> 100 mg, PO, liq, Nightly (greater than 3 years of age give 50 - 100 mg/day)

TO
 Read Back
 Scanned Powerchart
 Scanned PharmScan

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



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>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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
	<p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)</p> <p><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***</p> <p><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***</p> <p><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***</p> <p><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***</p>
Analgesics for Severe Pain	
	<p>morphine (morphine pediatric)</p> <p><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)</p> <p><input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 8-10) Recommended maximum dose is 2 mg.</p> <p><input type="checkbox"/> 0.2 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) Recommended maximum dose is 2 mg.</p> <p><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</p>
Scheduled Analgesics	
	<p>Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day.</p> <p>gabapentin</p> <p><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.</p> <p><input type="checkbox"/> 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.</p>
	<p>gabapentin</p> <p><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.</p> <p><input type="checkbox"/> 100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.</p>
	<p>gabapentin</p> <p><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.</p> <p><input type="checkbox"/> 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.</p> <p><input type="checkbox"/> 300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.</p>
Anti-pyretics	

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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						
	<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							

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



