

UMC Health System

Patient Label Here

PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: Pediatric Spine Surgery Post-Op  
Day 1

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

Patient Activity

Dangle at Bedside, Bed Position: HOB Greater Than or Equal to 30 degrees

TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  <b>PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN</b> <b>- Phase: Spine Surgery General Orders</b>	<b>Patient Label Here</b>
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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
	<b>Patient Care</b>
	<b>Patient Activity</b> <input type="checkbox"/> Bedrest
	<b>Maintain Surgical Drain</b> <input type="checkbox"/> Maintain JP Drain, Measure Output q12h, and PRN
	<b>Convert IV to INT</b> <input type="checkbox"/> when tolerating PO intake
	<b>Urinary Catheter Care</b>
	<b>Apply Sequential Compression Device</b> <input type="checkbox"/> Apply to Bilateral Lower Extremities
	<b>Communication</b>
	<b>Notify Provider/Primary Team of Pt Admit</b> <input type="checkbox"/> Upon Arrival to Floor/Unit <span style="float: right;"><input type="checkbox"/> In AM</span> <input type="checkbox"/> Now
	<b>Dietary</b>
	<b>NPO Diet</b> <input type="checkbox"/> NPO <span style="float: right;"><input type="checkbox"/> NPO, Except Meds</span>
	<b>Oral Diet</b> <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular, (when passing flatus advance to Full liquid until BM then advance to Regular.)
	<b>IV Solutions</b>
	<b>1/2 NS</b> <input type="checkbox"/> IV, mL/hr
	<b>Medications</b>
	<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>
	<b>Antibiotics</b>
	<b>ceFAZolin (ceFAZolin pediatric)</b> <input type="checkbox"/> 25 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Discontinue 24 hrs after drain removal. Recommended maximum dose = 1000 mg
	<b>clindamycin (clindamycin pediatric)</b> <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, q8h, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis Discontinue 24 hrs after drain removal. Recommended maximum dose = 900 mg
	<b>Muscle Relaxant</b>
	<b>diazePAM (diazePAM pediatric)</b> <input type="checkbox"/> 0.04 mg/kg, IVPush, inj, q8h Recommended maximum dose = 2 mg <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, q8h Recommended maximum dose = 2 mg <input type="checkbox"/> 2 mg, IVPush, inj, q8h
	<b>Pain Management</b>

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PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: Spine Surgery General Orders

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><b>HYDRomorphone</b></p> <p><input type="checkbox"/> 0.01 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)/breakthrough, For children less than 50 kg. ***Start when PCA basal and/or bolus are stopped*** Recommended maximum dose = 0.4 mg</p> <p><input type="checkbox"/> 0.2 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)/breakthrough ***Start when PCA basal and/or bolus are stopped***</p> <p><input type="checkbox"/> 0.4 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10)/breakthrough ***Start when PCA basal and/or bolus are stopped***</p>
<b>GI Prophylaxis</b>	
	<p><b>famotidine (famotidine pediatric)</b></p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, q12h Recommended maximum dose = 20 mg</p> <p><input type="checkbox"/> 20 mg, IVPush, inj, q12h</p>
<b>Antihistamines</b>	
	<p><b>diphenhydrAMINE</b></p> <p><input type="checkbox"/> 1 mg/kg, PO, liq, q6h, PRN itching Recommended max dose = 25 mg</p> <p><input type="checkbox"/> 25 mg, PO, liq, q6h, PRN itching</p> <p><input type="checkbox"/> 25 mg, IVPush, inj, q6h, PRN itching</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, q6h, PRN itching</p>
	<p>For Insomnia:</p> <p><b>diphenhydrAMINE</b></p> <p><input type="checkbox"/> 1 mg/kg, PO, liq, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg</p> <p><input type="checkbox"/> 25 mg, PO, liq, Nightly, PRN insomnia To be given at 2200</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg</p> <p><input type="checkbox"/> 25 mg, IVPush, inj, Nightly, PRN insomnia To be given at 2200</p>
<b>Laboratory</b>	
	<b>POC PT with INR</b>
	<b>Hemoglobin and Hematocrit</b> <input type="checkbox"/> STAT, T;N
	<b>CBC</b> <input type="checkbox"/> Next Day in AM, Every AM 3 days
	<b>Basic Metabolic Panel</b> <input type="checkbox"/> Next Day in AM, Every AM 3 days
	<b>MRSA Rapid Nasal Screen by PCR</b>
<b>Respiratory</b>	
	<b>IS Instruct</b> <input type="checkbox"/> IS Instructions: 10 times every hour while awake.
<b>Physical Medicine and Rehab</b>	
	<b>Consult PT Mobility for Eval &amp; Treat</b>
<b>Consults/Referrals</b>	

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: Spine Surgery General Orders

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
	<b>Social Services for Assessment and Eval</b> <input type="checkbox"/> For home bound school <input type="checkbox"/> For home health <input type="checkbox"/> For wound vac <input type="checkbox"/> For Inpatient Rehab
	<b>Consult Dietitian</b>

**...Additional Orders**

\*\*\*PCA Plan should only be used on a pediatric patient with the appropriate age and weight\*\*\*

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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Patient Label Here

PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: Spine Surgery Post-Op Day 2

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

Patient Care

Patient Activity

Up in Chair, TID, for 1 hour each time.

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: Spine Surgery Post-Op Day 3

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

Patient Care

Patient Activity

Up in Chair, TID, for 1 hour

Ambulate Patient

Ambulate in Hallway, TID

Discontinue Urinary Catheter

On post-op day 3

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: Spine Surgery Post-Op Day 4

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
<b>Patient Care</b>	
	<b>Patient Activity</b> <input type="checkbox"/> Up in Chair, TID, for 1 hour
	<b>Ambulate Patient</b> <input type="checkbox"/> Ambulate in Hallway, QID

TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: PCA 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
<b>Communication</b>	
<b>Notify Provider of VS Parameters (Notify Provider if VS)</b> <input type="checkbox"/> RR Less Than 10, Patient becomes unresponsive	
<b>Medication Management (Notify Nurse and Pharmacy)</b> <input type="checkbox"/> Start date T;N If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.	
<b>IV Solutions</b>	
<p>***CAUTION***            Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.</p> <p>***DOSING NOTES***:            1. Initial doses are for opioid naive patients. Chronic pain patients may require higher doses.            2. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment.            3. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine.</p> <p><b>morphine (morphine 30 mg/30 mL PCA)</b>  <input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 8, 4-hour Limit (mg) = 20, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N</p>	
<p><b>HYDROMORPHONE (HYDROMORPHONE 6 mg/30 mL PCA)</b>  <input type="checkbox"/> Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N  <input type="checkbox"/> Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N</p>	
<p><b>fentaNYL (fentaNYL 300 mcg/30 mL PCA)</b>  <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N  <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N  <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N</p>	
<p>If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA</p> <p><b>NS (Normal Saline)</b>  <input type="checkbox"/> 1,000 mL final vol, IV, 20 mL/hr</p>	
<b>Medications</b>	
<p><b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b></p>	
<p>ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION            If respiratory rate is less than 10 breaths/min or patient is unresponsive</p> <ol style="list-style-type: none"> <li>1. Stop PCA Pump</li> <li>2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min.</li> <li>3. Notify Physician</li> </ol> <p><b>naloxone</b>  <input type="checkbox"/> 0.1 mg, IVPush, inj, q2min, PRN bradypnea            May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL).            Continued on next page....</p>	

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: PCA 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

Respiratory

Continuous Pulse Oximetry

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: 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
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
<b>Analgesics for Mild Pain</b>	
	<p>***Select only ONE of the following for Mild Pain***</p> <p><b>acetaminophen (acetaminophen pediatric)</b></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><b>ibuprofen (ibuprofen pediatric)</b></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>
<b>Analgesics for Moderate Pain</b>	
	<p>***Select only ONE of the following for Moderate Pain***</p> <p>***HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose***</p> <p><b>ketorolac</b></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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PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: 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
	<p><b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)</b></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>
<b>Analgesics for Severe Pain</b>	
	<p><b>morphine (morphine pediatric)</b></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>
<b>Scheduled Analgesics</b>	
	<p>Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day.</p> <p><b>gabapentin</b></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><b>gabapentin</b></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><b>gabapentin</b></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>
<b>Anti-pyretics</b>	

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PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN  
- Phase: 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						
	<p>***Select only ONE of the following for Fever***</p> <p><b>acetaminophen (acetaminophen pediatric)</b></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><b>ibuprofen (ibuprofen pediatric)</b></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>						
<b>Antiemetics</b>							
	<p>***Select only ONE of the following for Nausea/Vomiting***</p> <p><b>ondansetron (ondansetron pediatric)</b></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><b>promethazine (promethazine pediatric)</b></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						
<b>Constipation Treatment/Prevention</b>							

TO  Read Back

Scanned Powerchart

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  <b>PEDIATRIC NEUROSURGERY SPINE POST-OP PLAN</b> <b>- Phase: PEDIATRIC DISCOMFORT MED PLAN</b>	<b>Patient Label Here</b>
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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
	<b>glycerin (glycerin pediatric rectal suppository)</b> <input type="checkbox"/> 0.25 supp, rectally, ONE TIME <input type="checkbox"/> 1 supp, rectally, ONE TIME <input type="checkbox"/> 0.5 supp, rectally, ONE TIME <input type="checkbox"/> 1 supp, rectally, Daily, PRN constipation
	<b>docusate (docusate sodium)</b> <input type="checkbox"/> 40 mg, PO, liq, Nightly, for patients LESS than 3 years of age <input type="checkbox"/> 50 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age <input type="checkbox"/> 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years of age <input type="checkbox"/> 100 mg, PO, cap, Nightly, for patients GREATER than or EQUAL to 3 years of age
	<b>polyethylene glycol 3350</b> <input type="checkbox"/> 0.5 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea. <input type="checkbox"/> 1 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea.
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Give patient _____ ounces of prune juice daily.

TO  Read Back

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Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

