# PEDIATRIC OUTPATIENT SURGERY POST-OP DISCOMFORT MED PLAN

### **Patient Label Here**

PHYSICIAN ORDERS							
Diagnosis							
Weight	Allergies						
	Place an "X" in the Orders column to designate orders of choice	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 t	otal daily dose if needed.					
T	Analgesics for Mild Pain  Select only ONE of the following for Mild Pain						
	acataminophen (acataminophen pediatric)    15 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  ""Do not exceed 2.600 mg of acetaminophen from all sources in 24 hours"**   do nng, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  ""Do not exceed 2.600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4.000 mg of acetaminophen from all sources in 24 hours "**   bo not exceed 2.600 mg of acetaminophen from all sources in 24 hours ***   bo nng, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  ""Do not exceed 2.600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4.000 mg of acetaminophen from all sources in 24 hours "**   condition of the company						
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Order Taken by Signature:		Date	Time				
Physician S	lignature:	Date	Time				

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### **Patient Label Here**

	PHYSICIAN O	RDFRS				
	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					
	□ 400 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if patient is under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***					
	ibuprofen (ibuprofen pediatric)  □ 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 50 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 80 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 100 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 150 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 200 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 250 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 300 mg, PO, liq, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  □ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.					
	ketorolac  □ 0.5 mg/kg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY. □ 15 mg, IVPush, inj, q6h, PRN pain-mild (scale 1-3) To be given in OPS ONLY.  Anti-pyretics					
	Select only ONE of the following for fever					
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Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			

Patient Label Here

# PEDIATRIC OUTPATIENT SURGERY POST-OP 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		
	cetaminophen (acetaminophen pediatric)    15 mg/kg, PO, Id., q6h, PRN fever   To be given in OPS ONLY.   To be given in OPS ONLY.		
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Order Taker	by Signature: Date Time		

Date \_

Physician Signature:

# PEDIATRIC OUTPATIENT SURGERY POST-OP DISCOMFORT MED PLAN

### Patient Label Here

	BINGIAL	LODDEDS				
	PHYSICIAN ORDERS  Place on "V" in the Orders column to designets orders of chains AND on "v" in the appoints order detail boy(ee) where applicable					
ORDER	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 DETAILS					
ONDER	ONDER DETAILS					
	ibuprofen (ibuprofen pediatric)  10 mg/kg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  50 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  80 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  100 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  150 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  200 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  200 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  200 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.  300 mg, PO, liq, q6h, PRN fever To be given in OPS ONLY.  400 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.  400 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.  600 mg, PO, tab, q6h, PRN fever To be given in OPS ONLY.					
□ то	☐ Read Back ☐	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			