

UMC Health System PEDIATRIC SHUNT PLACEMENT/REVISION 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, with SpO2 checks.

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

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 Nurse (DO NOT USE FOR MEDS)
 Clean incision with 1:1 peroxide & sterile water. May wash hair with mild shampoo after 48 hours.

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.

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.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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	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

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 Diluent NS. Give over 30 min. <input type="checkbox"/> 25 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [75 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis Diluent NS. Give over 30 min. <input type="checkbox"/> 50 mg/kg, IVPB syr, syringe, q12h, Infuse over 30 min, [100 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis Diluent NS. Give over 30 min. <input type="checkbox"/> 50 mg/kg, IVPB syr, syringe, q8h, Infuse over 30 min, [150 mg/kg/DAY], Pre-OP/Post-Op Prophylaxis Diluent NS. Give over 30 min.
	vancomycin (vancomycin pediatric) <input type="checkbox"/> 10 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [40 mg/kg/DAY].., Pre-OP/Post-Op Prophylaxis Give over 60-90 min. Diluent NS. <input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q6h, Infuse over 90 min, [60 mg/kg/DAY].., Pre-OP/Post-Op Prophylaxis Give over 60-90 min. Diluent NS.

Laboratory

	POC PT with INR
	CBC <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T+1;0300
	CBC with Differential <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T+1;0300
	Basic Metabolic Panel <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T+1;0300

Respiratory

	Oxygen Therapy <input type="checkbox"/> Via: Nasal cannula, Keep sats greater than: 92 <input type="checkbox"/> Via: Venturi mask, Keep sats greater than: 92 <input type="checkbox"/> Via: Simple mask, Keep sats greater than: 92 <input type="checkbox"/> Via: Nonrebreather mask, Keep sats greater than: 92
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Continuous Pulse Oximetry

	IS Instruct <input type="checkbox"/> IS Instructions: q1h for 24hrs while awake. <input type="checkbox"/> IS Instructions: q1h while awake until discharged. <input type="checkbox"/> IS Instructions: q30min for 48hrs while awake. <input type="checkbox"/> IS Instructions: q1h for 48hrs while awake. <input type="checkbox"/> IS Instructions: q30min for 24hrs while awake. <input type="checkbox"/> IS Instructions: q30min while awake until discharged.
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Consults/Referrals

	Consult Dietitian
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...Additional Orders

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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>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System PEDIATRIC DISCOMFORT MED PLAN	Patient Label Here
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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
	<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	

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PHYSICIAN ORDERS

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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							

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	glycerin (glycerin pediatric rectal suppository) <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
	docusate (docusate sodium) <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
	polyethylene glycol 3350 <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.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Give patient _____ ounces of prune juice daily.

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