

PEDIATRIC SURGERY 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
Analgesics for Mild Pain	
	<p>Choose ONE of the following medications for Mild Pain.</p> <p>acetaminophen (acetaminophen pediatric)</p> <p><input type="checkbox"/> 15 mg/kg, PO, liq, 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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</p> <p><input type="checkbox"/> 15 mg/kg, PO, liq, 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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</p> <p><input type="checkbox"/> 325 mg, 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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</p> <p><input type="checkbox"/> 325 mg, 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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</p> <p><input type="checkbox"/> 500 mg, 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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</p> <p><input type="checkbox"/> 500 mg, 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*** If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered.</p> <p><input type="checkbox"/> 650 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"/> 650 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>Continued on next page....</p>

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	<p>ibuprofen (ibuprofen pediatric)</p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Do not exceed max single dose of 400 mg or daily max of 2,400 mg.</p> <p><input type="checkbox"/> 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Do not exceed max single dose of 400 mg or daily max of 2,400 mg.</p> <p><input type="checkbox"/> 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg</p> <p><input type="checkbox"/> 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg</p> <p><input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg</p> <p><input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg</p> <p><input type="checkbox"/> 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg</p> <p><input type="checkbox"/> 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg</p>
Laboratory	
	CBC with Differential
	Basic Metabolic Panel
	Comprehensive Metabolic Panel
	Urinalysis
	Culture Urine
	Culture Blood
	Lactic Acid Level
...Additional Orders	

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ORTHO POST-OP MEDICATION PLAN FOR PATIENTS
LESS THAN 40 KG

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
IV Solutions	
	D5 1/2 NS + 20 mEq KCl/L <input type="checkbox"/> IV, mL/hr
	LR (Lactated Ringer's) <input type="checkbox"/> IV, mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input type="checkbox"/> 81 mg, PO, tab chew, BID
Antibiotics	
	ceFAZolin <input type="checkbox"/> 25 mg/kg, IVsyr, syringe, q8h, x 3 dose Begin 6 hours after preoperative dose given. Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes
	clindamycin <input type="checkbox"/> 10 mg/kg, IVsyr, syringe, q8h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.
	gentamicin <input type="checkbox"/> 0.5 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 1 mg/kg, IVsyr, syringe, q8h, x 24 hr, Infuse over 1 hr, [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis
	If MRSA suspected: vancomycin <input type="checkbox"/> 15 mg/kg, IVsyr, syringe, q12h, x 1 dose, Infuse over 90 min Begin 12 hours after preoperative dose given.
Scheduled Analgesics	
	ketorolac <input type="checkbox"/> 0.3 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 0.4 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 10 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** <input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access***
	acetaminophen <input type="checkbox"/> 15 mg/kg, IVsyr, syringe, q6h, x 2 dose, Infuse over 15 min Do not exceed 4000 mg of acetaminophen per day from all sources.

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ORTHO POST-OP MEDICATION PLAN FOR PATIENTS LESS THAN 40 KG

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>ibuprofen <input type="checkbox"/> 10 mg/kg, PO, liq, q6h</p>
	<p>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution) <input type="checkbox"/> 0.1 mL/kg, PO, soln, q6h, x 48 hr</p>
PRN Analgesics	
	<p>Severe Pain:</p> <p>morphine <input type="checkbox"/> 0.05 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROMorphine if ordered***** <input type="checkbox"/> 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROMorphine if ordered***** <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROMorphine if ordered*****</p>
	<p>HYDROMorphine <input type="checkbox"/> 0.01 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10), For children less than 50 kg. <input type="checkbox"/> 0.2 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)</p>
Muscle Relaxant	
	<p>methocarbamol <input type="checkbox"/> 10 mg/kg, IVPush, syringe, q6h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes.</p> <p>Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion.</p> <p><input type="checkbox"/> 10 mg/kg, IVPush, syringe, q8h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes.</p> <p>Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion.</p>
Gastrointestinal Agents	
	<p>docusate <input type="checkbox"/> 50 mg, PO, cap, BID Do not crush or chew.</p>
	<p>bisacodyl <input type="checkbox"/> 5 mg, PO, tab ec, BID Do not crush or chew.</p>
	<p>sodium biphosphate-sodium phosphate (Fleet Enema for Children) <input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation</p>
	<p>polyethylene glycol 3350 <input type="checkbox"/> 1 packet, PO, liq, BID Give scheduled until BM</p>
Antihistamines	

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>diphenhydrAMINE <input type="checkbox"/> 1 mg/kg, PO, liq, q6h, PRN itching <input type="checkbox"/> 1 mg/kg, IVPush, inj, q6h, PRN itching</p>
	<p>For Insomnia: diphenhydrAMINE <input type="checkbox"/> 1 mg/kg, PO, liq, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg <input type="checkbox"/> 1 mg/kg, IVPush, inj, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg</p>
Antiemetics	
	<p>ondansetron (ondansetron pediatric) <input type="checkbox"/> 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting <input type="checkbox"/> 0.1 mg/kg, IVPush, soln, q8h, PRN nausea/vomiting</p>
	<p>ondansetron <input type="checkbox"/> 2 mg, PO, liq, q8h, PRN nausea/vomiting <input type="checkbox"/> 2 mg, IVPush, soln, q8h, PRN nausea/vomiting</p>
GI Prophylaxis	
	<p>famotidine <input type="checkbox"/> 1 mg/kg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.</p>

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