PEDIATRIC SURGERY POST-OP PLAN

PHYSICIAN ORDERS			
Diagnos	is		
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	Per Unit Standards	
	Daily Weight		
	Patient Activity ☐ Up Ad Lib/Activity as Tolerated	☐ Up Ad Lib/Activity as Tolerated	
	Strict Intake and Output Per Unit Standards q1h q2h q4h	☐ Per Unit Standards ☐ q1h ☐ q2h ☐ q4h	
	Communication		
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit Now In AM	☐ Upon Arrival to Floor/Unit ☐ Now ☐ In AM	
	Dietary		
	Infant Feeding ☐ Maternal Breast Milk, Per: Bottle/Breast/PO, Give feeding: On Demand ☐ Maternal Breast Milk, Per: Bottle/Breast/PO, Give feeding: On Demand ☐ Similac Advance, Per: Bottle/Breast/PO, Give feeding: On Demand ☐ Similac Advance, Per: Bottle/Breast/PO, Give feeding: On Demand		
	NPO Diet NPO NPO, Except Meds NPO, Except Ice Chips NPO, Except Meds, Except Ice Chips	□ NPO □ NPO, Except Meds □ NPO, Except Ice Chips □ NPO, Except Meds, Except Ice Chips	
	Oral Diet Clear Liquid Diet Regular Diet	☐ Clear Liquid Diet ☐ Regular Diet	
	IV Solutions		
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, mL/hr	□ IV, mL/hr	
	Medications		
	Medication sentences are per dose. You will need to calculate a ketorolac □ 0.5 mg/kg, IVPush, inj, q6h, x 24 hr Recommended maximum pediatric dose = 15 mg □ 0.5 mg/kg, IVPush, inj, q6h, x 24 hr Recommended maximum pediatric dose = 15 mg □ 15 mg, IVPush, inj, q6h, x 24 hr Recommended maximum pediatric dose = 15 mg	total daily dose if needed.	
□ то	☐ Read Back	☐ Scanned Powerchart ☐ Scanned PharmScan	
Order Take	n by Signature:	DateTime	
	Signature:	Date Time	

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.
RDER	ORDER DETAILS
	Analgesics for Mild Pain
	Choose ONE of the following medications for Mild Pain.
	cotaminophen (acotaminophen pediatric) 15 mg/kg, PO, liq, g8h, PRN pain-mild (scale 1-3) "Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours" If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered. 15 mg/kg, PO, liq, g4h, PRN pain-mild (scale 1-3) "Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours" If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered. 325 mg, PO, tab, g4h, PRN pain-mild (scale 1-3) "Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours" If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered. 325 mg, PO, tab, g4h, PRN pain-mild (scale 1-3) "Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours" If acetaminophen is ineffective or contraindicated, may use ibuprofen if ordered. 325 mg, PO, tab, g4h, 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 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others 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 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others 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 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others 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 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others 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 if under the age of 12 years. For a
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan
Order Taker	by Signature: Time Time

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	R ORDER DETAILS		
	ibuprofen (ibuprofen pediatric) ☐ 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. ☐ 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. ☐ 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg ☐ 200 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg ☐ 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg ☐ 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg ☐ 600 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) Do not exceed daily max of 2,400 mg		
	Laboratory		
	CBC with Differential		
	Basic Metabolic Panel		
	Comprehensive Metabolic Panel		
	Urinalysis		
	Culture Urine		
	Culture Blood		
	Lactic Acid Level		
	Additional Orders		
□ то	O ☐ Read Back ☐ Scanned F	owerchart 🔲 S	canned PharmScan
Order Take	aken by Signature: Date		_ Time
Physician S	an Signature: Date		_ Time

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 KCI/L ☐ IV, mL/hr		
	LR (Lactated Ringer's)		
	□ IV, mL/hr		
	Medications Medication sentences are per dose. You will need to calculate a to	otal daily dose if needed.	
	aspirin 81 mg, PO, tab chew, Daily	☐ 81 mg, PO, tab chew, BID	
	Antibiotics		
	ceFAZolin ☐ 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 ☐ 10 mg/kg, IVsyr, syringe, q8h, x 3 dose, Infuse over 30 min Begin 6 hours after preoperative dose given.		
	gentamicin 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 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 ☐ 15 mg/kg, IVsyr, syringe, q12h, x 1 dose, Infuse over 90 min Begin 12 hours after preoperative dose given.		
<u>'</u>	Scheduled Analgesics		
	ketorolac □ 0.3 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** □ 0.4 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** □ 0.5 mg/kg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** □ 10 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access*** □ 15 mg, IVPush, inj, q6h, x 48 hr ***May give IM if no IV access***		
	acetaminophen 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.		
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan
Order Taker	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

Patient Label Here

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			
	ibuprofen ☐ 10 mg/kg, PO, liq, q6h			
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (N	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)		
	PRN Analgesics			
	Severe Pain:			
	morphine □ 0.05 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) ******IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered***** □ 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered***** □ 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if ordered*****			
	HYDROmorphone ☐ 0.01 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 7-10), For ch ☐ 0.2 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.5 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)		PRN pain-severe (scale 7-10) RN pain-severe (scale 7-10)	
	Muscle Relaxant			
	methocarbamol ☐ 10 mg/kg, IVPush, syringe, q6h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes. Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion. ☐ 10 mg/kg, IVPush, syringe, q8h, PRN muscle spasms, x 72 hr, Infuse over 15 min Administer IV Push over 3 minutes.			
	Administer IV while in recumbent position. Maintain position for at least 10-15 minutes following infusion.			
	Gastrointestinal Agents			
	docusate ☐ 50 mg, PO, cap, BID Do not crush or chew.			
	bisacodyl ☐ 5 mg, PO, tab ec, BID Do not crush or chew.			
	sodium biphosphate-sodium phosphate (Fleet Enema for Children) 1 ea, rectally, enema, Daily, PRN constipation			
	polyethylene glycol 3350 ☐ 1 packet, PO, liq, BID Give scheduled until BM			
	Antihistamines			
□то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	Order Taken by Signature: Date Time			
District Charles		Tr.		

Version: 6 Effective on: 12/03/19

5 of 6

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

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			
	diphenhydrAMINE ☐ 1 mg/kg, PO, liq, q6h, PRN itching	☐ 1 mg/kg, IVPush, inj, q6h,	PRN itching	
	For Insomnia: diphenhydrAMINE 1 mg/kg, PO, liq, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg 1 mg/kg, IVPush, inj, Nightly, PRN insomnia To be given at 2200. Recommended maximum dose = 25 mg			
	Antiemetics			
	ondansetron (ondansetron pediatric) 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting	0.1 mg/kg, IVPush, soln, q	8h, PRN nausea/vomiting	
	ondansetron ☐ 2 mg, PO, liq, q8h, PRN nausea/vomiting	2 mg, IVPush, soln, q8h, F	PRN nausea/vomiting	
	GI Prophylaxis			
	famotidine ☐ 1 mg/kg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.			
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician Signature:		Date		

Version: 6 Effective on: 12/03/19

6 of 6