### **UMC Health System**

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# PEDIATRIC TONSILLECTOMY AND ADENOIDECTOMY POST-OP PLAN

	PHYSICIAN ORDERS					
Diagnosis						
Weight	Allergies					
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	detail box(es) where applicable.			
ORDER	ORDER DETAILS					
	Patient Care					
	Vital Signs ☐ Per Unit Standards					
	Patient Activity Up Ad Lib/Activity as Tolerated, Bed Position: HOB Greater Than or EUp Ad Lib/Activity as Tolerated Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees Bedrest	equal to 30 degrees				
	Apply Extremity Brace/Immobilizer  ☐ Apply Elbow Immobilizer, to Bilateral Upper Extremities, On at all Tim	es, to keep hands out of mouth				
	Communication					
	Notify Provider/Primary Team of Pt Admit Upon Arrival to Floor/Unit					
	Notify Provider of VS Parameters ☐ SpO2 Less Than 90%					
	Dietary					
	Oral Diet ☐ Full Liquid Diet ☐ T;N, Regular Diet, No crunchy or hard foods. No acidic foods, such as	s ketchup, orange juice, dark co	ılas			
	IV Solutions					
	IV Solutions  D5 1/2 NS + 20 mEq KCI/L  □ IV, mL/hr					
	D5 1/2 NS + 20 mEq KCI/L  IV, mL/hr  Medications					
	D5 1/2 NS + 20 mEq KCI/L  IV, mL/hr  Medications  Medication sentences are per dose. You will need to calculate a tot					
	D5 1/2 NS + 20 mEq KCI/L  IV, mL/hr  Medications  Medication sentences are per dose. You will need to calculate a tot  ***Do Not Exceed Adult Dosing for Weight Based Pediatric Medications*					
	D5 1/2 NS + 20 mEq KCI/L  IV, mL/hr  Medications Medication sentences are per dose. You will need to calculate a tot  ***Do Not Exceed Adult Dosing for Weight Based Pediatric Medications*  Glucocorticoids	**				
	D5 1/2 NS + 20 mEq KCI/L  IV, mL/hr  Medications  Medication sentences are per dose. You will need to calculate a tot  ***Do Not Exceed Adult Dosing for Weight Based Pediatric Medications*	**				
П то	D5 1/2 NS + 20 mEq KCI/L  □ IV, mL/hr  Medications  Medication sentences are per dose. You will need to calculate a tot  ***Do Not Exceed Adult Dosing for Weight Based Pediatric Medications*  Glucocorticoids  ***Dexamethasone: Do Not exceed 10 mg total, including dose given in dexAMETHasone (dexamethasone pediatric)  □ 0.5 mg/kg, IVPush, inj, q12h, x 1 dose Start 12 hours after intraoperative dose. Do Not exceed 10 mg total, including dose given in OR.  Continued on next page	**	□ Scanned PharmScan			
□ то	D5 1/2 NS + 20 mEq KCI/L  □ IV, mL/hr  Medications  Medication sentences are per dose. You will need to calculate a tot  ***Do Not Exceed Adult Dosing for Weight Based Pediatric Medications*  Glucocorticoids  ***Dexamethasone: Do Not exceed 10 mg total, including dose given in dexAMETHasone (dexamethasone pediatric)  □ 0.5 mg/kg, IVPush, inj, q12h, x 1 dose Start 12 hours after intraoperative dose. Do Not exceed 10 mg total, including dose given in OR.  Continued on next page	**************************************	□ Scanned PharmScan _ Time			

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# PEDIATRIC TONSILLECTOMY AND ADENOIDECTOMY 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				
	□ 0.5 mg/kg, IVPush, inj, q12h, x 2 dose Start 12 hours after intraoperative dose.  Do Not exceed 10 mg total, including dose given in OR.  □ 4 mg, IVPush, inj, q12h, x 1 dose Start 12 hours after intraoperative dose.  Do Not exceed 10 mg total, including dose given in OR.  □ 4 mg, IVPush, inj, q12h, x 2 dose Start 12 hours after intraoperative dose.  Do Not exceed 10 mg total, including dose given in OR.  □ 8 mg, IVPush, inj, q12h, x 1 dose Start 12 hours after intraoperative dose.  Do Not exceed 10 mg total, including dose given in OR.				
	Antibiotics				
	***Post-Op antibiotics should not be used empirically. Treatment is only warranted to continue to clear existing infection***  ampicillin (ampicillin pediatric)  25 mg/kg, IVPB syr, syringe, q6h, [100 mg/kg/DAY], For ENT Infection				
	amoxiCILLIN (amoxiCILLIN pediatric)  20 mg/kg, NGT/PO, liq, BID, [40 mg/kg/DAY], For ENT Infection				
	Analgesics				
	Pediatric T & A Pain Protocol  See Reference Text				
	acetaminophen (acetaminophen pediatric)  10 mg/kg, PO, liq, q6h Alternate acetaminophen and ibuprofen if both are ordered, beginning with ibuprofen. ***Do not exceed 75 mg/kg/day (equal to or less than 2.6 g/day for less than 12 yrs or 4 g/day for age 12 years or greater) from all sources.***				
	ibuprofen (ibuprofen pediatric)  ☐ 10 mg/kg, PO, liq, q6h Start with ibuprofen, then alternate with acetaminophen if ordered				
	***HYDROcodone-acetaminophen: Recommended not to exceed 15 mL/dose***				
	ROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution)  5.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6)  dminister only if pain still poorly controlled by ibuprofen and/or acetaminophen if ordered.  ydrocodone Max Dosing: 0.2 mg/kg/dose for weight less than 50 kg and max of 10 mg in weight 50 kg or greater  *Do not exceed 75 mg/kg/day of acetaminophen (equal to or less than 2.6 g/day for less than 12 yrs or 4 g/day for age 12 years r greater) from all sources.***				
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Physician Signature: \_

Date \_

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# PEDIATRIC TONSILLECTOMY AND ADENOIDECTOMY 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				
	☐ 5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6) Administer only if pain still poorly controlled by ibuprofen and/or acetaminophen if ordered.				
	Hydrocodone Max Dosing: 0.2 mg/kg/dose for weight less than 50 kg and max of 10 mg in weight 50 kg or greater				
	***Do not exceed 75 mg/kg/day of acetaminophen (equal to or less to or greater) from all sources.***  7.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6)  Administer only if pain still poorly controlled by ibuprofen and/or acet	s or 4 g/day for age 12 years			
	kg or greater				
	***Do not exceed 75 mg/kg/day of acetaminophen (equal to or less than 2.6 g/day for less than 12 yrs or 4 g/day for age 12 year or greater) from all sources.***  10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-6)				
	Administer only if pain still poorly controlled by ibuprofen and/or ace	taminophen if ordered.			
	Hydrocodone Max Dosing: 0.2 mg/kg/dose for weight less than 50 kg and max of 10 mg in weight 50 kg or greater				
	***Do not exceed 75 mg/kg/day of acetaminophen (equal to or less t or greater) from all sources.***	han 2.6 g/day for less than 12 yr	s or 4 g/day for age 12 years		
	morphine  ☐ 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 7-10)  Recommended maxiumum dose is 2 mg.  ☐ 0.2 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 7-10)  Recommended maxiumum dose is 2 mg.  ☐ 2 mg, IVPush, inj, q2h, PRN pain-severe (scale 7-10), For patients 40 kg and GREATER  For patients weighing greater than or equal to 40 kg.  Recommended maxiumum dose is 2 mg.				
	Respiratory				
	Oxygen (O2) Therapy  Via: Nasal cannula, Keep sats greater than: 90				
	Continuous Pulse Oximetry  Notify ENT Surgery Resident for oxygen saturation less than 90%.				
□ то	Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan		
Order Taken by Signature:		Date	Time		
Physician Signature		Date	Time		