**Patient Label Here**

**Pediatric Anesthesia Post-Op Outpatient Surgery Plan**

**Physician Orders**

<table>
<thead>
<tr>
<th>ORDER</th>
<th>ORDER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit/Discharge/Transfer</td>
<td></td>
</tr>
<tr>
<td>Return Patient to PACU</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Care</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Patients who are at high risk for obstructive sleep apnea (OSA) AND receive IV sedating medications intra-operative/intra-procedure (EXCLUDING case start sedating medications), or during Phase II recovery, should be, at the discretion of the anesthesia provider, transferred to a higher level of monitoring to PACU***

- Convert IV to INT
  - When tolerating PO liquids.

**Communication**

***SPECIAL CONSIDERATION: Phase II (OPS) - Continuous Pulse Oximetry is mandatory for all patients with the following criteria: ASA Score of III or greater, prone positioning, obese patients and patients with a positive High Risk OSA Score***

- Notify Nurse (DO NOT USE FOR MEDS)
  - Continuous Pulse Oximetry
- Notify Provider of VS Parameters
  - SpO2 Less Than 92%, Notify anesthesia provider assigned to case
- Notify Provider (Misc)
  - Notify Attending Anesthesiologist and Attending Surgeon, Reason: If unable to wean off O2 after two 15 min Room Air Trials
- Notify Nurse (DO NOT USE FOR MEDS)
  - DISCHARGE: Patient may be discharged when Modified Post Anesthesia Recovery Score (MPAR) is 18 or above, per Department of Anesthesia Guidelines.
- Notify Nurse (DO NOT USE FOR MEDS)
  - DISCHARGE: Requires Anesthesiology Attending evaluation prior to discharge.

**IV Solutions**

**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.

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>LR</td>
<td>IV, mL/hr</td>
</tr>
<tr>
<td>NS</td>
<td>IV, mL/hr</td>
</tr>
</tbody>
</table>

**Medications**

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

- **Medication Management**
  - No IV narcotics or IV promethazine to be given Post-Op in OPS.

- **Ondansetron**
  - 0.1 mg/kg, IVPush, soln, ONE TIME, PRN nausea/vomiting
  - For administration Post-OP in OPS.
  - Recommended maximum dose is 4 mg. Administer IVP over 2-5 minutes.

- **Notify Nurse (DO NOT USE FOR MEDS)**
  - Use surgeon preference for post-operative pain management.

**Laboratory**

- **POC Blood Sugar Check**
  - ONE TIME, on arrival

- **Notify Provider (Misc) (Notify Provider of Results)**
  - Notify anesthesia provider assigned to case, Reason: blood sugar less than _____ or greater than _____.

**Respiratory**

- **Oxygen Therapy**
  - 2-3 L/min, Via: Nasal cannula, Keep sats greater than: 92%
    - Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.
  - 8 L/min, Via: Simple mask, Keep sats greater than: 92%
    - Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.
  - 10 L/min, Via: Face tent, Keep sats greater than: 92%
    - Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.

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**Order Taken by Signature:** ____________________________
**Date:** ____________________________
**Time:** ____________________________

**Physician Signature:** ____________________________
**Date:** ____________________________
**Time:** ____________________________