### 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 DETAILS

#### Communication

**Notify Provider of VS Parameters**

- SpO2 Less Than 92%, Notify anesthesia provider assigned to case

#### IV Solutions

- **LR**
  - IV, mL/hr
  - For administration in PACU.

- **NS**
  - IV, mL/hr
  - For administration in PACU.

#### Medications

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

- **NOW, Start date T:N**
  - NO MORPHINE after any eye muscle surgery

- **Antiemetics**
  - **Ondansetron**
    - 0.1 mg/kg, IVPush, soln, ONE TIME, PRN nausea/vomiting
      For administration in PACU.
      If ondansetron is ineffective or contraindicated, use promethazine pediatric IF ordered.
  - 4 mg, IVPush, soln, ONE TIME, PRN nausea/vomiting
      For administration in PACU.
      If ondansetron is ineffective or contraindicated, use promethazine pediatric IF ordered.

- **Promethazine (promethazine pediatric)**
  - 0.25 mg/kg, rectally, supp, ONE TIME, PRN nausea/vomiting
    For administration in PACU. Recommended maximum dose is 25 mg.
  - 0.5 mg/kg, rectally, supp, ONE TIME, PRN nausea/vomiting
    For administration in PACU. Recommended maximum dose is 25 mg.
  - 1 mg/kg, rectally, supp, ONE TIME, PRN nausea/vomiting
    For administration in PACU. Recommended maximum dose is 25 mg.

#### Pain Management

- TO
- Read Back
- Scanned Powerchart
- Scanned PharmScan

Order Taken by Signature: ____________________________ Date ____________________________ Time ____________________________

Physician Signature: ____________________________ Date ____________________________ Time ____________________________

Pediatric Anesthesia Post-Op PACU Plan Version: 7 Effective on: 02/28/23
<table>
<thead>
<tr>
<th>ORDER DETAILS</th>
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<tbody>
<tr>
<td>acetaminophen (acetaminophen pediatric)</td>
<td>acetaminophen (acetaminophen pediatric)</td>
</tr>
<tr>
<td>1,000 mg, IVPB, iv soln, ONE TIME</td>
<td>15 mg/kg, IVPB syr, syringe, ONE TIME</td>
</tr>
<tr>
<td>For administration in PACU.</td>
<td>For administration in PACU.</td>
</tr>
<tr>
<td>Recommended maximum dose is 1000 mg.</td>
<td>Recommended maximum dose is 1000 mg.</td>
</tr>
<tr>
<td>10 mg/kg, PO, liq, ONE TIME, PRN postoperative pain-PACU</td>
<td>15 mg/kg, PO, liq, ONE TIME, PRN postoperative pain-PACU</td>
</tr>
<tr>
<td>For administration in PACU.</td>
<td>For administration in PACU.</td>
</tr>
<tr>
<td>Recommended maximum dose is 500 mg.</td>
<td>Recommended maximum dose is 500 mg.</td>
</tr>
<tr>
<td>10 mg/kg, rectally, supp, ONE TIME, PRN postoperative pain-PACU</td>
<td>15 mg/kg, rectally, supp, ONE TIME, PRN postoperative pain-PACU</td>
</tr>
<tr>
<td>For administration in PACU.</td>
<td>For administration in PACU.</td>
</tr>
<tr>
<td>Recommended maximum dose is 500 mg.</td>
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</tbody>
</table>

ketorolac

- 0.5 mg/kg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU
  For administration in PACU. For patients GREATER than 6 months old. Recommended maximum dose is 15 mg.

- 15 mg, IVPush, inj, ONE TIME, PRN postoperative pain-PACU
  For administration in PACU.

morphine

- 0.05 mg/kg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose
  For administration in PACU.
  Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg. Notify provider if more than 3 doses are needed.

- 0.05 mg/kg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose
  For administration in PACU.
  Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg. Notify provider if more than 3 doses are needed.

- 2 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose
  For administration in PACU.
  Notify provider if more than 6 mg are needed.

- 2 mg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose
  For administration in PACU.
  Notify provider if more than 6 mg are needed.

Respiratory

albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)

- 2.5 mg, inhalation, soln, ONE TIME
  For administration in PACU.

albuterol-ipratropium

- 3 mL, inhalation, soln, ONE TIME
  For administration in PACU.
# Pediatric Anesthesia Post-Op PACU 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.

<table>
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| **Racipinephrine** | 0.5 mL, inhalation, neb, ONE TIME  
For administration in PACU. |
| **Lidocaine (lidocaine 4% inhalation solution)** | mL, inhalation, soln, ONE TIME  
For administration in PACU. |
| **Pain Management Rescue Medications** |  
Nurses MUST contact provider to obtain additional orders if initial pain management doses did not provide adequate pain control.  
**Morphine** | 0.05 mg/kg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose  
For administration in PACU - RESCUE DOSE  
Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg.  
0.05 mg/kg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose  
For administration in PACU - RESCUE DOSE  
Dose range: 0.05-0.2 mg/kg. Recommended maximum dose is 2 mg.  
2 mg, IVPush, inj, q5min, PRN postoperative pain-PACU, x 3 dose  
For administration in PACU - RESCUE DOSE  
2 mg, IVPush, inj, q10min, PRN postoperative pain-PACU, x 3 dose  
For administration in PACU - RESCUE DOSE |
| **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_____. |
| **POC Hemoglobin and Hematocrit** |  
**Diagnostic Tests** | DX Chest Portable  
T.N, STAT |
| **Respiratory** |  
**Oxygen (O2) 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.  
Continued on next page.... |
### 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.

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<tr>
<td>☐ 8 L/min, Via: Simple mask, Keep sats greater than: 92%</td>
<td>Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.</td>
</tr>
<tr>
<td>☐ 10 L/min, Via: Face tent, Keep sats greater than: 92%</td>
<td>Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.</td>
</tr>
</tbody>
</table>

- **Arterial Blood Gas**
  - ☐ STAT

- **Respiratory Care Plan Guidelines**