# PEDIATRIC CRANIOTOMY POST-OP PLAN

**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

### Patient Care

**Vital Signs**
- Per Unit Standards, with SpO2 checks.

**Patient Activity**
- Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees
- Bedrest | Bathroom Privileges, Bed Position: HOB Greater Than or Equal to 30 degrees
- Up Ad Lib/Activity as Tolerated, Bed Position: HOB Greater Than or Equal to 30 degrees

**Perform Neurological Checks**
- q1h
- q2h

**Strict Intake and Output**
- Per Unit Standards
- q2h
- q12h

**Urinary Catheter Care**

- Keep External Ventricular Drain
  - 5 cm H2O, Zero At: Opening of ear.
  - 12 cm H2O, Zero At: Opening of ear.

**Strict Drain/Tube Output**
- Ventricular Drain, q1h
- Ventricular Drain, q2h
- Ventricular Drain, q4h

**ICP Monitoring**
- Camino Bolt
- Codman

**Apnea Monitoring**

**Apply Sequential Compression Device**

**Communication**

**Notify Provider/Primary Team of Pt Admit**
- Upon Arrival to Floor/Unit
- In AM

**Notify Nurse (DO NOT USE FOR MEDS)**
- Clean incision with 1:1 peroxide & sterile water. May wash hair with mild shampoo after 48 hours.

**Notify Provider of VS Parameters**
- Temp Greater Than 101.5, SpO2 Less Than 92% on room air.

**Notify Provider (Misc)**
- Reason: Change in neurological status or excessive wound drainage or swelling.

**Notify Provider (Misc)**
- Reason: Urine output less than 30mL/hr.

**Dietary**

TO

Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: ________________________________ Date ________________ Time ________________

Physician Signature: ________________________________ Date ________________ Time ________________
# PEDIATRIC CRANIOTOMY 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.

<table>
<thead>
<tr>
<th>ORDER</th>
<th>ORDER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPO Diet</td>
<td>NPO</td>
</tr>
<tr>
<td>Oral Diet</td>
<td>Clear Liquid Diet</td>
</tr>
<tr>
<td>IV Solutions</td>
<td>D5 1/2 NS + 20 mEq KCl/L</td>
</tr>
<tr>
<td>Medications</td>
<td>bacitracin-polymyxin B topical (bacitracin-polymyxin B 500 units-10,000 units/g topical ointment)</td>
</tr>
<tr>
<td></td>
<td>1 app, topical, oint, BID, x 2 days</td>
</tr>
<tr>
<td></td>
<td>Apply to incision</td>
</tr>
<tr>
<td></td>
<td>1 app, topical, oint, BID</td>
</tr>
<tr>
<td></td>
<td>Apply to incision</td>
</tr>
<tr>
<td></td>
<td>dexamethasone (dexamethasone pediatric)</td>
</tr>
<tr>
<td></td>
<td>0.15 mg/kg, IVPush, inj, q6h</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>ceFAZolin (ceFAZolin pediatric)</td>
</tr>
<tr>
<td></td>
<td>25 mg/kg, IVsyr, syringe, q12h, Infuse over 30 min, [50 mg/kg/DAY]. Pre-OP/Post-Op Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>Diluent NS. Give over 30 min.</td>
</tr>
<tr>
<td></td>
<td>25 mg/kg, IVsyr, syringe, q8h, Infuse over 30 min, [75 mg/kg/DAY]. Pre-OP/Post-Op Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>Diluent NS. Give over 30 min.</td>
</tr>
<tr>
<td></td>
<td>50 mg/kg, IVsyr, syringe, q12h, Infuse over 30 min, [100 mg/kg/DAY]. Pre-OP/Post-Op Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>Diluent NS. Give over 30 min.</td>
</tr>
<tr>
<td></td>
<td>50 mg/kg, IVsyr, syringe, q8h, Infuse over 30 min, [150 mg/kg/DAY]. Pre-OP/Post-Op Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>Diluent NS. Give over 30 min.</td>
</tr>
<tr>
<td></td>
<td>vancomycin (vancomycin pediatric)</td>
</tr>
<tr>
<td></td>
<td>10 mg/kg, IVsyr, syringe, q6h, Infuse over 90 min, [40 mg/kg/DAY]. [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>Give over 60-90 min. Diluent NS.</td>
</tr>
<tr>
<td></td>
<td>15 mg/kg, IVsyr, syringe, q6h, Infuse over 90 min, [60 mg/kg/DAY]. [MONITORING ADVISED] Pharmacy to dose and monitor, Pre-OP/Post-Op Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>Give over 60-90 min. Diluent NS.</td>
</tr>
<tr>
<td>Muscle Relaxant</td>
<td>dizePAM (dizePAM pediatric)</td>
</tr>
<tr>
<td></td>
<td>0.04 mg/kg, IVPush, inj, q2h, PRN muscle spasms</td>
</tr>
<tr>
<td></td>
<td>0.2 mg/kg, IVPush, inj, q2h, PRN muscle spasms</td>
</tr>
<tr>
<td></td>
<td><em><strong>For ages less than 6 years</strong></em></td>
</tr>
<tr>
<td></td>
<td>methocarbamol (methocarbamol pediatric)</td>
</tr>
<tr>
<td></td>
<td>10 mg/kg, IVsyr, syringe, q8h, x 72 hr, Infuse over 15 min</td>
</tr>
<tr>
<td></td>
<td><em><strong>For ages greater than 16 years</strong></em></td>
</tr>
</tbody>
</table>

Order Taken by Signature: ____________________________ Date ____________________________ Time ____________________________

Physician Signature: ____________________________ Date ____________________________ Time ____________________________

Pediatric Craniotomy Post-Op Plan

Version: 8 Effective on: 10/09/18
## Pediatric Craniotomy 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.

<table>
<thead>
<tr>
<th>ORDER</th>
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<tr>
<td>methocarbamol</td>
<td>1,500 mg, PO, tab, q8h, x 5 days</td>
</tr>
<tr>
<td></td>
<td>1,000 mg, IVPB, inj, q8h, x 72 hr</td>
</tr>
</tbody>
</table>

**Gastrointestinal Agents**

- **famotidine (famotidine pediatric)**
  - 1 mg/kg, IVPush, inj, Nightly, For children less than 20 kg
  - Recommended maximum dose = 20 mg
  - 20 mg, IVPush, inj, Nightly

- **ondansetron (ondansetron pediatric)**
  - 0.15 mg/kg, IVPush, soln, q12h, PRN nausea/vomiting, x 24 hr

**Laboratory**

- **POC PT with INR**
  - CBC
    - Routine, T;N
    - Routine, T+1:0300
  - CBC with Differential
    - Routine, T;N
    - Routine, T+1:0300
  - Basic Metabolic Panel
    - Routine, T;N
    - Routine, T+1:0300
  - MRSA Rapid Nasal Screen by PCR

**Respiratory**

- **Oxygen Therapy**
  - Via: Nasal cannula, Keep sats greater than %: 92
  - Via: Venturi mask, Keep sats greater than %: 92
  - Via: Simple mask, Keep sats greater than %: 92
  - Via: Nonrebreather mask, Keep sats greater than %: 92

- **Continuous Pulse Oximetry**
  - IS Instruct
    - q1h for 24hrs while awake.
    - q30min for 48hrs while awake.
  - IS Instructions: q1h while awake until discharged.
  - IS Instructions: q30min while awake until discharged.

**Consults/Referrals**

- Consult Dietitian

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TO: Read Back: Scanned Powerchart: Scanned PharmScan:

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