

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**PED Orthopedic Lower Ext Post op Patient Placement**

Version 1 2/2/2016

**General**

Diagnosis/Procedure: \_\_\_\_\_

**Preferred Location/Unit**

- Pediatrics
- ICU

**Activity**

- Up with Assistance as needed
- May ambulate
- Lower Ext Weight-bearing Status
  - Left Leg: [ ] Non Weight Bearing [ ] Partial [ ] Toe Touch [ ] Heel Touch [ ] As tolerated
  - Right Leg: [ ] Non Weight Bearing [ ] Partial [ ] Toe Touch [ ] Heel Touch [ ] As tolerated
- May Shower Post Op
  - Begin On: \_\_\_\_\_
  - Cover Wound [ ] Yes [ ] No
  - Keep Splint/Cast Dry (if present)
  - Once drain is removed (if present)

**Equipment and Activity Aids**

- Knee immobilizer, hinged [ ] Apply/Maintain [ ] Maintain Only
  - [ ] Left [ ] Right
  - [ ] Advance 10 degrees every 2-3 hours up to 90 degrees as tolerated
  - [ ] Keep immobilizer locked in full extension at all times
- Brace [ ] Apply/Maintain [ ] Maintain Only
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_
- Splint [ ] Apply/Maintain [ ] Maintain Only
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_
- Immobilizer [ ] Apply/Maintain [ ] Maintain Only
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_
- Apply Traction
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_
- Walking Boot [ ] Apply/Maintain [ ] Maintain Only
  - Location: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_
- Rooke Boots [ ] Apply/Maintain [ ] Maintain Only
  - Additional Instructions: \_\_\_\_\_
- Adaptive Equipment
  - Type: [ ] Crutches [ ] Front Wheeled Walker [ ] Wheelchair [ ] Other \_\_\_\_\_
  - Additional Instructions: \_\_\_\_\_

Initials \_\_\_\_\_

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**Nursing Orders**

- Post-op vital signs (Q15 Min X4, Q30 Min X2, Q1H X 4, Q4H X 4) then per unit standard of care
- Monitor CSM (Color/Sensation/Movement) to affected extremity with Post Op Vital Signs (Q15 Min X4, Q30 Min X2, Q1H X 4, Q4H X 4)
- Intake and output per unit standard
- Incentive spirometry every hour while awake x 48 hours
- Apply ice pack to \_\_\_\_\_
- Elevate Affected Extremity  
Additional Instructions: \_\_\_\_\_
- Cryocuff
- Foley Catheter  
[ ] Insert/Maintain [x] Maintain Only  
Additional Instructions: Discontinue Post Op day 1
- Straight Cath  
Additional Instructions: \_\_\_\_\_
- Incision Care
- Dressings Change  
Type: [ ] Dry Sterile [ ] Wet to Dry [ ] With Packing  
Begin: \_\_\_\_\_  
Frequency: [ ] Daily [ ] BID [ ] TID [ x ] PRN  
Additional Instructions: \_\_\_\_\_
- Jackson Pratt  
Empty and Record Output: every shift  
Discontinue: \_\_\_\_\_
- Hemovac  
Empty and Record Output: every shift  
Discontinue: \_\_\_\_\_
- Notify provider
  - IF eye pain occurs Notify anesthesiologist that provided anesthesia, if unable to reach notify on-call anesthesiologist

**Respiratory**

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- Pulse oximetry continuous

**Diet**

- Advance diet as tolerated Goal diet: \_\_\_\_\_ Additional Instructions: \_\_\_\_\_
- Clear Liquid Diet
- NPO (diet) NPO Modifications: [ ] Except Meds [ ] Strict [ ] With Ice Chips [ ] With Sips

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain
- Convert Peripheral IV to Saline Lock

**IV Fluids - Maintenance Specific Fluid**

- Lactated Ringers IV
  - \_\_\_ milliliter/hour continuous intravenous infusion

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Sodium Chloride 0.9% IV

- \_\_\_ milliliter/hour continuous intravenous infusion

Dextrose 5% and 0.45% Sodium Chloride IV

- \_\_\_ milliliter/hour continuous intravenous infusion
- Other: \_\_\_\_\_

**Medications**

**Acetaminophen (TYLENOL) Dosing Set**

**For weight 5 - 7.9 kg SELECT:**

acetaminophen (TYLENOL)

- 80 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

**For weight 8 - 10.9 kg SELECT:**

acetaminophen (TYLENOL)

- 120 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

**For weight 11 - 15.9 kg SELECT:**

acetaminophen (TYLENOL)

- 160 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

**For weight 16 - 21.9 kg SELECT:**

acetaminophen (TYLENOL)

- 240 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

**For weight 22 - 32.9 kg SELECT:**

acetaminophen (TYLENOL)

- 320 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

- 325 milligram tablet orally every 4 hours as needed for mild-to-moderate pain

**For weight 33 - 43.9 kg SELECT:**

acetaminophen (TYLENOL)

- 500 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

- 500 milligram tablet orally every 4 hours as needed for mild-to-moderate pain

**For weight greater than 44 kg SELECT:**

acetaminophen (TYLENOL)

- 650 milligram liquid orally every 4 hours as needed for mild-to-moderate pain

- 650 milligram tablet orally every 4 hours as needed for mild-to-moderate pain

**Ibuprofen (MOTRIN) Dosing Set Age >= 6 months**

ibuprofen (MOTRIN)

- 10 milligram/kilogram orally every 6 hours as needed for moderate-to-severe pain ; age greater than or equal to 6 months; maximum 40 milligrams/kilogram per day

- 200 milligram tablet orally every 6 hours as needed for moderate-to-severe pain ; maximum 40 milligrams/kilogram per day

- 400 milligram tablet orally every 6 hours as needed for moderate-to-severe pain ; maximum 40 milligrams/kilogram per day

**Analgesics: Opioids**

HYDROcodone Bit/ Acetaminophen (HYCET)

- 0.1 milligram/kilogram orally every 4 hours as needed for moderate-to-severe pain ; MAX 5 mg

- 0.1 milligram/kilogram orally every 6 hours as needed for moderate-to-severe pain ; MAX 5 mg

HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)

- 1 tablet orally every 4 hours as needed for moderate-to-severe pain

morphine

- 0.05 milligram/kilogram intravenously every 4 hours as needed for severe pain , break through pain; MAX 2 mg

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**Analgesics Pediatric PCA: Select one**

morphine in normal saline 1 mg/mL (PCA)

- Standard PCA

Demand dose: 0.01 milligram/kilogram = \_\_\_\_\_ milligrams

Demand dose lock out: 10 minutes;

MAX doses/hour: 6 doses/hour

IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions (if applicable) AND Initiate Respiratory Depression Protocol AND Notify Provider

HYDROMORPHONE normal saline 0.2 mg/mL (DILAUDID - PCA)

- Standard PCA

Demand dose: 1.5 microgram/kilogram = \_\_\_\_\_ micrograms;

Demand dose lock out: 10 minutes;

Maximum doses/hour: 6 doses/hour

IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions (if applicable) AND Initiate Respiratory Depression Protocol AND Notify Provider

FENTANYL in normal saline 10 micrograms/mL (PCA)

- Standard PCA

Demand dose: 0.1 microgram/kilogram = \_\_\_\_\_ micrograms;

Demand dose lock out: 8 minutes;

Maximum doses/hour: 6 doses/hour

IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions (if applicable) AND Initiate Respiratory Depression Protocol AND Notify Provider

**Antiemetics**

ONDANSETRON (ZOFRAN)

- 0.1 milligram/kilogram intravenously every 6 hours as needed for nausea/vomiting MAX dose 4 mg

**Laboratory**

HH (HGB & HCT)

- stat  routine @ \_\_\_\_\_  Morning Draw

CBC/AUTO DIFF

- stat  routine @ \_\_\_\_\_  Morning Draw

**Consult Provider**

- Provider to provider notification preferred.
  - Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_
  - Does nursing need to contact consulted provider? [ ] Yes [ ] No

**Consult Department**

- PT Physical Therapy Eval & Treat Reason for consult: \_\_\_\_\_
- OT Occupational Therapy Eval & Treat Reason for consult: \_\_\_\_\_

**VTE Prophylaxis**

**Mechanical Select one**

- Apply Sequential compression device (SCD)
- Apply Arterial venous impulses (AVI)
- Apply knee high graduated compression stockings
- Apply thigh high graduated compression stockings

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_