

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
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Diagnosis: _____

Allergies with reaction type: _____

PED Tonsillectomy/Adenoidectomy – Postop

Version 1 Approved 1/11/2017

Patient Placement

Patient Status (Select only if change from pre-op status)

If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.

- Admit to inpatient: **I certify that:
 Inpatient services are reasonable and necessary and ordered in accordance with Medicare regulations. Services ordered are appropriate for the inpatient setting.
 It is anticipated that the medically necessary care of the patient will cross at least 2 midnights. The diagnosis included in this order is the reason for inpatient services and is outlined further in the history and physical and subsequent progress notes.
 The need for post hospital care will be determined based upon the patient's evolving clinical condition and needs.
 Diagnosis: _____
- Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)
- Outpatient in a Bed

Preferred Location/Unit

- Pediatrics

Activity

- Ambulate Ad Lib; no strenuous activity for 2 weeks
- Out of bed with assistance
- Other: _____

Nursing Orders

- Vital signs-post procedure Q15 min x 4, Q30 min x2, Q1H x4, Q4H x4 then per unit standard
- Intake and Output per unit standard
- Pulse oximetry continuous
- Oxygen Delivery via Aerosol Face Mask at 35% as needed to maintain oxygen saturation greater than 90%
- Daily Weight
- Other: _____

Diet

- Clear Liquid Diet -NO red dyes
- Other: _____

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids - Maintenance Specific Fluid

- Lactated Ringers IV _____ milliliter/hour continuous intravenous infusion
- Other: _____

Initials _____

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PROVIDER ORDERS

Medications

Acetaminophen (TYLENOL) Dosing Set

For weight less than 5 kg SELECT:

acetaminophen (TYLENOL)

- _____ milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

For weight less 5 - 7.9 kg SELECT:

acetaminophen (TYLENOL)

- 80 milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

For weight less 8 - 10.9 kg SELECT:

acetaminophen (TYLENOL)

- 120 milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

For weight less 11 - 15.9 kg SELECT:

acetaminophen (TYLENOL)

- 160 milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

For weight less 16 - 21.9 kg SELECT:

acetaminophen (TYLENOL)

- 240 milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

For weight less 22 - 32.9 kg SELECT:

acetaminophen (TYLENOL)

- 320 milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F
- 325 milligram tablet orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

For weight less 33 - 43.9 kg SELECT:

acetaminophen (TYLENOL)

- 500 milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F
- 500 milligram tablet orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

For weight greater than 44 kg SELECT:

acetaminophen (TYLENOL)

- 650 milligram liquid orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F
- 650 milligram tablet orally every 4 hours as needed for mild-to-moderate pain or fever greater than 100.5 F

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PROVIDER ORDERS

Ibuprofen (MOTRIN) Dosing Set Age >= 6 months

ibuprofen (MOTRIN)

- 10 milligram/kilogram orally every 6 hours as needed for moderate-to-severe pain or fever greater than 100.5 F; 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 or fever greater than 100.5 F; maximum 40 milligrams/kilogram per day
- 400 milligram tablet orally every 6 hours as needed for moderate-to-severe pain or fever greater than 100.5 F; maximum 40 milligrams/kilogram per day

Analgesics: Opioids

For weight less than 50 kg SELECT:

HYDROcodone Bit/ Acetaminophen (HYCET)

- 0.1 milligram/kilogram orally every 4 hours as needed for moderate-to-severe pain
- 0.1 milligram/kilogram orally every 6 hours as needed for moderate-to-severe pain

For weight greater than 50 kg SELECT:

HYDROcodone Bit/ Acetaminophen (HYCET)

- 5-10 milligram orally every 4 hours as needed for moderate-to-severe pain based on dose-range policy
- 5-10 milligram orally every 6 hours as needed for moderate-to-severe pain based on dose-range policy

Antiemetics

ondansetron (ZOFTRAN)

- 0.1 milligram/kilogram intravenously every 6 hours as needed for nausea/vomiting -SELECT for age 1 month to 12 and weight < /= 40 kg; MAX dose 4 mg
- 4 milligram intravenously every 6 hours as needed for nausea/vomiting -SELECT for age > 12 or weight > 40 kg

Discharge

- Discharge in 6 hours if meets day surgery criteria; Notify provider if patient is not stable for discharge within ordered time frame.
- Follow up appointment: [] 3 weeks [] _____

Provider Signature: _____ Date: _____ Time: _____