

(place patient label here)

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



## Pediatric ENT Surgery Postoperative

### General

- Paper only orders

### Preferred Location / Unit

#### Admission:

- 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 duration of the episode of care will cross a second midnight.

Attending Provider

Admit to Inpatient

Provider \_\_\_\_\_

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 two 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 \_\_\_\_\_

Additional Instructions \_\_\_\_\_

Observation Services

Provider Provider: \_\_\_\_\_

Diagnosis \_\_\_\_\_

#### OBSERVATION REASON

Patient may require further evaluation to determine whether an inpatient admission is medically necessary.

Patient's symptoms are anticipated to improve quickly with medical management.

Other: \_\_\_\_\_

Placement for Post Procedure/Operative

SDC (Surgical Day Care)-Outpatient Less than 23 hour stay

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

Admit Location: Pediatrics

MED SAFE?

### Activity

Out of Bed with Assistance

Frequency:

Additional Instructions:

Ambulate With Assistance; no strenuous activity

Other: \_\_\_\_\_

### Vital Signs

Vital Signs Post Procedure

Post Procedure VS Frequency: every 15 minutes x 4, every 30 minutes x 2, every hour x 4 and every 4 hours x 4

Additional Instructions: then vital signs per unit standard

Initials: \_\_\_\_\_

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## Pediatric ENT Surgery Postoperative

### Nursing Orders

- Intake and Output Per Unit Standard
- Other: \_\_\_\_\_

### Discharge

- Discharge in 6 hours if meets day surgery criteria. Notify provider if patient not stable for discharge within ordered time frame.
- Arrange Follow Up Appointment: [ ] 4 weeks or [ ] \_\_\_\_\_

### Respiratory/Nursing

- Pulse Oximetry Continous
- Oxygen Delivery via Aerosol Face Mask at 35% as needed to maintain oxygen saturation greater than 90%

### Diet

- Clear Liquid - NO red dyes
- Other: \_\_\_\_\_

### IV/Line Insert and/or Maintain

- Peripheral IV (Insert/Maintain)
- Additional Instructions:

### IV Fluids-Maintenance Specific Fluids

- Lactated Ringer's intravenously at \_\_\_\_\_mls/hr continuous
- Other: \_\_\_\_\_

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## Pediatric ENT Surgery Postoperative

### Medications

#### Analgesics: Non-Opioid:

##### Weight less than 4.999 kg SELECT:

- Acetaminophen [Tylenol] Liquid 5 to 10 mg/kg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

##### Weight 5.0 - 7.999 kg SELECT:

- Acetaminophen [Tylenol] Liquid 80 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

##### Weight 8.0 - 10.999 kg SELECT:

- Acetaminophen [Tylenol] Liquid 120 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

##### Weight 11.0 - 15.999 kg SELECT:

- Acetaminophen [Tylenol] Liquid 160 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

##### Weight 16.0 - 21.999 kg SELECT:

- Acetaminophen [Tylenol] Liquid 240 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

##### Weight 22.0 - 32.999 kg SELECT:

- Acetaminophen [Tylenol] Liquid 320 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F
- Acetaminophen [Tylenol] 325 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

##### Weight 33.0 - 43.999 kg SELECT:

- Acetaminophen [Tylenol] Liquid 500 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F
- Acetaminophen [Tylenol] 500 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

##### Weight greater than 44 kg SELECT:

- Acetaminophen [Tylenol] Liquid 650 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F
- Acetaminophen [Tylenol] 650 mg orally every 4 hours as needed for mild to moderate pain or fever greater than 100.5 F

- Ibuprofen Suspension [Motrin] 5 to 10 mg orally every 6 hours as needed for moderate to severe pain or fever greater than 100.5 F (not to exceed 40 mg/kg in 24 hours)

- Ibuprofen 200 mg orally every 6 hours as needed for moderate to severe pain or fever greater than 100.5 F (not to exceed 40 mg/kg in 24 hours)

- Ibuprofen 400 mg orally every 6 hours as needed for moderate to severe pain or fever greater than 100.5 F (not to exceed 40 mg/kg in 24 hours)

#### Opioid Analgesics:

##### Weight less than 49.999 kg SELECT:

- HYDROcodone Bit/Acetaminophen (Hycet 7.5-325 MG/15 ML) Solution 0.1 mg/kg (based on HYDROcodone) orally every 4 hours as needed for moderate to severe pain
- HYDROcodone Bit/Acetaminophen (Hycet 7.5-325 MG/15 ML) Solution 0.1 mg/kg (based on HYDROcodone) orally every 6 hours as needed for moderate to severe pain

##### Weight greater than 50 kg SELECT:

- HYDROcodone Bit/Acetaminophen (Hycet 7.5-325 MG/15 ML) Solution 5 to 10 mg orally every 4 hours as needed for moderate to severe pain based on dose range policy
- HYDROcodone Bit/Acetaminophen (Hycet 7.5-325 MG/15 ML) Solution 5 to 10 mg orally every 6 hours as needed for moderate to severe pain based on dose range policy

- morphine sulfate 0.1 mg/kg intravenously every 4 hours as needed for SEVERE, breakthrough pain

#### Antiemetic Agents:

##### Age 1 month to 12 years and weight less than or equal to 39.999 kg:

- Ondansetron HCl 0.1 mg/kg intravenously every 6 hours as needed for nausea and vomiting

##### Age greater than 12 years or weight greater than or equal to 40 kg:

- Ondansetron HCl 4 mg intravenously every 6 hours as needed for nausea and vomiting

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## Pediatric ENT Surgery Postoperative

Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Initials: \_\_\_\_\_