

(place patient label here)  
Patient Name: \_\_\_\_\_



## Pediatric Surgery Post Operative (Outpatient)

### General

- Paper only orders

### Activity

- Up Ad Lib -- Additional Instructions : after recovery from anesthesia

### Vital Signs

- Vital Signs Post Procedure  
Post Procedure VS Frequency: Q 15 min until stable, Q 1 hour x2, then Q 4 hours  
Additional Instructions:

### Nursing Orders

- Assess for Bleeding  
Additional Instructions \_\_\_\_\_

### Notify Provider

- I will be on my pager and take my own calls for this patient
- Dr: \_\_\_\_\_ will cover my patients after \_\_\_\_\_

### Discharge

- May Shower on: \_\_\_\_\_
- Wound Care: \_\_\_\_\_
- Dressings: \_\_\_\_\_
- Expected amount of bleeding; \_\_\_\_\_
- Discharge to: \_\_\_\_\_
- Arrange Follow Up Appointment: \_\_\_\_\_
- EDU Instructions to Patient  
Additional Instructions: \_\_\_\_\_
- Discharge when Post-Op Criteria Met  
Void Prior to Discharge No  
Additional Instructions:
  - I have made no changes to the preadmission medications list. Contact the prescribing provider for questions.
  - Additional medications as per prescriptions
  - Discharge home, if unable to void return to Emergency Department

### Diet

- Clear Liquid
- Advance Diet As Tolerated to goal of: \_\_\_\_\_, on Discharge Home

### IV/Line Insert and/or Maintain

- Peripheral IV (Insert/Maintain)  
Additional Instructions:

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

(place patient label here)

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



## Pediatric Surgery Post Operative (Outpatient)

### IV Fluids-Maintenance Specific Fluids

- Ringers Solution, Lactated intravenously at \_\_\_\_\_ mls/hr

### Medications

#### Analgesics: Non-Opioid:

- Acetaminophen (Tylenol) Liquid 5 to 10 mg/kg orally every 4 hours as needed for pain  
 Ibuprofen (Motrin) Liquid 5 to 10 mg/kg orally every 8 hours as needed for pain

#### Analgesics: Opioids:

- Hydrocodone Bit/Acetaminophen (Norco 5/325 mg) 1 to 2 tablets orally every 4 hours as needed for moderate to severe pain  
 Hydrocodone Bit/Acetaminophen (Hycet 7.5 - 325/15 ML) 0.1 mg/kg (based on HYDROcodone) orally every 4 hours as needed for pain  
 Morphine Sulfate 0.01 mg/kg intravenously every 4 hours as needed for SEVERE, breakthrough pain

#### Anti-emetics:

- Ondansetron HCl/Pf (Zofran) 0.1 mg/kg intravenously every 6 hours as needed for nausea and vomiting  
 Ondansetron HCl/Pf (Zofran) 4 mg intravenously every 6 hours as needed for nausea and vomiting

#### IF MRSA or MSSA Positive:

- Mupirocin (Bactroban 2% Ointment 22GM) 1 application BOTH NARES 2 times per day for 5 days -- Label Comments : 1 applic = 0.5 gram 10 TOTAL DOSES MUST BE GIVEN AND DOCUMENTED \*Label for home use if pt is discharged before completing all 10 doses\*

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

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