



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Patient:

Kg Weight: _____ Height: _____

Another brand of drug identical in form and content may be dispensed unless checked. ☐

PACU/ODS Postoperative Order Set (Pediatric)

1. Morphine (0.025 to 0.2 mg/Kg) _____ mg IV every _____ minutes up to _____ mg total PRN moderate/severe pain (scale 4-10) in PACU. May give in ODS if IV in place and unrelieved by Hydrocodone, or previous Acetaminophen.
2. Ondansetron (0.15 – 0.3 mg/Kg) _____ mg IV PRN one dose for nausea
3. Ibuprofen (10 mg/Kg) _____ mg orally PRN one dose for mild/moderate pain (scale 1-7).
4. Hydrocodone elixir 2.5 mg/5 ml (0.1 – 0.2 mg/Kg) _____ mg orally PRN one dose for moderate/severe pain (scale 4-10), if no previous acetaminophen.
5. Albuterol Nebulizer (0.25 mg/Kg; minimum 1.25 mg; max: 5 mg) _____ mg with saline to total 3 ml for wheezes, asthma x 1.
6. Racemic Epinephrine Nebulizer (0.03 ml/Kg-max 1 ml) _____ ml with saline PRN x1 to total 3 ml with Dexamethasone. (0.1 – 0.5 mg/Kg) _____ mg PRN for congestion or stridor x 1.
7. Continuous pulse oximetry in PACU.
Oxygen as needed to keep Sat > _____ %.

MD Signature: _____ **Date & Time:** _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4