



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED</p> <p style="text-align: center;">3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
PHYSICIAN'S ORDER FORM		

DATE & TIME	#	ORDERS POST-TONSILLECTOMY ORDERS
		<p>Reference: _____</p> <p>Allergies: _____</p> <p style="text-align: right;">Patient Weight: _____ kg Patient Age: _____ yo</p>
	1.	Admit to: <input type="checkbox"/> Extended Recovery Unit 44B <input type="checkbox"/> Unit 55
	2.	Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____
	3.	Diagnosis: <input type="checkbox"/> Adenotonsillar Hypertrophy <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Chronic Tonsillitis (check all that apply)
	4.	Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Guarded
	5.	Activity: <input type="checkbox"/> Ad lib <input type="checkbox"/> Other: _____
	6.	Diet: <input type="checkbox"/> Clear liquids <input type="checkbox"/> Advance to mechanical soft diet as tolerated
	7.	Vital Signs: <input type="checkbox"/> every hour <input type="checkbox"/> every 4 hours <input type="checkbox"/> every 8 hours <input type="checkbox"/> Other: _____
	8.	Nursing: <input type="checkbox"/> Keep head of bed greater than 30 degrees at all times
	9.	Respiratory: <input type="checkbox"/> Continuous pulse oximetry <input type="checkbox"/> Blow-by humidified room air or oxygen for comfort and to keep sat greater than 92%
	10.	IVF: <input type="checkbox"/> D5NS TRA _____ mL/hour [Patient's weight is _____ (x 4 mL/hour for first 10 kg) + (x 2 mL/hour for second 10 kg) + (x 1 mL/hour for each kg greater than 20 kg)] <input type="checkbox"/> Saline lock IV once patient is taking greater than 80% fluid requirement by mouth
	11.	Medications: <input type="checkbox"/> Amoxicillin susp (250 mg/5 mL) _____ mg/kg/day = _____ mg PO BID (Usual dosage = 30 mg/kg/day divided BID or TID, Max = 1500 mg/day) <input type="checkbox"/> Azithromycin (200 mg/5 mL) _____ mg/kg/day = _____ mg PO q day (Usual dosage = 12 mg/kg/day x 5 days, Max = 500 mg/day) <input type="checkbox"/> Dexamethasone _____ mg/kg/dose = _____ mg IV once at _____ (Usual dosage = 0.25 to 0.5 mg/kg/dose) <input type="checkbox"/> Ofloxacin 0.3% (Floxin) otic solution 3 gtt BID <input type="checkbox"/> left ear <input type="checkbox"/> right ear <input type="checkbox"/> both ears
	12.	PRN Medications: <input type="checkbox"/> Trimethabenzomide suppository <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg PR q 6 hours PRN nausea/vomiting (Usual dosage if less than 14 kg = 100 mg/dose, if greater than 14 kg = 100 to 200 mg/dose) <input type="checkbox"/> Promethazine suppository <input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg PR q 6 hours PRN nausea/vomiting (Usual dosage = 0.2 mg/kg/dose) <input type="checkbox"/> Acetaminophen solution (160 mg/5mL) _____ mg/kg/dose = _____ mg PO q 4 hours PRN pain/fever (Usual dosage = 10 to 15 mg/kg/dose) <input type="checkbox"/> Acetaminophen/Codeine elixir (120 mg/12 mg/5 mL) _____ mL PO q 4 hours PRN pain (Usual dosage = 1 mg codeine/kg/dose; desired dose of codeine = _____ mg) <input type="checkbox"/> Oxycodone elixir (5 mg/ 5 mL) _____ mg PO q 4 hours PRN pain (not recommended if patient less than 6 years old) (Usual dosage = 0.1 mg/kg for patients greater than 6 years old)
	13.	Call physician for: <ul style="list-style-type: none"> • fever greater than 38.5 C • difficulty breathing • bleeding from mouth or nose

Physician Signature: _____ Pager: _____

POST-TONSILLECTOMY ORDERS