

SmartSet: PEDIATRIC SURGERY - APPENDICITIS POST-OP SIMPLE (ID:693)

General Information

Display name: PEDIATRIC SURGERY - APPENDICITIS POST-OP SIMPLE

Type: General

Merge priority: 0

Version comment:

Content source:

Synonyms: 1. IP

SmartSet notes:

Description:

Web information:

	Title	URL
1.	Appendicitis Algorithm	http://portal2/sites/coex/clinical-qlty-excellence/clinical-qlty-effectiveness/Clinical%20Care%20Guidelines%20in%20Practice/Appendicitis/Appendicitis%20Algorithm%20FINAL.pdf
2.	Appendicitis Handout	http://portal2/sites/coex/clinical-qlty-excellence/clinical-qlty-effectiveness/Clinical%20Care%20Guidelines%20in%20Practice/Appendicitis/Appendicitis%20-%20Brochure.pdf

Questionnaire:

Configuration

Admission

Admission Order

ADMIT TO OBSERVATION

Admit To:
 Effective Date: 6/3/2022
 Effective Time:
 Change to Attending Provider:
 Discharge Time:
 Discharge at 12:00 AM, Observation

Routine Orders

Routine

- | | |
|---|------------------------|
| <input checked="" type="checkbox"/> VITAL SIGNS | Routine, EVERY 4 HOURS |
| <input checked="" type="checkbox"/> STRICT INTAKE AND OUTPUT | Routine, EVERY 4 HOURS |
| <input checked="" type="checkbox"/> ACTIVITY ORDER | Routine, AD LIB |
| <input checked="" type="checkbox"/> CARDIAC/RESPIRATORY MONITORING IP UNITS | Routine |
| <input checked="" type="checkbox"/> PULSE OX CONTINUOUS IP-NURSING | Routine |

Diet Orders

Diet

- | | |
|--|--|
| <input checked="" type="checkbox"/> Regular Diet | CONTINUOUS, Routine
General Diet Modifiers? *None |
|--|--|

Nursing

Nursing

- | | |
|--|--|
| <input checked="" type="checkbox"/> Patient is on Appendicitis Clinical Care Guideline | Routine, CONTINUOUS For 1 |
| <input checked="" type="checkbox"/> TRANSFER TO PACU | Routine, ONCE, Starting S+00, When stable, transfer to Extended Recovery 4-23 hours. |
| <input checked="" type="checkbox"/> NURSING COMMUNICATION - Ambulate | Ambulate within 2 hours of transfer. |
| <input checked="" type="checkbox"/> NOTIFY MD/PROVIDER | Routine, AS NEEDED, Starting S, Notify Pediatric Surgery MD/provider for: Temperature ≥ 38.5 , O2 Sat $< 92\%$, UOP < 1 mg/kg/hr, persistent pain, that patient has drank 4 ounces and that patient has voided (indicate if hematuria is present) or with any questions or concerns. |

- NURSING COMMUNICATION - MyChart Activation

Please ask caregiver if the patient's MyChart account has been activated. If not activated, please follow the steps to activate the account. Also, it's important to have them download the MyChart app onto their mobile phone, confirm notifications are turned on and click on the patient's name once logged in.

Consult Orders

Consults

- SOCIAL WORK CONSULT Routine, ONCE, Starting S+00
 CHILD LIFE CONSULT Routine, ONCE, Starting S+00

Medication Orders

IV Fluid

- dextrose 5% and 0.9% NACL with 20 mEq/L potassium chloride solution Intravenous, CONTINUOUS

IV Flush

- sodium chloride 0.9 % flush syringe Intravenous, AS NEEDED, Medication Flush

Acetaminophen

- acetaminophen (TYLENOL) suspension 15 mg/kg/dose, Oral, EVERY 6 HOURS
 acetaminophen (TYLENOL) tablet 15 mg/kg/dose, Oral, EVERY 6 HOURS

Ketorolac

- ketorolac (TORADOL) injection 0.5 mg/kg/dose, Intravenous, for 5 Minutes, EVERY 6 HOURS, For 5 Days

Meds for breakthrough pain

- morphine (DURAMORPH) injection 0.05 mg/kg/dose, Intravenous, for 5 Minutes, EVERY 2 HOURS PRN, Severe Pain
 oxyCODONE solution 0.2 mg/kg/dose, Oral, EVERY 4 HOURS PRN, Moderate Pain
 oxyCODONE (ROXICODONE) tablet 0.2 mg/kg/dose, Oral, EVERY 4 HOURS PRN, Moderate Pain

Nausea/Vomiting

- ondansetron (ZOFTRAN) injection 0.1 mg/kg/dose, Intravenous, for 5 Minutes, EVERY 6 HOURS PRN, Nausea, Vomiting

Discharge Prescriptions

Pain - Outpatient Prescription

- | | |
|---|-------------------|
| <input type="checkbox"/> acetaminophen (TYLENOL) 325 mg tablet | 30 tablet, 0, OTC |
| <input type="checkbox"/> acetaminophen (TYLENOL) 160 mg/5 mL suspension | 0, OTC |
| <input type="checkbox"/> ibuprofen (MOTRIN) 200 mg tablet | 30 tablet, 0, OTC |
| <input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension | 0, OTC |

Discharge Diet/Instructions

DISCHARGE DIET - Appendicitis Simple

- | | |
|--|---|
| <input checked="" type="checkbox"/> DISCHARGE DIET - Appendicitis Simple | Your child will be able to eat and drink normally, there are no dietary restrictions following surgery. You should encourage your child to drink fluids frequently. |
|--|---|

Discharge Instructions

- | | |
|--|--|
| <input checked="" type="checkbox"/> DISCHARGE ACTIVITY - Appendicitis Simple | <p>Your child can participate in activities as tolerated. Your child is able, and should be encouraged to walk and climb stairs.</p> <p>If an activity causes increased pain, your child should stop the activity.</p> <p>For 2 weeks after surgery: DO NOT participate in sports, gym, recess, swimming or strenuous physical activities.</p> <p>Discourage wearing heavy backpacks or heavy lifting. No more than 10 pounds.</p> <p>Return to School: Your child may return to school in about 1 to 2 days, after their surgery.</p> <p>Having your child go back for half days are ok (usually just for the first 2 days).</p> <p>Your child may require additional time between classes to transport supplies from their locker for 1 week.</p> <p>Your nurse at discharge will provide a return to school letter with the necessary restrictions.</p> |
|--|--|

DISCHARGE WOUND CARE - Appendicitis
Simple

- Your nurse will provide and review the wound care instruction sheet.
- Use good hand washing practices.
- Monitor your child's wounds for redness or drainage.
- Keep wounds clean and dry for 1 day.
- A brief shower may be taken after 1 day, and a bath after 7 days.
- The incision sites may get wet, but do not scrub your child's wounds.
- Wash the wounds with water and antibacterial soap in the shower every day, then pat dry. Steri-strips (paper tape) or dermabond (skin glue) if those have been applied to your child's wound should remain in place until follow-up in clinic - do not apply lotions to paper tape or skin glue. They typically fall off on their own in 7-10 days.

DISCHARGE INSTRUCTIONS - Follow-up

Normal, Normal, Routine, When to call us:

- Fever over 101.5° F (38.5° Celsius)
- Vomiting
- Worsening or uncontrolled abdominal pain
- Abdominal bloating (distention)
- Unable to eat or drink
- Redness or drainage to wounds
- Decreased urine output or blood in urine
- Any additional questions or concerns

Follow-up:

- If an appointment was not scheduled before you left the hospital, please call 312-227-4210 from 8:30 AM to 4:30 PM to make an appointment in the Pediatric Surgery clinic in 2 weeks. The clinic is located at Ann & Robert H. Lurie Children's Hospital of Chicago, 225 E. Chicago Ave. Chicago, IL 60611 on the 7th floor.
- Follow-up with Pediatrician as desired. You should resume well-child care with pediatrician.
- If there are any concerns in the meantime, please call Lurie Children's:
 - o Pediatric Surgery office at 312-227-4210 (Hours are 8:30am - 4:30pm, Monday - Friday)
 - o Main number at 312-227-4000, and ask to page the Pediatric Surgery Resident or APP on-call (after 5:00pm, holidays, or on weekends)

DISCHARGE INSTRUCTIONS - Pain

Normal, Normal, Routine, At Lurie Children's, our goal is to provide the best, and safest pain management possible. After appendectomy surgery, it is normal for children to have some pain. Your child may experience abdominal and shoulder pain. At the time of surgery local/regional anesthesia will be used to numb the incision(s) which will last for several hours. In addition, your child will receive Tylenol and Motrin for pain.

- For the first 24 hours after the surgery:
 - o Give your child Tylenol (acetaminophen) every 6 hours as needed; and Motrin (ibuprofen/Advil) every 6 hours as needed. Do not give them at the same time.
 - o Alternate Tylenol and Motrin so that your child gets one of these medicines every 3 hours throughout the day and night after the procedure.
 - o Even if your child is sleeping, and it is time for the next dose of medication, wake them up to give the medication - This will help control the pain better and help them recover sooner.
 - o These medicines should be taken with food as they can cause stomach upset.
- After the first 24 hours, if the pain is improving, you may give your child Tylenol and Motrin less often, or only as needed.

Discharge Criteria/Orders

Discharge Criteria/Orders

 DISCONTINUE IV

Routine, PER PROTOCOL, Remove IV prior to discharge after discharge criteria are met.

 DISCHARGE CRITERIA - Appendicitis Simple

Discharge Home after:

Apply Discharge Criteria?

Discharge Criteria are: Anesthesia PACU discharge criteria met, no bleeding, tolerating fluids (6 oz fluids by 4 hrs), voiding (0.5 - 1 mL/kg/hr), ambulating in hallway, pain controlled, non-distended abdomen, tolerating PO without emesis, manageable nausea, afebrile (<38°C), and patient has been observed for the duration of time as designated above by primary team.

 DISCHARGE HOME/OTHER FACILITY

Refer to DISCHARGE PATIENT CRITERIA before discharging patient home. If patient is to be observed overnight, then the patient must be seen by the admitting service prior to discharge home.

Care Companion Enrollment

Care Companion Orders

- Enroll patient in Post-op Appendicitis Care Plan
- MyChart fitness device flowsheet

Is the patient willing to use a smartphone for remote monitoring via the MyChart app? Yes

After how many days would you like to receive notification of this patient's flowsheet entries?

Criteria

Suggestions:

Filter:

Restrict SmartSet:

Settings

Discontinue action:

Deselect sections for Pended/Held orders:

Pended/Held orders display:

Release date: Use System Definitions Setting

Disallow user override: