

SmartSet: PEDIATRIC SURGERY - APPENDICITIS POST-OP COMPLICATED (ID:1187)

General Information

Display name: PEDIATRIC SURGERY - APPENDICITIS POST-OP COMPLICATED

Type: General

Merge priority: 0

Version comment:

Content source:

Synonyms: 1. IP

SmartSet notes:

Description:

Category 1: Simple (acute appendicitis, localized peritonitis, without gangrene, without perforation, without abscess)

Category 2a: Complicated (acute appendicitis, localized peritonitis, with gangrene, without perforation, without abscess)

Category 2b: Complicated (acute appendicitis, localized peritonitis {with gangrene or without gangrene}, with perforation, with contained abscess)

Category 2c: Complicated (acute appendicitis, generalized peritonitis {with or without gangrene}, with perforation, with abscess)

Other: Unspecified acute appendicitis

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

Questionnaire:

Configuration

Admission

Admission Orders

Admit Orders: Category 2a:

ADMIT TO OBSERVATION

TRANSFER TO PACU

"And" Linked Panel

Effective Date: 6/3/2022

Effective Time:

Change to Attending Provider:

Discharge at 12:00 AM, Observation

Routine, ONCE, Starting S+00, When stable, transfer to:
Extended Recovery 4 - 23 hours.

Admit Orders Category 2b or 2c

"And" Linked Panel

If hospitalization is anticipated to span at least two midnights use "ADMIT TO INPATIENT" order AND document medical necessity in H&P using ".2MNIP"

ADMIT TO INPATIENT

Effective Date: 6/3/2022

Effective Time:

Change to Attending Provider:

Discharge at 12:00 AM

TRANSFER

Change to Attending Provider:

Special Needs:

Room Attribute:

Bed Type:

Reason for Transfer Comments:

Requested Unit:

Routine Orders

Transfer

TRANSFER TO PACU

Routine, ONCE, Starting S+00, When stable, transfer to: Tower Bed (must complete ADMISSION STATUS order).

Routine

VITAL SIGNS

Routine, EVERY 4 HOURS

STRICT INTAKE AND OUTPUT

Routine, PER ROUTINE, Measure I & O every 4 hours

NURSING COMMUNICATION

Height and Weight on Admission

CARDIAC/RESPIRATORY MONITORING IP UNITS

Routine

PULSE OX CONTINUOUS IP-NURSING

Routine

INCENTIVE SPIROMETRY NURSING

Routine, EVERY 1 HOUR, While awake

MECHANICAL COMPRESSION DEVICE (MCD)

Routine, CONTINUOUS

Activity

ACTIVITY ORDER

Routine, AD LIB

Diet Orders

Diet

- | | |
|--|-------------------------|
| <input type="checkbox"/> ICE CHIPS AND SIPS | Frequency: |
| <input type="checkbox"/> LIQUID DIET - CLEAR | CONTINUOUS, Routine |
| <input type="checkbox"/> REGULAR DIET | General Diet Modifiers? |
| <input type="checkbox"/> REGULAR DIET | CONTINUOUS, Routine |
| <input type="checkbox"/> REGULAR DIET | General Diet Modifiers? |
| <input checked="" type="checkbox"/> DIET INSTRUCTIONS TO NURSING | No carbonation |

Nursing

Nursing

- | | |
|--|--|
| <input checked="" type="checkbox"/> AMBULATE PATIENT | Routine, 3 TIMES A DAY, Ambulate within 4 hours of transfer. |
| <input checked="" type="checkbox"/> NOTIFY MD/PROVIDER | Routine, AS NEEDED, Starting S, Notify Pediatric Surgery MD/provider for: Temperature ≥ 38.5 , O ₂ Sat $< 90\%$, UOP < 1 mL/kg/hr, persistent pain, or with any questions or concerns. |
| <input checked="" type="checkbox"/> PATIENT IS ON APPENDICITIS CLINICAL CARE GUIDELINE | Routine, CONTINUOUS For 1 |
| <input checked="" type="checkbox"/> 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

- | | |
|--|------------------------------|
| <input type="checkbox"/> SOCIAL WORK CONSULT | Routine, ONCE, Starting S+00 |
| <input type="checkbox"/> CHILD LIFE CONSULT | Routine, ONCE, Starting S+00 |

Medication Orders Post-op

IV Fluid

- | | | |
|--------------------------|---|-------------------------|
| <input type="checkbox"/> | dextrose 5% and 0.9% NACL with 20 mEq/L potassium chloride solution | Intravenous, CONTINUOUS |
|--------------------------|---|-------------------------|

IV Flush

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | sodium chloride 0.9 % flush syringe | Intravenous, AS NEEDED, Medication Flush |
|-------------------------------------|-------------------------------------|--|

Antibiotics

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | ceftriaxone (ROCEPHIN) syringe pump | 50 mg/kg/dose, Intravenous, for 15 Minutes, EVERY 24 HOURS |
| <input type="checkbox"/> | metronidazole (FLAGYL) injection | 30 mg/kg/dose, Intravenous, for 1 Hours, EVERY 24 HOURS |

Antibiotics - PCN Allergic

- | | | |
|--------------------------|----------------------------------|---|
| <input type="checkbox"/> | ciprofloxacin (CIPRO) injection | 15 mg/kg/dose, Intravenous, for 1 Hours, EVERY 12 HOURS |
| <input type="checkbox"/> | metronidazole (FLAGYL) injection | 30 mg/kg/dose, Intravenous, for 1 Hours, EVERY 24 HOURS |

Acetaminophen - IV

- | | | |
|--------------------------|--|-----------------------------|
| <input type="checkbox"/> | acetaminophen (OFIRMEV) injection | |
| <input type="checkbox"/> | acetaminophen (OFIRMEV) injection solution | Intravenous, for 15 Minutes |

Acetaminophen - PO/PR

- | | | |
|--------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | acetaminophen (TYLENOL) suppository | 15 mg/kg/dose, Rectal, EVERY 6 HOURS |
| <input type="checkbox"/> | acetaminophen (TYLENOL) suspension | 15 mg/kg/dose, Oral, EVERY 6 HOURS |
| <input type="checkbox"/> | acetaminophen (TYLENOL) tablet | 15 mg/kg/dose, Oral, EVERY 6 HOURS |

NSAIDS

- | | | |
|--------------------------|-------------------------------|---|
| <input type="checkbox"/> | ketorolac (TORADOL) injection | 0.5 mg/kg/dose, Intravenous, for 5 Minutes, EVERY 6 HOURS, For 5 Days |
| <input type="checkbox"/> | ibuprofen (MOTRIN) suspension | 10 mg/kg/dose, Oral, EVERY 6 HOURS |
| <input type="checkbox"/> | ibuprofen (MOTRIN) tablet | 10 mg/kg/dose, Oral, EVERY 6 HOURS |

Meds for breakthrough pain

- | | | |
|--------------------------|--------------------------------|---|
| <input type="checkbox"/> | morphine (DURAMORPH) injection | 0.05 mg/kg/dose, Intravenous, for 5 Minutes, EVERY 2 HOURS PRN, Severe Pain |
|--------------------------|--------------------------------|---|

Nausea/Vomiting

- | | | |
|-------------------------------------|--------------------------------|---|
| <input checked="" type="checkbox"/> | ondansetron (ZOFRAN) injection | 0.1 mg/kg/dose, Intravenous, for 5 Minutes, EVERY 6 HOURS PRN, Nausea, Vomiting |
|-------------------------------------|--------------------------------|---|

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: