Hospitalize as: ❑ Inpatient ❑ Outpatient/Observation Care of Dr. _____

❒ Medical consult with Dr. _____Hospitalist for medical treatment of _____.

All orders will be enacted unless a specific order is written to the contrary.

1. S/P_____
2. Condition: ❑ Satisfactory ❑ Fair ❑ Poor
3. Vital signs per SDS protocol
4. Activity: OOB when well awake
5. Change nasal drip pad PRN
6. Ice to forehead/eyes X 48 hours as tolerated
7. Discharge when stable

Please check to activate each order desired:

❒ Voice rest for _____hours. Avoid whispering/shouting.

Position: ❒ Supine ❒ HOB elevated ❒ 30 degrees ❒ 45 degrees ❒ 60 degrees ❒ 90 degrees

Diet: ❒ Regular diet as tolerated when well awake ❒ Tonsil diet when well awake ❒ Other:_____

IV: ❒ D5LR____ml/hr ❒ D5 1/2 NS_____ml/hr ❒ LR_____ml/hr ❒ 02_____

Saline Lock/Saline Flushes

☑ Saline Lock Administer Anesthetic per Policy PC−27
☑ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV PRN
☑ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV Q12 hours

Medications: PEDIATRIC DOSING − Pt's wt_____kg

*Pain Medication for **moderate/severe pain:***

❒ Morphine IV:

Age less than 6 months:
0.05 − 0.1 mg/kg IV q4hr PRN (***Max:*** 0.1 mg/kg per dose)

Age 6 months or older:
0.05 − 0.1 mg/kg IV q2hr PRN (***Max:*** 0.1 mg/kg per dose)

❒ Oxycodone 5 mg/5mL (Oxycodone Oral Soln) 0.1 mg/kg po q4hrs PRN moderate pain. Max dose: 5 mg/dose

❒ Hydrocodone/Acetaminophen 7.5/325 mg per 15 ml (Lortab Elixir) Base dose on **Hydrocodone** component:
2 yrs and up*: 0.135 mg/kg po q4hr PRN
(Max: ≤ 40 kg: 5 mg per dose; > 40 kg: 7.5 mg per dose)
***Safe use not established in children < 2 yr or < 12 kg)

*Pain medication for **mild** pain:*

❒ Acetaminophen (Tylenol)
10 mg/kg po every 4 hours PRN
(Max: 75 mg/kg/day, OR, if older than 12 yrs: 4 gm/day.)
(NOTE: Include Acetaminophen from all sources)

Medications: ADULT DOSING:

*Pain Medication for **moderate/severe pain:***

❒ Morphine 2−4 mg IV every one hour PRN

❒ Oxycodone 5 mg/5mL (Oxycodone Oral Soln) _____ml PO Q _____ hrs PRN

❒ Oxycodone/Acetaminophen 5/325 mg tablet (Percocet)_____tablets PO every _____hrs PRN

❒ Hydrocodone/Acetaminophen 5/325 mg tablet (Lortab) _____tablets PO every _____hrs PRN

❒ Hydrocodone/Acetaminophen 7.5/325 mg per 15 ml (Lortab elixir)_____ml PO every _____hrs PRN

❒ *Pain medication for **mild** pain*:
_____
_____

Adult Nausea Medication

❒ Ondansetron (Zofran) 4 mg IV every 6 hours PRN nausea/vomiting
- If Zofran ineffective after 1 dose, use Promethazine (Phenergan) 12.5 − 25 mg IV infused over at least 10 minutes, every 6 hours PRN nausea/vomiting.

Children (< 100 lbs) Nausea Medication:

❒ Ondansetron (Zofran) 0.1 mg per kg IV push every 8 hours PRN for 24 hours. Not to exceed 4 mg.
❒ Other:_____

Steroids: ❒ Dexamethasone (Decadron) ____mg IV every ____hrs. X _____ doses

Ear Drops: ❒ Ciprodex 4−5 drops in affected ear (s) prior to discharge X 2 doses
❒ Cortisporin Ophthalmic 4−5 drops in affected ear (s) prior to discharge X 2 doses
❒ Ciprofloxacin Ophthalmic 0.3%, 2−3 drops in affected ear (s) prior to discharge X 2 doses.
❒ Ofloxacin Otic 0.3%, 4−5 drops in affected ear (s) prior to discharge X 2 doses.
❒ Other:_____

Discharge Orders:

❒ ENT follow−up visit arranged. If questions, please call office.
❒ Discharge prescriptions − On chart ❒ Discharge prescription (s) Given Pre−Operative

_____ _____
PHYSICIAN SIGNATURE **DATE / TIME**