



**PHYSICIAN'S ORDER FORM**

All orders must be written in the metric system and include date, time, physician's signature and pager/phone number. Ball point pen preferred for clarity.

**PRESCRIBE ALL DRUGS BY GENERIC NAME**

Weight \_\_\_\_\_ KG    Height \_\_\_\_\_ CM    \_\_\_\_\_ M2    Allergies \_\_\_\_\_  
Date \_\_\_\_\_    Time \_\_\_\_\_

**Post Operative Orders for Hypertrophic Pyloric Stenosis**

1. Admit to: \_\_\_\_\_
2. Surgical Attending: \_\_\_\_\_
3. Diagnosis: S/P Pyloromyotomy
4. Continue Hypertrophic Pyloric Stenosis Clinical Pathway
5. Vital Signs: Every 4 hours
6. Pain Scores using the Neonatal Infant Pain Scale every 4 hours and PRN
7. Diet: NPO 2 hours. Then:
  - Use \_\_\_\_\_ formula
  - Feeding Option: \_\_\_\_\_ mL (8mL/kg/feeding) full strength breast milk or formula feeding x1, then \_\_\_\_\_ mL (15mL/kg/feeding) full strength breast milk or formula every 3 hours
8. Activity: as tolerated
9. Strict I & O
10. D5 ½ Normal Saline +10 meq KCL/L to run at \_\_\_\_\_ mL/hour
11. IV to Saline Well    Feeding Option: after first 15mL/kg feeding is given.
12. Notify MD if: T> 101.5°F    Urine Output <1mL/kg/hr per 8 hr shift or no urine output over any 4 hr period
13. Labs:  None     Other \_\_\_\_\_
14. Medication:
  - Acetaminophen \_\_\_\_\_ mg (15mg/kg/dose) PO/PR every 4 hrs PRN pain or T>101.5°F. Not to exceed 5 doses in 24 hours.
  - \_\_\_\_\_
  - \_\_\_\_\_
15. Continue teaching as per Hypertrophic Pyloric Stenosis Education Record
16. Other: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ M.D.    Pager #: \_\_\_\_\_