



HME HGM HRV
 MCH MGH RVH
 HNM ITM CL
 MNH MCI LC



**NEUROSURGERY: PRE-PRINTED ORDER:
PEDIATRIC PATIENT POST- INSERTION
REVISION OF VENTRICULAR PERITONEAL (VP)
VENTRICULAR ATRIAL (VA) SHUNT**

Numéro de dossier / Unit number / Nom du patient / Patient's name

ALLERGIES : _____ Weight (kg) _____

Specify type of reaction: _____

Physician initial each order	PHYSICIAN'S ORDERS	Nurse initial Done
	Follow the nursing protocol "Care of Pediatric Patient Post - Insertion/Revision of Ventricular Peritoneal (VP) /Ventricular Atrial (VA) shunt".	
	Assess neuro vital signs Q1H for 12 hours and then Q2H for 12 hours (or until neurologically stable) and then assess vital signs Q4H until discharge.	
	Measure head circumference daily for patients under 24 months of age.	
	Assess anterior fontanel with neurovital sign assessments for patients under 18 months of age.	
	Progress to diet as tolerated.	
	Activity as tolerated. Maintain head of bed at 30 degrees.	
	<ul style="list-style-type: none"> For infants less than 10 days old: <u>Acetaminophen</u> 15 mg/kg/dose PO/PR every 6 hours PRN= _____mg PO/PR every 6 hours PRN. **Do not exceed 60 mg/kg/day****Maximum 4 doses in 24hours** For infants and children greater than and equal to 10 days old: <u>Acetaminophen</u> 15 mg/kg/dose PO/PR every 4 hours PRN = _____mg PO/PR every 4 hours PRN. **Do not exceed 1000 mg/dose or 4 grams/day****Maximum 5 doses in 24hours** <u>Codeine</u> 1 mg/kg/dose PO/PR every 4 hours PRN (maximum 60 mg/dose)= _____mg PO/PR every 4 hours PRN.	
	<u>DimenhyDRINATE</u> 5 mg/kg/day divided every 6 hours PO/PR/IV PRN= _____mg PO/PR/IV every 6 hours PRN. **Do not exceed 50 mg/dose** **Not to be used in children under 2 years of age**	
	For patient with VA shunt: <ul style="list-style-type: none"> For infants and children greater than or equal to 10 kg: <u>ASA</u> 80 mg PO every 24 hours. For infants less than 10 kg: <u>ASA</u> 4-6 mg/kg PO every 24 hours, with a maximum of 80 mg. Dose rounded to a convenient amount (eg, 1/2 of 80 mg tablet). =ASA _____mg PO every 24 hours. 	
	Intravenous Antibiotics , if applicable, as per IV antibiotic order sheet	
	Intravenous solution _____at _____ml/h. Decrease or discontinue IV as oral fluid increases. Reassess IV solution after 24 hours.	
	Dressing change: post operative day #2, as per protocol	
	Suture removal: as per protocol	
	CT head and shunt series post operative day #1	

PHYSICIAN SIGNATURE: _____ Print: _____

License number: _____

Date (YYYY/MM/DD): _____ Time (00:00): _____

Noted by nurse: _____ Verified by pharmacist: _____