

Pediatric Post-Op Orders

What does your patient need?

- [Pain medication](#)
- [IV fluids](#)
- [Nausea medication](#)
- [Bowel regimen](#)

Pain medications—how old is your patient?

- [< 6 months](#)
- [≥ 6 months](#)

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Pain medications < 6 months

Route:

- [IV](#)
- [PO/PR](#)

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Pain medications < 6 months

- IV options:

Acetaminophen 15mg/kg IV q4h

*Infants < 6 months are too young for NSAIDs

Morphine 0.05-0.1mg/kg IV q2-4h

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Pain medications < 6 months

- PO/PR options:

Acetaminophen 15mg/kg PO/PR q4h

Suspension: 160mg/5mL

*Infants < 6 months are too young for NSAIDs

Oxycodone 0.1mg/kg PO q4h *consider a bowel regimen

Suspension: 5mg/5mL

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Pain medications \geq 6 months

Route:

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- [PO/PR](#)

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Pain medications \geq 6 months

- IV options:

Acetaminophen 15mg/kg IV q4-6h (max 1,000mg/dose and max 4,000mg/day)

Ketorolac 0.5mg/kg IV q6h (max 30mg/dose); can give for up to 5 days

Morphine 0.05-0.1mg/kg IV q2-4h (usually max 2mg/dose if opioid naïve; max 4mg/dose)

Hydromorphone 0.015mg/kg IV q3-6h (usually max 1-2mg/dose if opioid naïve; max 4mg/dose)

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Pain medications \geq 6 months

- PO/PR options:

Acetaminophen 15mg/kg PO/PR q4h (max 1,000mg/dose and max 4,000mg/day)

Tablets: 325mg, 500mg

Suspension: 160mg/5mL

Ibuprofen 10mg/kg PO q6h (max 600mg/dose)

Tablets: 200mg, 400mg, 600mg

Suspension: 100mg/5mL

Oxycodone 0.1mg/kg PO q4h (usually max 5mg/dose if opioid naïve; can give 7.5-10mg)

*consider a bowel regimen

*avoid combination medications with acetaminophen so can maximize acetaminophen without too much narcotic pain medication

Tablets: 5mg

Suspension: 5mg/5mL

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IV fluids--how old is your patient?

- [< 28 days](#)
- [28 days- 18 years](#)

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IV fluids < 28 days

No clear recommendation from the AAP; consider consulting pediatrics

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IV fluids 28 days – 18 years

Rate calculator: <https://www.mdcalc.com/maintenance-fluids-calculations>

Generally use isotonic fluids (eg. D5 NS + 20 KCl)*

*does not apply to children with neurosurgical disorders, congenital or acquired cardiac disease, hepatic disease, cancer, renal dysfunction, diabetes insipidus, voluminous watery diarrhea, or severe burns

*this is a general recommendation; see the AAP Clinical Practice Guideline for more details (<https://pediatrics.aappublications.org/content/142/6/e20183083>)

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Nausea Medications

Route:

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- [PO/PR](#)

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Nausea Medications

- IV options:

Ondansetron 0.1mg/kg IV q6h; max 4mg/dose

Promethazine 0.5-1mg/kg IV q6h; max 25mg (> 2 years)

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Nausea Medications

- PO/PR options:

Ondansetron 0.1mg/kg PO q6h; max 4mg/dose

Solution: 4mg/5mL

Tablets: 4mg (also available as a disintegrating tablet)

Promethazine 0.5-1mg/kg PO/PR q6h; max 25mg (>2 years)

Solution: 6.25mg/5mL

Tablets: 12.5mg, 25mg

Rectal Suppository: 12.5mg, 25mg

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Bowel Regimen

Route:

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- [PR](#)

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Bowel Regimen

- PO options:

Polyethylene Glycol (Miralax) 0.4-1g/kg PO daily; generally start with 8.5-17g PO daily
1 cap/packet= 17 grams

Sennosides (Senna) 4.4mg PO qhs for 2-5 years; 8.8mg PO qhs for 6-11 years; 15-25mg PO qhs for > 11 years

Syrup is 8.8mg sennosides/5mL

Tablets: 8.8mg, 15mg, 25mg

Docusate Sodium (Colace) 50-150mg/day PO in single or divided doses; max 360mg/day

Capsules: 50mg, 100mg

Liquid: 50mg/15mL

Lactulose 1-2g/kg/day (1.5-3mL/kg/day) PO daily or BID; max 60mL/day

Solution: 10g/15mL

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Bowel Regimen

- PR options:

Glycerin Suppository (Pedia-lax) 1 suppository daily as needed (2.7mL if rectal solution)

Sodium Phosphates Enema (Fleet) 1 enema daily as needed (use pediatric until 12 years)

Pediatric Fleet: 3.5-9.5g/59mL

Adult Fleet: 7-19g/118mL

Milk and Molasses Enema 5mL/kg molasses mixed in a 1:1 ratio with milk; maximum 150mL molasses and 300mL total enema

Bisacodyl (Dulcolax) Suppository 5mg PR daily; up to 10mg daily in children > 10 years

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