



Physician Orders Pediatric: LEB Endocrine General Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: LEB Endo General Admit Phase, When to Initiate: _____

LEB Endocrine General Admit Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Outpatient

T;N Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

*Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure
[] OP OBSERVATION Services*

- ☐ Notify Physician-Once

Notify For: Of room number on arrival to unit.

Vital Signs

- ☒ Vital Signs

Monitor and Record T,P,R,BP, routine per unit

- ☐ Vital Signs w/Neuro Checks

q4h(std)

Activity

- ☐ Activity As Tolerated

Up Ad Lib

Food/Nutrition

- ☐ NPO

☐ *Start at: T (DEF)**

☐ *Instructions: NPO except for ice chips, Start at: T*

- ☐ Breastfeed

- ☐ LEB Formula Orders Plan(SUB)*

- ☐ ADA Consistent Carbohydrate Counting Diet
Include 3 meals and 3 snacks.

- ☐ Clear Liquid Diet
Start at: T;N

Patient Care

- ☐ Advance Diet As Tolerated
ADA, start clear liquids and advance as tolerated to ADA Diet Pediatric _____ calories

- ☐ Isolation Precautions

- ☐ Suicide Precautions
Routine, q2h(std)

- ☐ Intake and Output





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Routine, q2h(std)

- ☐ Restrict Fluids
 - ☐ Routine, _____ mL/hr over next _____ hours (total fluids) (DEF)*
 - ☐ Routine, _____ mL/(12h-shift) (total fluids)
- ☐ Bedside Glucose Nsg
 - Routine, ACHS and 0200*
- ☐ Bedside Glucose Nsg
 - 2h post prandial*
- ☒ LEB Hypoglycemia Protocol Plan(SUB)*
- ☐ Daily Weights
 - Routine, qEve*
- ☐ Hepwell Insert/Site Care LEB
- ☐ O2 Sat Spot Check-NSG
 - T;N, with vital signs*
- ☐ O2 Sat Monitoring NSG
- ☐ Cardiopulmonary Monitor
 - T;N Routine, Monitor Type: CP Monitor*
- ☐ Nursing Communication
 - T;N, Target Blood Sugar Range- Low = 70mg/dL (greater than 3 years of age)*
- ☐ Nursing Communication
 - T;N, Target Blood Sugar Range- Low = 100mg/dL (below 3 years of age)*
- ☐ Nursing Communication
 - T;N, Target Blood Sugar Range- High = 150mg/dL*
- ☐ Nursing Communication
 - T;N, Place order for ketones urine if blood glucose greater than 250 mg/dL*
- ☐ Supply to Bedside
 - T;N, place home supplies for urine ketone and blood sugar testing at bedside for diabetic education*
- ☐ Nursing Communication
 - T;N, If bedside glucose is greater than 500mg/dL, place order for serum glucose.*

Respiratory Care

- ☐ Oxygen Delivery
 - Special Instructions: Titrate to keep O2 sat => 92% Wean to room air*
- ☐ ISTAT POC (RT Collect)
 - T;N Routine once, Test Select Ionized calcium*

Continuous Infusion

- ☐ Sodium Chloride 0.9%
 - 1,000 mL, IV, Routine, mL/hr*
- ☐ D10 NS + 20 meq/L KCL (Pediatric) (IVS)*





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Dextrose 10% in Water
 1,000 mL, IV, Routine, mL/hr
 sodium chloride 23.4%
 154 mEq
 potassium chloride (additive)
 20 mEq

- ☐ D5 1/2NS
 1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/4 NS
 1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/2 NS KCl 20 mEq/L
 1,000 mL, IV, Routine, mL/hr
- ☐ D5 1/4 NS KCl 20 mEq/L
 1,000 mL, IV, Routine, mL/hr

Medications

- ☐ **+1 Hours** acetaminophen
 - ☐ 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)*
 - ☐ 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
 - ☐ 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
 - ☐ **+1 Hours** acetaminophen
 10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
 - ☐ **+1 Hours** insulin glargine - Lantus
 - ☐ 0.5 units/kg, Injection, Subcutaneous, hs, Routine (DEF)*
 - ☐ 0.5 units/kg, Injection, Subcutaneous, qam, Routine
- NOTE: Insulin Lispro Corrective Dose for Blood Glucose - per blood glucose mg/dL .(NOTE)*
- ☐ insulin lispro - BG Correction
 - ☐ 1 unit per every 25 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
 Comments: Blood Glucose Corrective Dose: 1 unit for every 25 mg/dL over target 120 mg/dL blood glucose.
 - ☐ 1 unit per every 25 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
 Comments: Blood Glucose Corrective Dose: 1 unit for every 25 mg/dL over target 150 mg/dL blood glucose.
 - ☐ 1 unit per every 25 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
 Comments: Blood Glucose Corrective Dose: 1 unit for every 25 mg/dL over target 180 mg/dL





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blood glucose.

- ☐ insulin lispro - BG Correction
 - ☐ 1 unit per every 50 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
Comments: Blood Glucose Corrective Dose: 1 unit for every 50 mg/dL over target 120 mg/dL blood glucose.
 - ☐ 1 unit per every 50 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 50 mg/dL over target 150 mg/dL blood glucose.
 - ☐ 1 unit per every 50 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 50 mg/dL over target 180 mg/dL blood glucose.
- ☐ insulin lispro - BG Correction
 - ☐ 1 unit per every 75 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
Comments: Blood Glucose Corrective Dose: 1 unit for every 75 mg/dL over target 120 mg/dL blood glucose.
 - ☐ 1 unit per every 75 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 75 mg/dL over target 150 mg/dL blood glucose.
 - ☐ 1 unit per every 75 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 75 mg/dL over target 180 mg/dL blood glucose.
- ☐ insulin lispro - BG Correction
 - ☐ 1 unit per every 100 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
Comments: Blood Glucose Corrective Dose: 1 unit for every 100 mg/dL over target 120 mg/dL blood glucose.
 - ☐ 1 unit per every 100 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 100 mg/dL over target 150 mg/dL blood glucose.
 - ☐ 1 unit per every 100 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 100 mg/dL over target 180





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mg/dL blood glucose.

NOTE: Insulin Lispro Corrective Dose for MEALS: Carbohydrate counting dose per grams of carbohydrate.(NOTE)*

- ☐ insulin lispro - Carb Correction
1 unit per 5 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
Comments: 1 unit for every 5 grams of carbohydrate with MEALS
- ☐ insulin lispro - Carb Correction
1 unit per 7.5 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
Comments: 1 unit for every 7.5 grams of carbohydrate with MEALS
- ☐ insulin lispro - Carb Correction
1 unit per 10 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
Comments: 1 unit for every 10 grams of carbohydrate with MEALS
- ☐ insulin lispro - Carb Correction
1 unit per 15 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
Comments: 1 unit for every 15 grams of carbohydrate with MEALS
- ☐ insulin lispro - Carb Correction
1 unit per 20 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
Comments: 1 unit for every 20 grams of carbohydrate with MEALS
- ☐ insulin lispro - Carb Correction
1 unit per 25 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
Comments: 1 unit for every 25 grams of carbohydrate with MEALS
- ☐ insulin lispro - Carb Correction
1 unit per 30 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
Comments: 1 unit for every 30 grams of carbohydrate with MEALS

NOTE: Insulin Lispro Corrective Dose for SNACKS: Carbohydrate counting dose per grams of carbohydrate.(NOTE)*

- ☐ insulin lispro - Carb Correction
1 unit per 5 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: 1 unit for every 5 grams of carbohydrate as needed for SNACK(s)
- ☐ insulin lispro - Carb Correction
1 unit per 7.5 grams Carb as needed with SNACKS, Injection, prn, PRN Other, specify in Comment, Routine
Comments: 1 unit for every 7.5 grams of carbohydrate as needed for SNACK(s)
- ☐ insulin lispro - Carb Correction
1 unit per 10 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: 1 unit for every 10 grams of carbohydrate as needed for SNACK(s)
- ☐ insulin lispro - Carb Correction
1 unit per 15 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other,





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specify in Comment, Routine

Comments: 1 unit for every 15 grams of carbohydrate as needed for SNACK(s)

- ☐ insulin lispro - Carb Correction
1 unit per 20 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine

Comments: 1 unit for every 20 grams of carbohydrate as needed for SNACK(s)

- ☐ insulin lispro - Carb Correction
1 unit per 25 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine

Comments: 1 unit for every 25 grams of carbohydrate as needed for SNACK(s)

- ☐ insulin lispro - Carb Correction
1 unit per 30 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine

Comments: 1 unit for every 30 grams of carbohydrate as needed for SNACK(s)

- ☐ **+1 Hours** insulin lispro - HumaLOG
0.25 units/kg, Injection, Subcutaneous, once, Routine

- ☐ **+1 Hours** glucagon
1 mg, Injection, Subcutaneous, prn, PRN Hypoglycemia, Routine, Hypoglycemic seizure

- ☐ **+1 Hours** glucagon
1 mg, Injection, Subcutaneous, N/A, Hypoglycemia, Routine
Comments: Available for diabetes education

- ☐ **+1 Hours** Ketostix
1 each, Strip, Test, N/A, Routine, Available for diabetes education

Laboratory

- ☐ BMP
Routine, T;N, once, Type: Blood

- ☐ Osmolality Serum
Routine, T;N, once, Type: Blood

- ☐ FSH
Routine, T;N, once, Type: Blood

- ☐ LH
Routine, T;N, once, Type: Blood

- ☐ SHOX DNA Mutation Analysis
Routine, T;N, once, Type: Blood

- ☐ Growth Hormone Human Level
Routine, T;N, once, Type: Blood

- ☐ Anti Diuretic Hormone
Routine, T;N, once, Type: Blood

- ☐ Prolactin Level Pediatric





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- ☐ BNP
Routine, T;N, once, Type: Blood
- ☐ BNP Pro
Routine, T;N, once, Type: Blood
- ☐ CAH Profile 6
Routine, T;N, once, Type: Blood
- ☐ Amylase Level
Routine, T;N, once, Type: Blood
- ☐ Amylase Level LeBonheur Germantown
Routine, T;N, once, Type: Blood
- ☐ Lipase Level
Routine, T;N, once, Type: Blood
- ☐ Lipase Level LeBonheur Germantown
Routine, T;N, once, Type: Blood
- ☐ Hepatic Panel
Routine, T;N, once, Type: Blood
- ☐ Thyroglobulin Comp Panel
Routine, T;N, once, Type: Blood
- ☐ Microsomal Antibody-Pediatric
Routine, T;N, once, Type: Blood
- ☐ TSH
Routine, T;N, once, Type: Blood
- ☐ Free T4
Routine, T;N, once, Type: Blood
- ☐ T3 Total Level
Routine, T;N, once, Type: Blood
- ☐ Reverse T3
Routine, T;N, once, Type: Blood
- ☐ Chromosome Analysis Blood
Routine, T;N, once, Type: Blood
- ☐ Phosphorus Level
Routine, T;N, once, Type: Blood
- ☐ Magnesium Level
Routine, T;N, once, Type: Blood
- ☐ PTH
Routine, T;N, once, Type: Blood
- ☐ Lactate Level





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- ☐ Pyruvate
Routine, T;N, once, Type: Blood
- ☐ Insulin Like Growth Factor I
Routine, T;N, once, Type: Blood
- ☐ Insulin Like Growth Factor II
Routine, T;N, once, Type: Blood
- ☐ IGF Binding Protein 1
Routine, T;N, once, Type: Blood
- ☐ IGF Binding Protein 3
Routine, T;N, once, Type: Blood
- ☐ GTT 2Hr with Insulin Plan(SUB)*
- ☐ Ketones Urine
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Osmolality Urine
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Catecholamine Urine Random
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ GGT
Routine, T;N, once, Type: Blood
- ☐ Vitamin D 25 Hydroxy Level
Routine, T;N, once, Type: Blood
- ☐ Vitamin D1, 25 Dihydroxy
Routine, T;N, once, Type: Blood
- ☐ Hemoglobin A1C
Routine, T;N, once, Type: Blood
- ☐ Abnormal Hemoglobin Analysis(HPLC)
Routine, T;N, once, Type: Blood
- ☐ Sed Rate
Routine, T;N, once, Type: Blood
- ☐ FISH Study, t(22;11)
Routine, T;N, once, Type: Blood
- ☐ Cortisol Level
Routine, T+1;0400, once, Type: Blood
- ☐ Lipid Profile
Routine, T+1;0400, once, Type: Blood
- ☐ Hepatitis Profile (A,B & C)
Routine, T;N, once, Type: Blood





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Diagnostic Tests

- ☐ Chest PA & Lateral
T;N, Routine, Wheelchair
- ☐ KUB
T;N, Routine, Wheelchair
- ☐ LEB GI Upper Air Cont w Sm Bowel Follow Thro w/delay diet Plan(SUB)*
- ☐ Urethrocystogram Voiding
T;N, ROUTINE, Wheelchair
- ☐ Perineogram/Vaginogram Sex Determ/Anom
T;N, Reason for Exam: Sex Determination, ROUTINE, Wheelchair
- ☐ Renal Ultrasound
T;N, ROUTINE, Wheelchair
- ☐ Thyroid Ultrasound
T;N, Reason for Exam: Goiter, Routine, Wheelchair
- ☐ LEB US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*
- ☐ US Pelvic Non OB Comp
T;N, Reason for Exam: Other, Enter in Comments, ROUTINE, Wheelchair
Comments: ambiguous genitalia
- ☐ Echocardiogram Pediatric (0-18 yrs)
Start at: T;N, Priority: Routine, Transport: Wheelchair
- ☐ NM Thyroid Imaging
T;N, Routine, Wheelchair

Consults/Notifications/Referrals

- ☐ Notify Resident-Continuing
Notify: Care Team D, Notify For: All Blood Sugar Results
- ☐ Notify Resident-Once
- ☐ Consult MD Group
- ☐ Consult MD
- ☐ Consult Medical Social Work
Routine
- ☐ Diabetes Teaching Consult
- ☐ Nutrition Services Consult
Type of Consult: Education

Date

Time

Physician's Signature

MD Number

***Report Legend:**





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DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

