



## Physician Orders

### LEB Post DKA Routine Care Phase

[X or R] = will be ordered unless marked out.

PEDIATRIC

T=Today; N=Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-A <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
<b>Initial status – inpatient</b> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<b>Initial Status Outpatient – Ambulatory surgery</b> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> <li>• Routine recovery after outpatient surgery is estimated at 6-8 hours.</li> <li>• “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.</li> <li>• For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.</li> <li>• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.</li> </ul>		
<b>Initial status Outpatient -Observation Services</b> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> <li>• In some cases (for Medicare patients), this can be extended to 48 hours.</li> <li>• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.</li> </ul>		
<input type="checkbox"/>	Notify Physician-Once	T;N, Of room number on arrival to unit.
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, routine per unit
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, q4h(std)
<b>Activity</b>		
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
<b>Patient Care</b>		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, start clear liquids and advance as tolerated to ADA Diet Pediatric _____ calories
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: _____
<input type="checkbox"/>	Intake and Output Strict	T;N, Routine, q2h(std), per routine
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg )	T;N, Routine, ACHS and 0200
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg )	T;N, Routine, ACHS





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Patient Care continued		
[ ]	LEB Hypoglycemia Protocol Plan	(see separate order sheet)
[ ]	Daily Weights	T;N, Routine, qEve
[ ]	O2 Sat Spot Check-NSG	T;N, with vital signs
[ ]	O2 Sat Monitoring NSG	T;N
[ ]	Instruct/Educate	T;N, Who: Patient and family, Sick day rules and use of Diabetes pager.
[ ]	Instruct/Educate	T;N, Who: _____, Topic: _____
[ ]	Nursing Communication	T;N, Upon initiation of the LEB Post DKA LESS THAN 3 Years <b>Routine Care phase</b> , Nursing to discontinue LEB DKA Admit Plan.
[ ]	Nursing Communication	T;N, Target blood sugar range 100 to 200 mg/dL
[ ]	Nursing Communication	T;N, If bedside glucose is less than 70 mg/dL or greater than 500 mg/dL, place order for STAT serum glucose.
[ ]	Nursing Communication	T;N, If blood glucose greater than 240 mg/dL, place order for STAT Ketones Urine.
[ ]	Supply to Bedside	T;N, place home supplies for urine ketone and blood sugar testing at bedside for diabetic education
Respiratory Care		
[ ]	Oxygen Delivery	T; N, ____L/min, Titrate to keep O2 sat $\geq$ 92% Wean to room air
Medications		
[ ]	LEB Convert IV to INT/ Hepwell Plan	see separate sheet
[ ]	acetaminophen	____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N, Max Dose = 90mg/kg/day up to 4 g/day
[ ]	acetaminophen	80 mg, chew tab, PO, q4h, PRN, Pain or Fever, T;N, Max Dose = 90 mg/kg/day up to 4 g/day
[ ]	acetaminophen	325mg, tab, PO, q4h, PRN, Pain or Fever, T;N, Max Dose = 90 mg/kg/day up to 4 g/day
[ ]	acetaminophen	____ mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N, Max Dose = 90mg/kg/day up to 4 g/day
[ ]	glucagon	1 mg, Injection, Subcutaneous, PRN, Hypoglycemic seizure, routine, T;N
[ ]	glucagon	1 mg, Injection, Subcutaneous, N/A, Hypoglycemia, routine, T;N, Available for diabetes education



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Medications continued		
<input type="checkbox"/>	ketostix	1 each, strip, test, N/A, routine, T;N, Available for diabetes education
Laboratory		
<input type="checkbox"/>	Basic Metabolic Panel ( BMP )	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Potassium Level	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Sodium Level	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Vitamin D 25 Hydroxy	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Islet Cell Antibody Orders Plan	see separate sheet
Nursing Communication		
<input type="checkbox"/>	LEB Hypoglycemia Protocol Plan	see separate sheet
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: All Blood Sugar Results, Who: Care Team D
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Endocrinology
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: UTMG Pediatric Hospitalists, Reason:
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: New onset Diabetes
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: New onset Diabetes
<input type="checkbox"/>	Consult Medical Social Work	T;N, Routine, Reason _____
<input type="checkbox"/>	Consult Case Management	T;N, Reason _____
<input type="checkbox"/>	Diabetic Teaching Consult	T;N, Reason: New Onset Diabetes-Survival Skills
<input type="checkbox"/>	Dietitian Consult	T;N, Type of Consult: Education

Date

Time

Physician's Signature

MD Number