Physician Orders PEDIATRIC: Pediatric Medical Nutrition Therapy Protocol Plan

Ped Medical Nutrition Therapy Phase
Food/Nutrition

- ☐ Mechanical Soft Diet
- ☐ GI Soft Diet
    low residue, low fiber
- ☐ Gastroenteritis Diet
- ☐ Pureed Diet
- ☐ Sodium Control Diet
- ☐ Low Fat Diet
    Low Sodium
- ☐ Renal Diet
- ☐ Renal Diet Not On Dialysis
- ☐ Renal Diet On Dialysis
- ☐ Lactose Restricted Diet
- ☐ Regular Pediatric Diet
- ☐ Baby Food
    NOTE: The following diet is appropriate when mother is currently providing breast milk.(NOTE)*
- ☐ Lactating Mother Guest Tray
    NOTE: The following diets are appropriate for infants that correct to <12 months of age.(NOTE)*
- ☐ Breastfeed
    T;N
- ☐ Breastmilk (Expressed)
- ☐ Breastmilk, Donor
- ☐ Enfamil ENFAcare
- ☐ Enfamil NeuroPro Infant/Enfamil Premium Infant
- ☐ Enfamil Premium Gentlease
- ☐ Enfamil AR
- ☐ Enfamil Prosobee
- ☐ Good Start Nourish
- ☐ Good Start Gentle
- ☐ Good Start Gentle Supplementing
- ☐ Good Start Soothe
- ☐ Good Start Soy
- ☐ NeoSURE, Similac
- ☐ Similac Advance/Similac Pro-Advance
- ☐ Similac Sensitive/Similac Pro-Sensitive
- ☐ Similac for Spit Up
- ☐ Similac Soy Isomil
- ☐ Similac Total Comfort
- ☐ Snack
- ☐ Food Preferences
- ☐ Nutritional Supplement (Not Tube Feeding)

Patient Care

- ☐ Daily Weights
    Routine, q24h

Methodist Le Bonheur Healthcare

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☐ Weight
  ☐ *Routine, QDay* (DEF)*
  ☐ *Routine, MWF*
  ☐ *Routine, TuThSa*
  ☐ *Routine, Prior to dialysis*
☐ Height
  Routine, once
☐ Length Infant
  Routine, once
☐ Measure Circumference
  once, Of: Head
☐ Force Fluids
  Routine, Encourage PO fluids
☐ Intake and Output
  ☐ *Routine, q1h(std)* (DEF)*
  ☐ *Routine, q2h(std)*
  ☐ *Routine, q4h(std)*
  ☐ *Routine, q8h(std)*
☐ Calorie Count
  ☐ *Start at: T;N, Consult Reason: Calorie Count, Frequency: QDay, For: 1 day (s)* (DEF)*
  ☐ *Start at: T;N, Consult Reason: Calorie Count, Frequency: QDay, For: 2 day (s)*
  ☐ *Start at: T;N, Consult Reason: Calorie Count, Frequency: QDay, For: 3 day (s)*

Medications
☐ LEB Multivitamin Formulary Plan(SUB)*

Laboratory
☐ Prealbumin
  Routine, T+1;0400, once, Type: Blood
☐ Albumin Level
  Routine, T+1;0400, once, Type: Blood
☐ Glucose Level
  Routine, T+1;0400, once, Type: Blood
☐ Zinc Level
  Routine, T+1;0400, once, Type: Blood
☐ C-Reactive Protein
  Routine, T+1;0400, once, Type: Blood
☐ Vitamin D 25 Hydroxy Level
  Routine, T;N, once, Type: Blood
☐ Urea Nitrogen Urine 24 hr
  Routine, T+1;0400, once, Type: Urine, Nurse Collect
☐ Creatinine Clearance 24 hr Urine
  Routine, T+1;0400, once, Type: Urine, Nurse Collect

| _____ | _____ | _____ | _____ |
| 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