Physician Orders PEDIATRIC: PED Endocrine General Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  \( T;N, \ \text{Phase: PED Endocrine General Admit Phase, When to Initiate:} \)_______________________________

PED Endocrine General Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  \( T;N \) Admitting Physician: ____________________________________________
  Reason for Visit: _______________________________________________________
  Bed Type: __________________________ Specific Unit: _______________________
  Care Team: __________________________________ Anticipated LOS: 2 midnights or more

☐ 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
  \( T;N \) Attending Physician: ____________________________________________
  Reason for Visit: _______________________________________________________
  Bed Type: __________________________ Specific Unit: _______________________
  Outpatient Status/Service: OP OBSERVATION Services

Vital Signs
☐ Vital Signs
  \( T;N, \ \text{Monitor and Record} \ T,P,R,BP, \ \text{routine per unit} \)
☐ Vital Signs w/Neuro Checks
  \( T;N, \ q4h(\text{std}) \)

Activity
☐ Activity As Tolerated
  \( T;N, \ \text{Up Ad Lib} \)

Food/Nutrition
☐ NPO
  ☐ Start at: \( T;N, \ \text{Instructions: NPO except for ice chips (DEF)*} \)
  ☐ Start at: \( T;N \)
☐ Breastfeed
  \( T;N \)
☐ Formula Per Home Routine
  \( T;N \)
☐ ADA Consistent Carbohydrate Counting Diet
  \( \text{Start at:} \ T;N, \ \text{Include 3 meals and 3 snacks.} \)
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☐ Clear Liquid Diet
  *Start at: T;N*

Patient Care

☐ Advance Diet As Tolerated
  *T;N, ADA, start clear liquids and advance as tolerated to ADA Diet Pediatric_________calories*

☐ Isolation Precautions
  *T;N*

☐ Suicide Precautions
  *T;N, Routine, q2h(std)*

☐ Intake and Output
  *T;N, Routine, q2h(std)*

☐ Restrict Fluids
  *T;N, Routine, ____________mL/hr over next_____hours (total fluids) (DEF)*
  *T;N, Routine, ____________mL/(12h-shift) (total fluids)*

☐ Bedside Glucose Nsg
  *T;N, Routine, ACHS and 0200*

☐ Bedside Glucose Nsg
  *T;N, 2h post prandial*

☐ Daily Weights
  *T;N, Routine, qEve*

☐ INT Insert/Site Care
  *T;N, q2h(std)*

☐ O2 Sat Spot Check-NSG
  *T;N, with vital signs*

☐ O2 Sat Monitoring NSG
  *T;N*

☐ 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*

☐ Request Supply to Bedside
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☐ Nursing Communication

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.

☐ Nursing Communication

T,N, If patient's blood sugar is less than 65 mg/dL and patient is UNresponsive and incapable of taking food orally, call MRT and notify physician immediately.

☐ Nursing Communication

T,N, If patient's blood sugar is less than 65 mg/dL and patient is responsive and capable of taking food orally, recheck blood sugar and if still less than 65 mg/dL, give juice or milk and crackers. If about to eat a meal, feed immediately. Notify physician immediately.

Respiratory Care

☐ Oxygen Delivery (Ped)

T,N, Special Instructions: Titrate to keep O2 sat \( \geq 92\% \), wean to room air.

Continuous Infusion

☐ Sodium Chloride 0.9%

1,000 mL, IV, Routine, mL/hr

☐ D10 NS + 20 meq/L KCL (Pediatric) (IVS)*

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 1/4NS

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 = 90 mg/kg/day up to 4 g/day (DEF)*

☐ 80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/day

☐ +1 Hours acetaminophen
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10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 90 mg/kg/day up to 4 g/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 per blood glucose mg/dL. Carbohydrate counting dose per grams of carbohydrate with meals. (NOTE)*

+1 Hours  insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 120 mg/dL (DEF)*
  Comments: Corrective dose: 1 unit for every 25 mg/dL over target 120 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 150 mg/dL
  Comments: Corrective dose: 1 unit for every 25 mg/dL over target 150 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 180 mg/dL
  Comments: Corrective dose: 1 unit for every 25 mg/dL over target 180 mg/dL blood sugar

+1 Hours  insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 120 mg/dL (DEF)*
  Comments: Corrective dose: 1 unit for every 50 mg/dL over target 120 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 150 mg/dL
  Comments: Corrective dose: 1 unit for every 50 mg/dL over target 150 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 180 mg/dL
  Comments: Corrective dose: 1 unit for every 50 mg/dL over target 180 mg/dL blood sugar

+1 Hours  insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 120 mg/dL (DEF)*
  Comments: Corrective dose: 1 unit for every 75 mg/dL over target 120 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 150 mg/dL
  Comments: Corrective dose: 1 unit for every 75 mg/dL over target 150 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 180 mg/dL
  Comments: Corrective dose: 1 unit for every 75 mg/dL over target 180 mg/dL blood sugar
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- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 120 mg/dL (DEF)*
  Comments: Corrective dose: 1 unit for every 100 mg/dL over target 120 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 150 mg/dL
  Comments: Corrective dose: 1 unit for every 100 mg/dL over target 150 mg/dL blood sugar
- 1 units, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine, Target 180 mg/dL
  Comments: Corrective dose: 1 unit for every 100 mg/dL over target 180 mg/dL blood sugar

+1 Hours insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, wm, Routine
  Comments: 1 unit for every 5 grams of carbohydrate with meals and as needed for snack(s)

+1 Hours insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, wm, Routine
  Comments: 1 unit for every 7.5 grams of carbohydrate with meals and as needed for snack(s)

+1 Hours insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, wm, Routine
  Comments: 1 unit for every 10 grams of carbohydrate with meals and as needed for snack(s)

+1 Hours insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, wm, Routine
  Comments: 1 unit for every 15 grams of carbohydrate with meals and as needed for snack(s)

+1 Hours insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, wm, Routine
  Comments: 1 unit for every 20 grams of carbohydrate with meals and as needed for snack(s)

+1 Hours insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, wm, Routine
  Comments: 1 unit for every 25 grams of carbohydrate with meals and as needed for snack(s)

+1 Hours insulin lispro - HumaLOG
- 1 units, Injection, Subcutaneous, wm, Routine
  Comments: 1 unit for every 30 grams of carbohydrate with meals and 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

Laboratory
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- BMP
  - Routine, T;N, once, Type: Blood
- Magnesium Level
  - Routine, T;N, once, Type: Blood
- Phosphorus Level
  - Routine, T;N, once, Type: Blood
- Calcium Ionized
  - Routine, T;N, once, Type: Blood
- Osmolality Serum
  - Routine, T;N, once, Type: Blood
- Amylase Level
  - Routine, T;N, once, Type: Blood
- Lipase Level
  - Routine, T;N, once, Type: Blood
- FSH
  - Routine, T;N, once, Type: Blood
- LH
  - 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
  - Routine, T;N, once, Type: Blood
- BNP
  - Routine, T;N, once, Type: Blood
- BNP Pro
  - Routine, T;N, once, Type: Blood
- Androstenedione
  - Routine, T;N, once, Type: Blood
- Cortisol Level
  - Routine, T;N, once, Type: Blood
- DHEA Level
  - Routine, T;N, once, Type: Blood
- Deoxycorticosterone Level
  - Routine, T;N, once, Type: Blood
- Desoxycortisol-11 (SpecificS)
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- Routine, T;N, once, Type: Blood
- 17-Hydroxypregnenolone
  - Routine, T;N, once, Type: Blood
- Progesterone Level
  - Routine, T;N, once, Type: Blood
- 17-Hydroxyprogesterone Level
  - Routine, T;N, once, Type: Blood
- Testosterone Level
  - Routine, T;N, once, Type: Blood
- Hepatic Panel
  - Routine, T;N, once, Type: Blood
- Microsomal Antibody
  - Routine, T;N, once, Type: Blood
- Thyroglobulin Comp Panel
  - 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
- PTH
  - Routine, T;N, once, Type: Blood
- Lactate Level
  - Routine, T;N, once, Type: Blood
- 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
- PED GTT 2Hr with Insulin Plan(SUB)*
- IGF Binding Protein 1
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- **Routine, T;N, once, Type: Blood**
- IGF Binding Protein 3  
  **Routine, T;N, once, Type: Blood**
- 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**
- Iodine 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**

**Diagnostic Tests: Include Reason for Exam**

- Chest 2VW Frontal & Lat  
  **T;N, Routine, Wheelchair**
- Abd Sing  AP VW  
  **T;N, Routine, Wheelchair**
- GI Upper Air Cont w Sm Bowel Follow Thro w/Delay Diet Plan(SUB)*
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☐ Urethrocystogram Voiding  
  
  T;N, ROUTINE, Wheelchair

☐ US Retroperitoneal B Scan/Real Time Comp  
  
  T;N, Routine, Wheelchair

☐ US Head & Neck Soft Tissues Thyroid/Para  
  
  T;N, Reason for Exam: Goiter, Routine, Wheelchair

☐ US Pelvic Non OB Comp  
  
  T;N, Reason for Exam: Other, Enter in Comments, ROUTINE, Wheelchair  
  Comments: ambiguous genitalia

☐ US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*

☐ Echocardiogram Pediatric (0-18 yrs)  
  
  Start at: T;N, Priority: Routine, Transport: Wheelchair

☐ NM Thyroid Imaging  
  
  T;N, Routine, Wheelchair

Consults/Notifications/Referrals

☐ Notify Physician-Once  
  
  T;N, Of room number on arrival to unit.

☐ Notify Physician-Continuing  
  
  T;N, All blood sugar results

☐ Physician Group Consult  
  
  T;N

☐ Physician Consult  
  
  T;N

☐ Consult Medical Social Work  
  
  T;N, Routine

☐ Diabetes Teaching Consult  
  
  Start at: T;N

☐ Dietitian Consult/Nutrition Therapy  
  
  T;N, Type of Consult: Education, Other

__________________   _________________   ______________________________________  __________
Date                   Time                   Physician’s Signature                            MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal