Physician Orders PEDIATRIC: LEB DTU Infant Arginine + Clonidine Test Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  Phase: LEB DTU Infant Arginine + Clonidine Test Phase, When to Initiate:____________________

LEB DTU Infant Arginine + Clonidine Test
Admission/Transfer/Discharge
- Patient Status Initial Outpatient
  T,N Attending Physician: ____________________________
  Reason for Visit: __________________________________
  Bed Type: ____________________________ Specific Unit: DTU
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services

Vital Signs
- Vital Signs
  Monitor and Record T,P,R,BP, Complete baseline vitals (0 min) on arrival and then q30 min times 3 occurrence.
- Vital Signs
  Monitor and Record Pulse | Blood Pressure, q30min, For 3 occurrence

Food/Nutrition
- NPO
  Keep patient NPO (except for Clonidine dose) during test.

Patient Care
- Weight
- Height
- Whole Blood Glucose Nsg
  Stat, once, Obtain baseline sample (at 0 min).
- Whole Blood Glucose Nsg
  q30min, For 4 occurrence, After baseline sample (at 0 min) is obtained, begin collecting q30 minutes times 4.
- Intermittent Needle Therapy Insert/Site Care LEB
  Routine, for lab draws.
- INT Discontinue
  Routine, Discontinue after testing is complete.
- Discharge Instructions

Nursing Communication
- Nursing Communication
  Keep patient NPO (except for Clonidine dose) during test.
- Nursing Communication
  Infuse Dextrose solution per physician order if blood glucose is less than 70mg/dL AND symptoms of hypoglycemia (tremors, jitteriness, confusion, seizure) occur or blood glucose is less than 50mg/dL.
- Nursing Communication
  If symptoms of hypoglycemia (tremors, jitteriness, confusion, seizure) occur, obtain blood sample (GH, Glucose, Cortisol, and ACTH).
- Nursing Communication
  When testing is complete and VS stable, discontinue IV and discharge home from DTU. Patient may restart a regular diet unless otherwise noted.
- Nursing Communication
  Maintain caution regarding orthostatic hypotension.

Continuous Infusion
- Dextrose 10% in Water (Bolus)
  5 mL/kg, Injection, IV, prn
  Comments: Contact physician if blood glucose < 50 mg/dL OR if blood glucose is < 70 mg/dL and patient is symptomatic
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☑️ NaCl 0.9%
   mL, IV, mL/hr
   Comments: TKO (10mL/hour) or up to 2/3 maintenance

Medications

☑️ +1 Hours arginine
   5 mL/kg, Injection, IV, once
   Comments: Give over 30 minutes, Max dose: 30g/300ml Dose:5ml/kg = 0.5g/kg.

☑️ +1 Hours clonidine
   0.15 mg/m2, Tab, PO, once
   Comments: Round off to nearest 1/4 tab (0.025 mg) dose, Max dose: 0.1 mg.

Laboratory

☑️ Growth Hormone Human Level
   STAT, T;N, once, Type: Blood, Nurse Collect
   Comments: Obtain baseline sample (at 0 min), then start IV infusion of Arginine solution (at 0 min) and give PO clonidine dose.

☑️ Growth Hormone Human Level
   Time Study, T;N, q30min x 3 occurrence, Type: Blood, Nurse Collect
   Comments: After baseline sample (at 0 min) is obtained, begin collecting q30 minutes for 3 occurrences. Time all subsequent blood samples from the start of the Arginine infusion.

☐ IGF Binding Protein 3
   Routine, T;N, Type: Blood, Nurse Collect

☐ Cortisol Level Peds
   Routine, T;N, Type: Blood, Nurse Collect

☐ TSH
   Routine, T;N, Type: Blood, Nurse Collect

☐ T4 Free
   Routine, T;N, Type: Blood, Nurse Collect

☐ IGFI/Somatotropin-C
   Routine, T;N, Type: Blood, Nurse Collect

☐ ACTH Level
   Routine, T;N, Type: Blood, Nurse Collect

☐ Prolactin Level Pediatric
   Routine, T;N, Type: Blood, Nurse Collect

Consults/Notifications/Referrals

☑️ Notify Physician-Continuing
   Notify: Endocrinologist at 901-418-0329., Notify For: to report any adverse symptoms or concerns.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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*Report Legend:
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