Physician Orders PEDIATRIC: LEB DTU 5 Hour Oral Glucose Tolerance Test (OGTT) Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase

LEB DTU 5Hr Oral Glucose Tolerance Test (OGTT) Phase, When to Initiate: __________________

LEB DTU 5Hr Oral Glucose Tolerance Test (OGTT) Phase

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
  - T;N Admitting Physician: ________________________________
  - Reason for Visit: ______________________________________
  - Bed Type: __________________________ Specific Unit: DTU
  - Care Team: __________________________ Anticipated LOS: 2 midnights or more

- Discharge Instructions
  - Other Instructions: When testing is complete and VS stable, discontinue IV and discharge home from DTU

Vital Signs

- Vital Signs
  - Monitor and Record Pulse | Blood Pressure, At baseline (0 mins) and 5 hours later (300 min)

Food/Nutrition

- NPO
  - Keep NPO (except for glucola) during test. Patient may have regular diet upon completion of test, unless otherwise specified.

Patient Care

- Weight
- Height
- Accucheck Nsg

Complete meter blood glucose as needed

Nursing Communication

- Nursing Communication
  - Perform test after an overnight fast of at least 8 hours, start no later than 10:00am.
- Nursing Communication
  - Draw baseline samples and then have patient drink glucola solution in 5 minutes or less.
- Nursing Communication
  - Time all subsequent blood samples from the completion of the glucola intake.
- Nursing Communication
  - Contact Physician and request an order for Dextrose 10% IV solution, 5ml/kg, PRN severe hypoglycemia. IF NOT ALREADY ORDERED.
- Nursing Communication
  - Observe patient for potential side effects: Hypoglycemia: palpitations, diaphoresis, agitation, headache, confusion, unresponsive, change in Level of consciousness.

Medications

- +1 Hours Glucola
  - 1.75 g/kg, PO, once, Routine, max of 75g
- +1 Hours Dextrose 10% in Water (Bolus)
  - 5 mL/kg, IV, prn, PRN Other, specify in Comment, Routine
  - Comments: severe hypoglycemia

Laboratory

- Glucose Level
  - Routine, T;N, once, Type: Blood
  - Comments: Draw Baseline (0 mins) Glucose level
- Glucose Level
  - Time Study, T;N, q1h x 5 occurrence, Type: Blood

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Comments: Draw Glucose level every hour from the time the patient COMPLETES the glucola drink.

- Insulin Level Pediatric
  - Routine, T;N, once, Type: Blood
  - Comments: Draw Baseline (0 mins) Insulin level
- Insulin Level Pediatric
  - Time Study, T;N, q1h x 5 occurrence, Type: Blood
  - Comments: Draw Insulin level every hour from the time the patient COMPLETES the glucola drink.
- Proinsulin Level
  - Routine, T;N, once, Type: Blood
  - Comments: Draw Baseline (0 mins) Proinsulin level
- Proinsulin Level
  - STAT, T;N, q1h x 5 occurrence, Type: Blood
  - Comments: Draw Proinsulin level every hour from the time the patient COMPLETES the glucola drink.
- HA1C
  - Routine, T;N, once, Type: Blood
- BMP
  - Routine, T;N, once, Type: Blood
- ALT
  - Routine, T;N, once, Type: Blood
- GGT
  - Routine, T;N, once, Type: Blood
- TSH
  - Routine, T;N, once, Type: Blood
- T4 Free
  - Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
  - Routine, T;N, once, Type: Urine, Nurse Collect
- Lipid Profile
  - Routine, T;N, once, Type: Blood
- PAI-1 Plasminogen Activator Inhibitor Antigen
  - Routine, T;N, once, Type: Blood
- C-Peptide
  - Routine, T;N, once, Type: Blood

Consults/Notifications/Referrals
- Notify Physician-Once
  - Notify: On call 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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</table>

*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
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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