Physician Orders Pediatric: LEB Endocrine General Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: LEB Endo General Admit Phase, When to Initiate:____________________________

LEB Endocrine General Admit Phase
Admission/Transfer/Discharge
☐ 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

☐ Notify Physician-Once
  Notify For: Of room number on arrival to unit.

Vital Signs
☐ Vital Signs
  Monitor and Record T,P,R,BP, routine per unit
☐ Vital Signs w/Neuro Checks
  q4h(std)

Activity
☐ Activity As Tolerated
  Up Ad Lib

Food/Nutrition
☐ NPO
  ☐ Start at: T (DEF)*
  ☐ Instructions: NPO except for ice chips, Start at: T
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ ADA Consistent Carbohydrate Counting Diet
  Include 3 meals and 3 snacks.
☐ Clear Liquid Diet
  Start at: T;N

Patient Care
☐ Advance Diet As Tolerated
  ADA, start clear liquids and advance as tolerated to ADA Diet Pediatric_______calories
☐ Isolation Precautions
☐ Suicide Precautions
  Routine, q2h(std)
☐ Intake and Output
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Routine, q2h(std)

☐ Restrict Fluids
  ☐ Routine, ____________ mL/hr over next_____ hours (total fluids) (DEF)*
  ☐ Routine, ____________ mL/(12h-shift) (total fluids)

☐ Bedside Glucose Nsg
  Routine, ACHS and 0200

☐ Bedside Glucose Nsg
  2h post prandial

☐ LEB Hypoglycemia Protocol Plan(SUB)*

☐ Daily Weights
  Routine, qEve

☐ Hepwell Insert/Site Care LEB

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

☐ O2 Sat Monitoring NSG

☐ 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

☐ Supply to Bedside
  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.

Respiratory Care

☐ Oxygen Delivery
  Special Instructions: Titrate to keep O2 sat =/> 92% Wean to room air

☐ ISTAT POC (RT Collect)
  T;N Routine once, Test Select Ionized calcium

Continuous Infusion

☐ Sodium Chloride 0.9%
  1,000 mL, IV, Routine, mL/hr

☐ D10 NS + 20 meq/L KCL (Pediatric) (IVS)*
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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 1/2NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr
☐ D5 1/4NS 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 = 75 mg/kg/day up to 4g/day
DEF
80 mg, Chew tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day

☐ +1 Hours acetaminophen
10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/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 for Blood Glucose - per blood glucose mg/dL .(NOTE)*

☐ insulin lispro - BG Correction
1 unit per every 25 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
Comments: Blood Glucose Corrective Dose: 1 unit for every 25 mg/dL over target 120 mg/dL blood glucose.
1 unit per every 25 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 25 mg/dL over target 150 mg/dL blood glucose.
1 unit per every 25 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
Comments: Blood Glucose Corrective Dose: 1 unit for every 25 mg/dL over target 180 mg/dL
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- **blood glucose.**

- **insulin lispro - BG Correction**
  - 1 unit per every 50 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
    Comments: Blood Glucose Corrective Dose: 1 unit for every 50 mg/dL over target 120 mg/dL blood glucose.
  
  - 1 unit per every 50 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
    Comments: Blood Glucose Corrective Dose: 1 unit for every 50 mg/dL over target 150 mg/dL blood glucose.
  
  - 1 unit per every 50 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
    Comments: Blood Glucose Corrective Dose: 1 unit for every 50 mg/dL over target 180 mg/dL blood glucose.

- **insulin lispro - BG Correction**
  - 1 unit per every 75 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
    Comments: Blood Glucose Corrective Dose: 1 unit for every 75 mg/dL over target 120 mg/dL blood glucose.
  
  - 1 unit per every 75 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
    Comments: Blood Glucose Corrective Dose: 1 unit for every 75 mg/dL over target 150 mg/dL blood glucose.
  
  - 1 unit per every 75 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
    Comments: Blood Glucose Corrective Dose: 1 unit for every 75 mg/dL over target 180 mg/dL blood glucose.

- **insulin lispro - BG Correction**
  - 1 unit per every 100 mg/dL BG over 120 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine (DEF)*
    Comments: Blood Glucose Corrective Dose: 1 unit for every 100 mg/dL over target 120 mg/dL blood glucose.
  
  - 1 unit per every 100 mg/dL BG over 150 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
    Comments: Blood Glucose Corrective Dose: 1 unit for every 100 mg/dL over target 150 mg/dL blood glucose.
  
  - 1 unit per every 100 mg/dL BG over 180 mg/dL, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
    Comments: Blood Glucose Corrective Dose: 1 unit for every 100 mg/dL over target 180
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mg/dL blood glucose.

NOTE: Insulin Lispro Corrective Dose for MEALS: Carbohydrate counting dose per grams of carbohydrate.(NOTE)*

☐ insulin lispro - Carb Correction
   1 unit per 5 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for every 5 grams of carbohydrate with MEALS

☐ insulin lispro - Carb Correction
   1 unit per 7.5 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for every 7.5 grams of carbohydrate with MEALS

☐ insulin lispro - Carb Correction
   1 unit per 10 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for every 10 grams of carbohydrate with MEALS

☐ insulin lispro - Carb Correction
   1 unit per 15 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for every 15 grams of carbohydrate with MEALS

☐ insulin lispro - Carb Correction
   1 unit per 20 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for every 20 grams of carbohydrate with MEALS

☐ insulin lispro - Carb Correction
   1 unit per 25 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for every 25 grams of carbohydrate with MEALS

☐ insulin lispro - Carb Correction
   1 unit per 30 grams Carb with MEALS, Injection, Subcutaneous, wm, Routine
   Comments: 1 unit for every 30 grams of carbohydrate with MEALS

NOTE: Insulin Lispro Corrective Dose for SNACKS: Carbohydrate counting dose per grams of carbohydrate.(NOTE)*

☐ insulin lispro - Carb Correction
   1 unit per 5 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
   Comments: 1 unit for every 5 grams of carbohydrate as needed for SNACK(s)

☐ insulin lispro - Carb Correction
   1 unit per 7.5 grams Carb as needed with SNACKS, Injection, prn, PRN Other, specify in Comment, Routine
   Comments: 1 unit for every 7.5 grams of carbohydrate as needed for SNACK(s)

☐ insulin lispro - Carb Correction
   1 unit per 10 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other, specify in Comment, Routine
   Comments: 1 unit for every 10 grams of carbohydrate as needed for SNACK(s)

☐ insulin lispro - Carb Correction
   1 unit per 15 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other,
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specify in Comment, Routine
Comments: 1 unit for every 15 grams of carbohydrate as needed for SNACK(s)

☐ insulin lispro - Carb Correction
1 unit per 20 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other,
specify in Comment, Routine
Comments: 1 unit for every 20 grams of carbohydrate as needed for SNACK(s)

☐ insulin lispro - Carb Correction
1 unit per 25 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other,
specify in Comment, Routine
Comments: 1 unit for every 25 grams of carbohydrate as needed for SNACK(s)

☐ insulin lispro - Carb Correction
1 unit per 30 grams Carb as needed with SNACKS, Injection, Subcutaneous, prn, PRN Other,
specify in Comment, Routine
Comments: 1 unit for every 30 grams of carbohydrate 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

☐ +1 Hours Ketostix
1 each, Strip, Test, N/A, Routine, Available for diabetes education

Laboratory

☐ BMP
Routine, T;N, once, Type: Blood

☐ Osmolality Serum
Routine, T;N, once, Type: Blood

☐ FSH
Routine, T;N, once, Type: Blood

☐ LH
Routine, T;N, once, Type: Blood

☐ SHOX DNA Mutation Analysis
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 Level Pediatric
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- BNP Routine, T;N, once, Type: Blood
- BNP Pro Routine, T;N, once, Type: Blood
- CAH Profile 6 Routine, T;N, once, Type: Blood
- Amylase Level Routine, T;N, once, Type: Blood
- Amylase Level LeBonheur Germantown Routine, T;N, once, Type: Blood
- Lipase Level Routine, T;N, once, Type: Blood
- Lipase Level LeBonheur Germantown Routine, T;N, once, Type: Blood
- Hepatic Panel Routine, T;N, once, Type: Blood
- Thyroglobulin Comp Panel Routine, T;N, once, Type: Blood
- Microsomal Antibody-Pediatric 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
- Phosphorus Level Routine, T;N, once, Type: Blood
- Magnesium Level Routine, T;N, once, Type: Blood
- PTH Routine, T;N, once, Type: Blood
- Lactate Level
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- 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

- IGF Binding Protein 1  
  Routine, T;N, once, Type: Blood

- IGF Binding Protein 3  
  Routine, T;N, once, Type: Blood

- GTT 2Hr with Insulin Plan(SUB)*

- 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

- 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
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Diagnostic Tests
- [ ] Chest PA & Lateral
  - T;N, Routine, Wheelchair
- [ ] KUB
  - T;N, Routine, Wheelchair
- [ ] LEB GI Upper Air Cont w Sm Bowel Follow Thro w/delay diet Plan(SUB)*
- [ ] Urethrocystogram Voiding
  - T;N, ROUTINE, Wheelchair
- [ ] Perineogram/Vaginogram Sex Determin/Anom
  - T;N, Reason for Exam: Sex Determination, ROUTINE, Wheelchair
- [ ] Renal Ultrasound
  - T;N, ROUTINE, Wheelchair
- [ ] Thyroid Ultrasound
  - T;N, Reason for Exam: Goiter, Routine, Wheelchair
- [ ] LEB US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)*
- [ ] US Pelvic Non OB Comp
  - T;N, Reason for Exam: Other, Enter in Comments, ROUTINE, Wheelchair
  - Comments: ambiguous genitalia
- [ ] Echocardiogram Pediatric (0-18 yrs)
  - Start at: T;N, Priority: Routine, Transport: Wheelchair
- [ ] NM Thyroid Imaging
  - T;N, Routine, Wheelchair

Consults/Notifications/Referrals
- [ ] Notify Resident-Continuing
  - Notify: Care Team D, Notify For: All Blood Sugar Results
- [ ] Notify Resident-Once
- [ ] Consult MD Group
- [ ] Consult MD
- [ ] Consult Medical Social Work
  - Routine
- [ ] Diabetes Teaching Consult
- [ ] Nutrition Services Consult
  - Type of Consult: Education

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