



Physician Orders

LEB Post DKA Routine Care Phase

[X or R] = will be ordered unless marked out.

T=Today; N=Now (date and time ordered)

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-A <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/>	Notify Physician-Once	T;N, Of room number on arrival to unit.
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, routine per unit
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T,P,R,BP, q4h(std)
Activity		
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
Patient Care		
<input type="checkbox"/>	Advance Diet As Tolerated	T;N, start clear liquids and advance as tolerated to ADA Diet Pediatric _____ calories
<input type="checkbox"/>	Isolation Precautions	T;N, Isolation Type: _____
<input type="checkbox"/>	Intake and Output Strict	T;N, Routine, q2h(std), per routine
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Routine, ACHS and 0200
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Routine, ACHS
<input type="checkbox"/>	LEB Hypoglycemia Protocol Plan	(see separate order sheet)
<input type="checkbox"/>	Daily Weights	T;N, Routine, qEve
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N



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Patient Care continued		
<input type="checkbox"/>	Instruct/Educate	T;N, Who: Patient and family, Sick day rules and use of Diabetes pager.
<input type="checkbox"/>	Instruct/Educate	T;N, Who: _____,
<input type="checkbox"/>	Nursing Communication	T;N, Upon initiation of the LEB Post DKA 3 Yrs and GREATER THAN Routine Care phase , Nursing to discontinue LEB DKA Admit Plan.
<input type="checkbox"/>	Nursing Communication	T;N, Target blood sugar range 80 to 150 mg/dL
<input type="checkbox"/>	Nursing Communication	T;N, If bedside glucose is less than 70 mg/dL or greater than 500 mg/dL, place order for STAT serum glucose.
<input type="checkbox"/>	Nursing Communication	T;N, If blood glucose greater than 240 mg/dL, place order for STAT Ketones Urine.
<input type="checkbox"/>	Supply to Bedside	T;N, place home supplies for urine ketone and blood sugar testing at bedside for diabetic education
Respiratory Care		
<input type="checkbox"/>	Oxygen Delivery	T; N, ___ L/min, Titrate to keep O2 sat =/> 92% Wean to room air
Medications		
<input type="checkbox"/>	LEB Convert IV to INT/ Hepwell Plan	see separate sheet
<input type="checkbox"/>	acetaminophen	_____mg(10 mg/kg), Liq, PO, q4h, PRN, Pain or Fever, T;N, Max Dose = 90mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	80 mg, chew tab, PO, q4h, PRN, Pain or Fever, T;N, Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	325mg, tab, PO, q4h, PRN, Pain or Fever, T;N, Max Dose = 90 mg/kg/day up to 4 g/day
<input type="checkbox"/>	acetaminophen	___ mg(10 mg/kg), Supp, PR, q4h, PRN, Pain or Fever, T;N, Max Dose = 90mg/kg/day up to 4 g/day
<input type="checkbox"/>	glucagon	1 mg, Injection, Subcutaneous, PRN, Hypoglycemic seizure, routine, T;N
<input type="checkbox"/>	glucagon	1 mg, Injection, Subcutaneous,N/A, Hypoglycemia, routine, T;N, Available for diabetes education
<input type="checkbox"/>	ketostix	1 each, strip, test, N/A, routine, T;N, Available for diabetes education

attach patient label



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Laboratory		
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Potassium Level	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Sodium Level	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Vitamin D 25 Hydroxy	T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Islet Cell Antibody Orders Plan	see separate sheet
Nursing Communication		
<input type="checkbox"/>	LEB Convert IV to INT/ Hepwell Plan	see separate sheet
<input type="checkbox"/>	LEB Hypoglycemia Protocol Plan	see separate sheet
Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Continuing	T;N, For: All Blood Sugar Results, Who: Care Team D
<input type="checkbox"/>	Notify Resident-Once	T;N, For: _____, Who: _____
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Endocrinology
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: UTMG Pediatric Hospitalists, Reason:
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: New onset Diabetes
<input type="checkbox"/>	Consult MD	T;N, Consult Who: _____, Reason: New onset Diabetes
<input type="checkbox"/>	Consult Medical Social Work	T;N, Routine, Reason _____
<input type="checkbox"/>	Consult Case Management	T;N, Reason _____
<input type="checkbox"/>	Diabetic Teaching Consult	T;N, Reason: New Onset Diabetes-Survival Skills
<input type="checkbox"/>	Dietitian Consult	T;N, Type of Consult: Education

Date

Time

Physician's Signature

MD Number