



Physician Orders PEDIATRIC: LEB DTU Arginine + Clonidine Test Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB DTU Arginine + Clonidine Test Phase, When to Initiate: _____

LEB DTU Arginine + Clonidine Test 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*

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, Complete baseline vitals (0 min) on arrival and then q30 min times 4 occurrence.
- Vital Signs
Monitor and Record Pulse | Blood Pressure, q30min

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 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.

Continuous Infusion

- Dextrose 10% in Water (Bolus)
*5 mL/kg, IV, prn, Routine
Comments: Contact physician if blood glucose < 50 mg/dL OR if blood glucose is < 70 mg/dL and patient is symptomatic.*
- NaCl 0.9%
1,000 mL, IV, mL/hr





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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: 0.3 mg. After the 60 minute blood sample, give Clonidine PO.

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).
- Growth Hormone Human Level
Time Study, T;N, q30min x 4 occurrence, Type: Blood, Nurse Collect
Comments: Special instructions: After baseline sample (at 0 min) is obtained and Arginine has been started, begin collecting q30 minutes times 4. Administer Clonidine after the 60 min blood draw. Time all subsequent blood samples from the start of the Arginine infusion.
- Glucose 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).
- Glucose Level
Time Study, T;N, q30min x 4 occurrence, Type: Blood, Nurse Collect
Comments: After baseline sample (at 0 min) is obtained, begin collecting q30 minutes times 4. Time all subsequent blood samples from the start of the Arginine infusion.
- IGF Binding Protein 3
Routine, T;N, Type: Blood, Nurse Collect
Comments: Obtain Baseline level (0 min) before starting Arginine
- Cortisol Level Peds
Routine, T;N, Type: Blood, Nurse Collect
Comments: Obtain Baseline level (0 min) before starting Arginine
- TSH
Routine, T;N, Type: Blood, Nurse Collect
Comments: Obtain Baseline level (0 min) before starting Arginine
- T4 Free
Routine, T;N, Type: Blood, Nurse Collect
Comments: Obtain Baseline level (0 min) before starting Arginine
- Insulin Like Growth Factor I
Routine, T;N, Type: Blood, Nurse Collect
Comments: Obtain Baseline level (0 min) before starting Arginine
- ACTH Level
Routine, T;N, Type: Blood, Nurse Collect
Comments: Obtain Baseline level (0 min) before starting Arginine
- Prolactin Level Pediatric
Routine, T;N, Type: Blood, Nurse Collect
Comments: Obtain Baseline level (0 min) before starting Arginine

Consults/Notifications/Referrals

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





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Date	Time	Physician's Signature	MD Number
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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

