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