



Physician Orders ADULT: Medical Nutrition Therapy Adult Standing Orders Protocol Plan

Medical Nutrition Therapy Standing Order

Food/Nutrition

- GI Soft Diet
- Bland Diet w/6 Small Feedings(SUB)*
- Post CV Surgery Day 1 Diet
Adult (>18 years)
- Mechanical Soft Diet
Adult (>18 years)
- Medical Surgical Soft Diet
Adult (>18 years)
- Pureed Diet
Adult (>18 years)
- Sodium Control Diet
Adult (>18 years)
- Low Sodium / Low Cholesterol Diet
Adult (>18 years)
- Low Cholesterol Low Fat Diet
Adult (>18 years)
- Renal Diet Not On Dialysis
Adult (>18 years)
- Renal Diet On Dialysis
Adult (>18 years)
- Consistent Carbohydrate Diet
 - Caloric Level: 1800 Calorie (DEF)**
 - Caloric Level: 2000 Calorie*
- Consistent Carbohydrate Diet
- Snack
- Food Preferences
- PO Nutritional Supplement (Not Tube Feeding)

Patient Care

- Daily Weights
 - T+1;0600, Routine, q24h(std) (DEF)**
 - T+1;2100, Routine, q24h(std)*
 - Routine, qEve*
- Weight
 - T+1;0600, Routine, QODay (DEF)**
 - Routine, MWF*
 - Routine, TuThSa*
- Weight
Routine, Prior to dialysis.
- Height
Routine, once
- Length Adult
Routine, once
- Force Fluids
Routine, Encourage PO Fluids
- Intake and Output
Routine

Medications





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- +1 Hours** multivitamin
1 tab, Tab, PO, QDay, Routine
- +1 Hours** multivitamin with minerals
1 tab, Tab, PO, QDay, Routine
- Note: For renal patients, choose an order below :(NOTE)*
- +1 Hours** Nephrocaps
1 cap, Cap, PO, QDay, Routine
- +1 Hours** Foltx
1 tab, Tab, Tube, QDay, Routine

Laboratory

- Prealbumin
STAT, T;N, once, Type: Blood
- Prealbumin
Routine, T+1;0400, once, Type: Blood
- Prealbumin
 - Time Study, QODay, Type: Blood (DEF)**
 - Time Study, T;N, q72h, Type: Blood*
 - Time Study, T;N, Monday x 3 week, Type: Blood*
- Glucose Level
 - STAT, T;N, once, Type: Blood (DEF)**
 - Routine, T;N, once, Type: Blood*
- Glucose Level
Routine, T+1;0400, once, Type: Blood
- Zinc Level
Routine, T+1;0400, once, Type: Blood
- C-Reactive Protein
Routine, T+1;0400, once, Type: Blood
- Vitamin D 25 Hydroxy Level
Routine, T+1;0400, once, Type: Blood
- Potassium Level
Routine, T+1;0400, once, Type: Blood
- Phosphorus Level
Routine, T+1;0400, once, Type: Blood
- Magnesium Level
Routine, T+1;0400, once, Type: Blood
- Urea Nitrogen Urine 24 hr
Routine, T+1;0400, once, Type: Urine, Nurse Collect
- Creatinine Clearance 24 hr Urine
Routine, T+1;0400, once, Type: Urine, Nurse Collect

Consults/Notifications/Referrals

- Calorie Count
Start at: T;N, Consult Reason: Calorie Count, Frequency: QDay, _____day (s)

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





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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

