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)*

- Glucose Level
  - Routine, T;N, 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)

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