



attach patient label

Physician Orders

Title: LEB ENDO Diagnostic Fast Conclusion Phase

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Care Sets/Protocols/PowerPlans		
Patient Care		
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Routine, q10min, For 3 occurrence. Collect at 10 mins., 20 mins. and 30 mins. post glucagon administration.
Nursing Communication		
<input checked="" type="checkbox"/>	Nursing Communication	T;N, once central lab blood glucose is confirmed below or equal to 50 mg/dL, begin diagnostic blood sampling for Conclusion Phase
<input checked="" type="checkbox"/>	Nursing Communication	T;N, once bedside blood glucose is equal to or less than 60 mg/dL, place urine bag for organic acid, if appropriate
<input checked="" type="checkbox"/>	Nursing Communication	T;N, after all blood samples have been collected, start D10 bolus followed by D10-containing continuous infusion. Nurse to place order for previous diet.
<input checked="" type="checkbox"/>	Nursing Communication	T;N, Discontinue D10 bolus/infusion when patient eats meal
<input checked="" type="checkbox"/>	Nursing Communication	T;N: after final urine specimen has been collected, discontinue Diagnostic Fast Power Plan
<input checked="" type="checkbox"/>	Nursing Communication	T;N, if blood glucose remains above 50 mg/dL, conclude fast after duration of ____ hours
Continuous Infusions		
Note: Choose one of the below D10 fluid orders		
<input type="checkbox"/>	Sodium Chloride 0.9%	1000mL, Injection, IV, ____ mL/hr, Routine, T;N
<input type="checkbox"/>	1/2NS	1000mL, Injection, IV, ____ mL/hr, Routine, T;N
<input type="checkbox"/>	Dextrose 10% in Water	1000mL, Injection, IV, ____ mL/hr, STAT, T;N, After Dextrose 10% in Water Bolus
<input type="checkbox"/>	D10 NS	1000mL, Injection, IV, ____ mL/hr, STAT, T;N, After Dextrose 10% in Water Bolus
<input type="checkbox"/>	D10 1/2NS 1000 mL	1000 mL, IV, Routine, T;N, After Dextrose 10% in Water Bolus
Medications		
<input type="checkbox"/>	glucagon	1 mg, Injection, IV, once, T;N, administer AFTER baseline blood specimens have been collected
<input type="checkbox"/>	glucagon	1 mg, Injection, IM, once, T;N, administer AFTER baseline blood specimens have been collected

LEB ENDO Diagnostic Fast-42507-PP-0612-062513





attach patient label

Physician Orders

Title: LEB ENDO Diagnostic Fast Conclusion Phase

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

PEDIATRIC

Laboratory		
[]	Insulin Level Pediatric	STAT, T;N, Type: Blood, Nurse Collect
[]	Beta-Hydroxybutyrate	STAT, T;N, Type: Blood, Nurse Collect
[]	Acetoacetate	STAT, T;N, Type: Blood, Nurse Collect
[]	Free Fatty Acids	STAT, T;N, Type: Blood, Nurse Collect, send to lab immediately
[]	Cortisol Level	STAT, T;N, Type: Blood, Nurse Collect,
[]	Human Growth Hormone Lev	STAT, T;N, Type: Blood, Nurse Collect, , send to lab immediately
[]	Lactate Level	STAT, T;N, Type: Blood, Nurse Collect, deliver on ice
[]	C-Peptide Pediatric	STAT, T;N, Type: Blood, Nurse Collect
[]	Acylcarnitine Profile	STAT, T;N, Type: Blood, Nurse Collect
[]	Ammonia Level	STAT, T;N, Type: Blood, Nurse Collect, deliver on ice, send to lab immediately
[]	IGF Binding Protein-1 (IGFBP-1)	STAT, T;N, Type: Blood, Nurse Collect
[]	Amino Acids Quantitative Blood	STAT, T;N, Type: Blood, Nurse Collect, Ensure medication list and diet information is current in patient's chart
[]	Pyruvate	STAT, T;N, Type: Blood, Nurse Collect, deliver on ice, Send to lab immediately
[]	Lactate Level	STAT, T; N + 10, Type, Blood, Nurse Collect, Special Instructions: collect 10 minutes after glucagon administration, deliver on ice, send to lab immediately
[]	Lactate Level	STAT, T; N + 20, Type, Blood, Nurse Collect, deliver on ice, Special Instructions: collect 20 minutes after glucagon administration
[]	Lactate Level	STAT, T; N + 30, Type, Blood, Nurse Collect, deliver on ice, Special Instructions: collect 30 minutes after glucagon administration, send to lab immediately
[R]	Organic Acid by GC Urine	STAT, T; N, Type: Urine, Nurse Collect, Diagnosis GC Ur Org Acid: Hypoglycemia, Diet GC Ur Org Acid: NPO, 5 mL urine in clean container or bag, as indicated. Collect after last blood samples have been obtained.

Date

Time

Physician's Signature

MD Number

LEB ENDO Diagnostic Fast-42507-PP-0612-062513