



Physician Orders PEDIATRIC: LEB Eating Disorder Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Eating Disorder Admit Phase, When to Initiate: When patient arrives to unit

LEB Eating Disorder Admit Phase

Admission/Transfer/Discharge

- Patient Status Initial Inpatient
*T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more*
- Notify Physician-Once
Notify For: Of room number on arrival to unit.

Vital Signs

- Vital Signs
Routine Monitor and Record T,P,R,BP, q4h(std)
- Orthostatic Blood Pressure
Routine, qam, Document blood pressure and heart rate.

Activity

- Bedrest
Routine, Strict bedrest (No activity).

Food/Nutrition

- Regular Pediatric Diet
1,800 calorie diet. Please deliver tray to the nurse and not patient. No fat free, low calorie, low sodium, or "diet:" foods.

- PediaSure
- Ensure Original

Patient Care

- Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor, T;N
- Telemetry
Routine
- One to One Observation
Routine
- Height
- Weight
Hospital gown only, backwards, same scale, same general time. Do not tell patient or family the weight. If BMI is less than 15 or vitals are concerning, then weigh DAILY.
- Intake and Output
Strict.
- Nasogastric Tube
- Fall Risk Assessment Pediatric

Nursing Communication

- Nursing Communication
Remove all trash bags from the room.
- Nursing Communication
Tell healthcare personnel, family, and sitter to not discuss food or eating with patient unless it is a necessary part of treatment
- Nursing Communication
Do not allow patient to shut bathroom door
- Nursing Communication



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Limit showers to 10 minutes once daily

- Nursing Communication
Remove shower curtain if opaque
- Nursing Communication
Remove internet (cell phone) and monitor TV usage (use for incentives for eating)
- Nursing Communication
Place sign on door " Do not bring food into room without notifying a nurse"
- Nursing Communication
Schedule meal time and snacks for exact times daily
- Nursing Communication
Remove all nutrition facts when food tray arrives
- Nursing Communication
Mark off calories from packages/ensure or pour into another container
- Nursing Communication
No gum/mints
- Nursing Communication
No Caffeine
- Nursing Communication
NO EXERCISE (including walking around and standing for periods longer than 1-2 minutes)
- Nursing Communication
No water or liquids 30 minutes before or during meals
- Nursing Communication
Bedrest during meals and for one hour after completion of meal, to include (No Bathroom)
- Nursing Communication
No family in the room for 30 minutes before meals and for one hour after meal is completed.
- Nursing Communication
Allow ONLY 30 minutes to complete meals and 20 minutes to complete supplement (if needed) following meals.
- Nursing Communication
Give ensure/pediasure if meal not completed: greater than 75% of meal complete, offer 1/2 supplement. Less than 75% of meal complete, give 1 supplement. Less than 50% of meal completed, give 2 supplements.

Continuous Infusion

- D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr
- NS + 20 mEq/L KCl (pediatric) (IVS)*
Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
potassium chloride (additive)
20 mEq
- D5 NS + 20 meq/L KCL (IVS)*
Dextrose 5% with 0.9% NaCl
1,000 mL, IV, Routine, mL/hr
potassium chloride (additive)
20 mEq

Medications

- +1 Hours** ADEKs oral tablet, chewable
1 tab, Chew tab, PO, QDay, Routine
- +1 Hours** melatonin
3 mg, Tab, PO, hs, Routine
- +1 Hours** melatonin



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- 5 mg, Tab, PO, hs, Routine
- +1 Hours** raNITidine
2 mg/kg, Syrup, PO, bid, Max single dose = 75 mg
- +1 Hours** raNITidine
75 mg, Tab, PO, bid
- +1 Hours** thiamine
100 mg, Tab, PO, QDay, (for 3 day)
If phosphorus is <3 mg/dL or if patient has documented refeeding syndrome(NOTE)*
- +1 Hours** potassium phosphate
0.25 mmol/kg, Oral Susp, PO, qid
Comments: If phosphorus is <3 or if patient has documented refeeding syndrome
- LEB Probiotic Formulary Plan(SUB)*
- +1 Hours** spironolactone
25 mg, Tab, PO, QDay
Comments: Use if patient has peripheral edema or other signs of pseudo-Bartters syndrome
- +1 Hours** MiraLax
1 g/kg, Powder, PO, QDay, Max single dose = 17 g
- +1 Hours** MiraLax
17 g, Powder, PO, QDay
- +1 Hours** zinc sulfate
66 mg, Tab, PO, tid, (66 mg of zinc sulfate = 15 mg of elemental zinc)
- +1 Hours** zinc sulfate
220 mg, Cap, PO, tid, (220 mg of zinc sulfate = 50 mg of elemental zinc)
- Vitamin B1
- Laboratory**
- CMP
Routine, T;N, once, Type: Blood
- CBC with Diff
Routine, T;N, once, Type: Blood
- Magnesium Level
Routine, T;N, once, Type: Blood
- BMP
Routine, T;N, once, Type: Blood
- Phosphorus Level
Routine, T;N, once, Type: Blood
- CRP
Routine, T;N, once, Type: Blood
- ESR
Routine, T;N, once, Type: Blood
- TSH
Routine, T;N, once, Type: Blood
- T4 Free
Routine, T;N, once, Type: Blood
- Prealbumin
Routine, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- Vit D 25OH
Routine, T;N, once, Type: Blood
- Drug Screen Urine Stat LEB



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- Pregnancy Screen Urine
Routine, T;N, once, Type: Urine, Nurse Collect
- Amylase Level
Routine, T;N, once, Type: Urine, Nurse Collect
- Lipase Level
Routine, T;N, once, Type: Blood
- Thiamine Level
Routine, T;N, once, Type: Blood
- Testosterone Level Pediatric
Routine, T;N, once, Type: Blood
- CMP
Routine, T+1;0800, qam, Type: Blood
- Magnesium Level
Routine, T+1;0800, qam, Type: Blood
- Ionized Calcium Pediatric
Routine, T+1;0800, qam, Type: Blood
- Phosphorus Level
Routine, T+1;0800, qam, Type: Blood

Diagnostic Tests

- EKG
Priority: Routine
- Echocardiogram Pediatric (0-18 yrs)
Priority: Routine
- DXA Bone Density Study 1+Sites Appendicular
Routine

Consults/Notifications/Referrals

- Dietitian Clinical Consult
Type of Consult: _____
- Consult Nutritional Support Team
Routine, Reason: _____
- Child Life Consult
Routine, Reason: _____
- Social Work Consult
Routine Reason for Consult: _____
- Case Management Consult
Routine Reason for Consult: _____
- Consult MD
Routine, Consult: Andry , Brittany Lynn, MD, Reason for Consult: _____
- Consult MD Group
Routine, Reason for Consult: _____ *Group: UT Psychiatry Group*

Date _____ Time _____ Physician's Signature _____ MD Number _____

***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



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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