Physician Orders PEDIATRIC: LEB Eating Disorder Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowePlans

☑ 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

CROSS LEB Eating Disorder Admit Plan QM0418 PP 062618    Page 1 of 5    ***065***
Physician Orders PEDIATRIC: LEB Eating Disorder Admit Plan

- **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 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
Physician Orders PEDIATRIC: LEB Eating Disorder Admit Plan

- **5 mg, Tab, PO, hs, Routine**

- **+1 Hours** ranITidine
  - 2 mg/kg, Syrup, PO, bid, Max single dose = 75 mg

- **+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**
## Physician Orders PEDIATRIC: LEB Eating Disorder Admit Plan

- **Pregnancy Screen Urine**
  - *Routine, T;N, once, Type: Urine, Nurse Collect*

- **Amylase Level**
  - *Routine, T;N, once, Type: Blood*

- **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 Appendicol**
  - *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*

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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
- **INT** - This component is an intervention

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CROSS LEB Eating Disorder Admit Plan QM0418 PP 062618 Page 4 of 5 ***065***
Physician Orders PEDIATRIC: LEB Eating Disorder Admit Plan

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