



Physician Orders PEDIATRIC: LEB DTU 2 Hour Oral Glucose Tolerance Test (OGTT) Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB DTU 2Hr Oral Glucose Tolerance Test (OGTT) Phase, When to Initiate: _____

LEB DTU 2Hr Oral Glucose Tolerance Test

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
*T;N Admitting Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: DTU
Care Team: _____ Anticipated LOS: 2 midnights or more*

- Discharge Instructions
Other Instructions: When testing is complete and VS stable, discontinue IV and discharge home from DTU.

Vital Signs

- Vital Signs
Monitor and Record Pulse | Blood Pressure, At baseline (0 mins) and 2 hours later (120 min).

Food/Nutrition

- NPO
Keep NPO (except for glucola) during test. Patient may have regular diet upon completion of test, unless otherwise specified.

Patient Care

- Weight
- Height
- Accucheck Nsg
Routine, PRN, Complete meter blood glucose as needed.

Nursing Communication

- Nursing Communication
Perform test after an overnight fast of at least 8 hours, start no later than 10:00am.
- Nursing Communication
Patient to have regular diet when testing is complete
- Nursing Communication
Draw baseline samples and then have patient drink glucola solution in 5 minutes or less.
- Nursing Communication
Time all subsequent blood samples from the completion of the glucola intake.
- Nursing Communication
Contact Physician and request an order for Dextrose 10% IV solution, 5ml/kg, PRN severe hypoglycemia. IF NOT ALREADY ORDERED.
- Nursing Communication
Observe patient for potential side effects: Hypoglycemia: palpitations, diaphoresis, agitation, headache, confusion, unresponsive, change in level of consciousness.

Medications

- +1 Hours** Glucola
1.75 g/kg, PO, once, Routine, max of 75
- +1 Hours** Dextrose 10% in Water (Bolus)
*5 mL/kg, IV, prn, PRN Other, specify in Comment
Comments: severe hypoglycemia*

Laboratory

- Glucose Level
Routine, T;N, once, Type: Blood





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Comments: Draw Baseline (0 mins) Glucose level

- Glucose Level Time Study, T;N, q1h x 2 occurrence, Type: Blood
Comments: Draw Glucose level 1 hour (at 60 mins) and 2 hours (at 120 mins) after the patient COMPLETES the glucola drink.
HA1C Routine, T;N, once, Type: Blood
BMP Routine, T;N, once, Type: Blood
ALT Routine, T;N, once, Type: Blood
GGT Routine, T;N, once, Type: Blood
TSH Routine, T;N, once, Type: Blood
T4 Free Routine, T;N, once, Type: Blood
Urinalysis w/Reflex Microscopic Exam Routine, T;N, once, Type: Urine, Nurse Collect
Lipid Profile Routine, T;N, once, Type: Blood
C-Peptide Routine, T;N, once, Type: Blood
Glutamic Acid Decarboxylase Autoantibody Ped Routine, T;N, once, Type: Blood
ICA 512 Antibody Routine, T;N, once, Type: Blood

Consults/Notifications/Referrals

- Notify Physician-Once
Notify: On call Endocrinologist at (901)418-0329., Notify For: To report any adverse symptoms or concerns.

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
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

