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
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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
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