



**Physician Orders ADULT: Dietitian-Enteral Nutrition Adult Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- Initiate Powerplan Phase  
*Phase: Dietitian-Enteral Nutrition Adult Phase, When to Initiate: \_\_\_\_\_*

**Dietitian-Enteral Nutrition Adult Phase**

**Food/Nutrition**

- Tube Feeding Continuous/Int Plan(SUB)\*
- Tube Feeding Titrated Plan(SUB)\*
- Tube Feeding Bolus Plan(SUB)\*

**Patient Care**

- Weight  
*Routine, MonThu*  
If patient in critical care, place order below:(NOTE)\*

- Daily Weights  
*T+1;2100, qEve*

- Elevate Head Of Bed
  - 30 degrees (DEF)\*
  - 45 degrees

- Intake and Output  
*Routine*  
Order below is NOT indicated for postpyloric feeding.(NOTE)\*

- Residual  
*T;N, Check gastric residuals q4h*

- Nursing Communication  
*T;N*  
*Comments: Hold tube feeding for gastric residuals (GR) >500mL for abdominal distention, discomfort, or emesis. Return GR volume and recheck in 1 hour. If after one hour GR remains >500mL or abdominal distention, discomfort, or emesis persists; call physician for consideration of GI motility agent. Discontinue GR checks 24 hours after tube feeding has reached ordered goal.*

- Nursing Communication  
*Ensure that enteral feeding tube placement has been confirmed by aspiration/ auscultation and radiography prior to initiation of tube feedings.*

- Nursing Communication  
*Ensure that postpyloric feeding tube placement confirmed by radiography prior to initiation of tube feedings.*

- Nursing Communication  
*Comment: Re-consult Dietitian if the tube fed patient has persistent diarrhea (>300 mL daily or >4 loose stools daily), nausea/emesis/abdominal distention, persistent hyperglycemia, requires a fluid restriction, or for newly prescribed PO phenytoin).*

**Medications**

- Order below for non-renal patients(NOTE)\*
- multivitamin  
*5 mL, Liq, Tube, QDay*

- Order below for renal patients(NOTE)\*
- Foltx  
*1 tab, Tab, Tube, QDay*  
*Comments: Crush medications.*

**Laboratory**

- Prealbumin





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- Routine, T+1;0400, once, Type: Blood*  
Prealbumin  
*Time Study, Monday x 3 week, Type: Blood*
- Prealbumin  
*STAT, T;N, once, Type: Blood*
- BMP  
*Routine, T+1;0400, once, Type: Blood*
- Magnesium Level  
*Routine, T+1;0400, once, Type: Blood*
- Phosphorus Level  
*Routine, T+1;0400, once, Type: Blood*

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

