



Physician Orders PEDIATRIC: LEB DKA Diabetes Mellitus Admit Plan

Initiate Orders Phase

Non Categorized

R Powerplan Open

Care Sets/Protocols/PowerPlans

Initiate Powerplan Phase
Phase: Admit DKA Two-Bag Calculations Phase, When to Initiate:

Initiate Powerplan Phase
Phase: LEB DKA Diabetes Mellitus Phase, When to Initiate:

Admit DKA Two-Bag Calculations

Patient Care

Admit DKA Two Bag Calculations
T;N, DKA Two-Bag Calculations form for Admission

LEB DKA Diabetes Mellitus Admit Phase

Non Categorized

Add To Problem List
Problem: DKA (diabetic ketoacidosis)

Add To Problem List

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
q1h(std) (DEF)*
Monitor and Record T,P,R,BP, q2h(std)
Monitor and Record T,P,R,BP, q4h(std)
Monitor and Record T,P,R,BP

Activity

Activity As Tolerated
Up Ad Lib

Food/Nutrition

- NPO
Breastfeed
LEB Formula Orders Plan(SUB)*





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- ADA Consistent Carbohydrate Counting Diet
- Clear Liquid Diet
Start at: T;N

Patient Care

- Advance Diet As Tolerated
Start clear liquids and advance as tolerated to ADA diet. Pediatric _____ calories.
- Isolation Precautions
- Neurochecks
 - Routine, q1h(std) (DEF)**
 - Routine, q2h(std)*
 - Routine, q4h(std)*
- Intake and Output
 - Routine, q1h(std) (DEF)**
 - Routine, q2h(std)*
- Bedside Glucose Nsg
Routine, q1h
- LEB Hypoglycemia Protocol Plan(SUB)*
- Daily Weights
Routine, qEve
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
- Indwelling Urinary Catheter Care
q-shift, PRN
- Replogle (NGT)
 - NG Tube Type: Replogle, Suction Strength: To Gravity (DEF)**
 - NG Tube Type: Replogle, Suction Strength: Low Intermittent*
- O2 Sat Spot Check-NSG
T;N, With vital signs.
- O2 Sat Monitoring NSG
- Cardiopulmonary Monitor
T;N Routine, Monitor Type: CP Monitor

Respiratory Care

- Oxygen Delivery
Special Instructions: Titrate to keep O2 sat \geq 92%. Wean to room air.

Continuous Infusion

- +1 Hours** Insulin Drip (Pediatric) (IVS)*
Sodium Chloride 0.9%
248.75 mL, IV, STAT, 0.1 unit/kg/hr





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*Comments: Flush 50 mL insulin solution through IV tubing before infusing in patient,
Do not give insulin bolus*

insulin reg (additive)
125 units

NOTE: Lower insulin doses are ineffective; use higher insulin dose in severe DKA(NOTE)*

NOTE: Patient with OSMOLALITY less than 320 and POTASSIUM less than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

- LeBonheur Bag 1: 1/2NS 1000 with KAc 20mEq/L+ Kphos 20 mEq/ (IVS)*
Sodium Chloride 0.45%

1,000 mL, IV, STAT, mL/hr, BAG#1

Comments: BAG #1 ; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K less than 5.5; For Bag #1 (1/2 NS + 20KAc/Kphos) @ ___mL/hr for BG > 300 For Bag #2: (D10 1/2 NS + 20 KAc/20KPhos) @ TITRATE, Start at zero mL/hr for BG >300 For Bag#1 (1/2 NS + 20KAc/Kphos) @ ___mL/hr for BG 200 to 300 For Bag #2 (D10 1/2 NS + 20KCL/KPhos) @ ___ mL/hr for BG 200 to 300 For Bag #1 (1/2 NS + 20 KAc/KPhos) @ TITRATE, Start at zero mL/hr for BG < 200 For Bag #2 (D10 1/2 NS + 20KAc/KPhos) @ ___ mL/hr for BG <200

potassium acetate (additive)
20 mEq

POTASSIUM phosphate (additive)
20 mEq

- LeBonheur Bag 2: D10 1/2NS + 20 mEq/L KAc + 20 mEq/L Kphos (IVS)*
Dextrose 10% in Water

1,000 mL, IV, STAT, TITRATE, BAG#2

Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K less than 5.5; Order comments: See order comments on Bag #1 for fluid rate.

sodium chloride
77 mEq

potassium acetate (additive)
20 mEq

POTASSIUM phosphate (additive)
20 mEq

NOTE: Patient with OSMOLALITY greater than or equal to 320 and POTASSIUM less than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

- LeBonheur Bag 1: NS 1000 with KAc 20mEq/L+ Kphos 20 mEq/L (IVS)*
Sodium Chloride 0.9%

1,000 mL, IV, STAT, mL/hr, BAG#1

Comments: BAG #1; ONLY FOR PATIENT WITH OSMOLALITY greater than or equal to 320 and K less than 5.5; For Bag #1 (NS + 20KAc/Kphos) @ ___mL/hr for BG > 300; For Bag #2: (D10NS + 20 KAc/KPhos) @ TITRATE, Start at zero mL/hr for BG >300 For Bag#1 (NS + 20KAc/Kphos) @ ___mL/hr for BG 200 to 300 For Bag #2 (D10NS + 20KAc/KPhos) @ ___ mL/hr for BG 200 to 300 For Bag #1 (NS + 20





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KAc/20KPhos) @ TITRATE, Start at zero mL/hr for BG < 200 For Bag #2 (D10NS + 20KAc/KPhos) @ ___ mL/hr for BG <200

potassium acetate (additive)
20 mEq

POTASSIUM phosphate (additive)
20 mEq

- LeBonheur Bag 2: D10NS 1000 + 20 mEq/L KAc + 20 mEq/L Kphos (IVS)*
Dextrose 10% in Water
1,000 mL, IV, STAT, TITRATE, BAG#2

Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY greater than or equal to 320 and K less than 5.5; Order comments: See order comments on Bag #1 for fluid rate.

sodium chloride

154 mEq

potassium acetate (additive)
20 mEq

POTASSIUM phosphate (additive)
20 mEq

NOTE: Patient with OSMOLALITY less than 320 and K greater than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

- LeBonheur Bag 1: 1/2 NS 1000 (IVS)*
Sodium Chloride 0.45%
1,000 mL, IV, STAT, mL/hr, BAG#1

Comments: BAG #1 ; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K greater than 5.5; For Bag #1 (1/2 NS) @ ___mL/hr for BG > 300For Bag #2: (D10 1/2 NS) @ TITRATE, Start at zero mL/hr for BG >300 For Bag#1 (1/2 NS) @ ___mL/hr for BG 200 to 300 For Bag #2 (D10 1/2 NS) @ ___ mL/hr for BG 200 to 300 For Bag #1 (1/2 NS) @ TITRATE, Start at zero mL/hr for BG < 200For Bag #2 (D10 1/2 NS) @ ___ mL/hr for BG <200

- LeBonheur Bag 2: D10 1/2NS (IVS)*
Dextrose 10% in Water
1,000 mL, IV, STAT, TITRATE, BAG#2

Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K greater than 5.5Order comments: See order comments on Bag #1 for fluid rate.

sodium chloride

77 mEq

NOTE: Patient with OSMOLALITY greater than or equal to 320 and POTASSIUM greater than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

- LeBonheur Bag 1: NS 1000 (IVS)*
Sodium Chloride 0.9%
1,000 mL, IV, STAT, BAG#1

Comments: BAG #1; ONLY FOR PATIENT WITH OSMOLALITY greater than or





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equal to 320 and K greater than 5.5 For Bag #1 (NS) @ ___ mL/hr for BG > 300; For Bag #2: (D10NS) @ TITRATE, Start at zero mL/hr for BG >300 For Bag#1 (NS) @ ___ mL/hr for BG 200 to 300 For Bag #2 (D10NS) @ ___ mL/hr for BG 200 to 300 For Bag #1 (NS) @ TITRATE, Start at zero mL/hr for BG < 200 For Bag #2 (D10NS) @ ___ mL/hr for BG <200

- LeBonheur Bag 2: D10NS 1000 (IVS)*
Dextrose 10% in Water
1,000 mL, IV, STAT, TITRATE, BAG#2
Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY greater than or equal to 320 and K greater than 5.5 Order comments: See order comments on Bag #1 for fluid rate.
sodium chloride
154 mEq
Sodium Chloride 0.9%
1,000 mL, IV, Routine, Replacement Fluid
Comments: If within a 4 hour period the urine output is greater than ___ mL, then replace the excess urine output mL for mL with NS bolus over 30 minutes. MD to supply volume based on 3 mL/kg/hr.

Medications

SELECT ONE OF THE FOLLOWING ORDERS:(NOTE)*

NOTE: Patient less than 5 years old, choose the following insulin glargine order. Administer within 2 hours of admission.(NOTE)*

- insulin glargine 100 units/mL subcutaneous solution
0.2 units/kg, Injection, Subcutaneous, hs, Routine, Less than 5 years of age; Consult Endocrinology
Comments: If STAT dose given after 2 pm today, start hs dose the following day.
NOTE: Patient less than 5 to 9 years old, choose the following insulin glargine order. Administer within 2 hours of admission(NOTE)*
insulin glargine 100 units/mL subcutaneous solution
0.25 units/kg, Injection, Subcutaneous, hs, Routine, 5 to 9 years of age; Consult Endocrinology
Comments: If STAT dose given after 2 pm today, start hs dose the following day.
NOTE: Patient greater than or equal to 10 years old, choose the following insulin glargine order. Administer within 2 hours of admission(NOTE)*
insulin glargine 100 units/mL subcutaneous solution
0.3 units/kg, Injection, Subcutaneous, hs, Routine, Greater than 10 years of age; Consult Endocrinology
Comments: If STAT dose given after 2 pm today, start hs dose the following day.

Laboratory

- BMP
Time Study, q2h x 2 occurrence, Type: Blood
+360 Minutes BMP
Time Study, T;N+360, q4h x 3 occurrence, Type: Blood





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- Magnesium Level
Time Study, q2h x 2 occurrence, Type: Blood
- +360 Minutes** Magnesium Level
Time Study, T;N+360, q4h x 3 occurrence, Type: Blood
- Phosphorus Level
Time Study, q2h x 2 occurrence, Type: Blood
- +360 Minutes** Phosphorus Level
Time Study, T;N+360, q4h x 3 occurrence, Type: Blood

Consults/Notifications/Referrals

- Notify Physician-Continuing
Notify For: Of blood glucose less than 80, Serum K less than 3.0, or Ca less than 8.0 or Mg less than 1.5, if urine output is greater than 3mL/kg/hr over any 4 hour period.
- Notify Physician-Continuing
Notify For: If corrected sodium is falling or neurological status worsens.
- Consult MD Group
Group: _____, Reason for Consult: _____
- Consult MD Group
Routine, Group: ULPS Endo, Reason for Consult: DKA
- Consult MD
Consult Who: _____, Reason for Consult: _____
- Consult Medical Social Work
Reason for Consult: _____

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
 R-Required order

