Physician Orders ADULT: Enteral Nutrition Adult Plan (MD ONLY)

Initiate Orders Phase  
Care Sets/Protocols/PowerPlans  
☐ Initiate Powerplan Phase  
  
  Phase: Enteral Nutrition Adult MD Phase, When to Initiate:________________________

Enteral Nutrition Adult MD Phase  
Food/Nutrition  
☐ Tube Feeding Continuous/Int Plan(SUB)*  
☐ Tube Feeding Titrate 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  
☐ Nasogastric Tube Insert  
  Routine (DEF)*  
  Insert small bore feeding tube over wire (Dubhoff tube)  
☐ Nasogastric Tube  
  Flush feeding tube q4h to q6h with 30-60mL water and before and after medication.  
☐ Oral Gastric Tube Insert  
☐ Oral Gastric Tube Care  
  Action: Use for Feedings, Flush feeding tube q4h to q6h with 30-60mL water and before and after medication.

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.
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T;N, Ensure that enteral feeding tube placement has been confirmed by aspiration/ auscultation and radiography prior to initiation of tube feedings.

☐ Nursing Communication
  T;N, Ensure that postpyloric feeding tube placement confirmed by radiography prior to initiation of tube feedings.

☐ Nursing Communication
  T;N, 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
  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

Consults/Notifications/Referrals

☐ Dietitian Consult/Nutrition Therapy
  Type of Consult: Enteral/Tube Feeding, Special Instructions: Assess and monitor adequacy of enteral nutrition. Provide recommendations for enteral nutrition modifications as needed.

☐ Dietitian Consult/Nutrition Therapy
  Type of Consult: Enteral/Tube Feeding, Special Instructions: Manage enteral nutrition formula selection, rate, administration, additives, free water, vitamins/minerals, and nutrition-related laboratories (as needed).

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