



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.
Nursing Communication





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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.

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

- checkbox 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)\*

- checkbox multivitamin 5 mL, Liq, Tube, QDay

Order below for renal patients(NOTE)\*

- checkbox Foltx 1 tab, Tab, Tube, QDay Comments: Crush medications.

Laboratory

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

Consults/Notifications/Referrals

- checkbox 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.
- checkbox 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





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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

