

Physician Orders PEDIATRIC

LEB Enteral Nutrition Pediatric Plan (MD ONLY)

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Medication allergy (s):	_____
<input type="checkbox"/>	Latex allergy	<input type="checkbox"/> Other: _____
Food/Nutrition		
<input type="checkbox"/>	LEB Formula Orders Plan	
<input type="checkbox"/>	Tube Feeding Titrate NICU	Start at: T;N, Product: _____, Start Rate At mL/hr: _____, Increase Frequency: _____, Increase Rate By (mL): _____, To Goal Rate mL/hr: _____, Calories per Ounce: _____, Route of Delivery: _____
<input type="checkbox"/>	Tube Feeding Titrate Peds	Start at: T;N, Product: _____, Start Rate At mL/hr: _____, Increase Frequency: _____, Increase Rate By (mL): _____, To Goal Rate mL/hr: _____
Patient Care		
<input type="checkbox"/>	Whole Blood Glucose Nsg	Routine, T;N, once,
<input type="checkbox"/>	Weight	T;N, Routine, MonThurs
NOTE: If patient in critical care, place order below:		
<input type="checkbox"/>	Daily Weights	T+1; 2100, qEve
<input type="checkbox"/>	Elevate Head of Bed	T;N, 30 Degrees
<input type="checkbox"/>	Elevate Head of Bed	T;N, 45 degrees
<input type="checkbox"/>	Intake and Output	T;N, Routine,
<input type="checkbox"/>	Nasogastric Tube Insert	T;N, Routine
<input type="checkbox"/>	Nasogastric Tube Insert	T;N, Routine, Comment: Insert small bore feeding tube per hospital protocol.
<input type="checkbox"/>	Nasogastric Tube	T;N, Action Type: Use for Feedings, Comment: Flush feeding tube _____ with 30-60 mL water; and before and after medication.
<input type="checkbox"/>	Nursing Communication	T;N, Ensure that enteral feeding tube placement has been confirmed per hospital policy prior to initiation of tube feeding.
<input type="checkbox"/>	Nursing Communication	T;N, Ensure that postpyloric feeding tube placement has been confirmed per hospital protocol prior to initiation of tube feedings.
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N, Comment: Re-consult Dietitian if tube fed patient has persistent diarrhea (>300mL daily or >4 loose stools daily), nausea/emesis/abdominal distention, persistent hyperglycemia, requires a fluid restriction, or for newly prescribed phenytoin).
Medications		
<input type="checkbox"/>	LEB Multivitamin Formulary Plan	
Laboratory		
<input type="checkbox"/>	Prealbumin	Routine, T+1, once, Type:Blood
<input type="checkbox"/>	C-Reactive Protein	Routine, T+1, once, Type:Blood
<input type="checkbox"/>	Basic Metabolic Panel	T+1; Routine, 0400, Routine, once, Type:Blood
<input type="checkbox"/>	Zinc Level	Routine, T+1, once, Type:Blood
<input type="checkbox"/>	Vitamin D 25 Hydroxy Level	Routine, T+1, 0400, once, Type:Blood
<input type="checkbox"/>	Magnesium Level	T+1, 0400, Routine, once, Type:Blood
<input type="checkbox"/>	Phosphorus Level	T+1, 0400, Routine, once, Type:Blood
<input type="checkbox"/>	Urea Nitrogen Urine 24hr	Routine, T+1, once, urine
<input type="checkbox"/>	Creatinine Clearance 24 hr Urine	Routine, T+1, once, urine



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Consults/Notifications		
<input type="checkbox"/>	Dietitian Consult	T;N, Type of Consult: Enteral/Tube feeding, Comment: Assess and monitor adequacy of enteral nutrition. Provide recommendations for enteral nutrition modifications, as needed.
<input type="checkbox"/>	Dietitian Consult	T;N, Type of Consult: Enteral/Tube Feeding, Comment: 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