**Physician Orders  PEDIATRIC**

LEB Enteral Nutrition Pediatric Plan (MD ONLY)

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

**PEDIATRIC**

<table>
<thead>
<tr>
<th>Height:</th>
<th>cm</th>
<th>Weight:</th>
<th>kg</th>
</tr>
</thead>
</table>

**Allergies:**

- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

**Food/Nutrition**

<table>
<thead>
<tr>
<th>[ ]</th>
<th>LEB Formula Orders Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Tube Feeding Titrate NICU</td>
<td>Start at: T;N, Product:_<strong><strong><strong><strong><strong><strong><strong><strong><strong>, Start Rate At mL/hr:</strong></strong>, Increase Frequency:</strong>__, Increase Rate By (mL):</strong></strong>, To Goal Rate mL/hr:</strong>__, Calories per Ounce:</strong></strong>, Route of Delivery:</strong>__</td>
</tr>
<tr>
<td>[ ] Tube Feeding Titrate Peds</td>
<td>Start at: T;N, Product:_______<strong><strong><strong><strong><strong><strong>, Start Rate At mL/hr:</strong></strong>, Increase Frequency:</strong>__, Increase Rate By (mL):</strong></strong>, To Goal Rate mL/hr:</strong>__</td>
</tr>
</tbody>
</table>

**Patient Care**

- [ ] Whole Blood Glucose Nsg Routine, T;N, once,
- [ ] Weight T;N, Routine, MonThurs

**NOTE: If patient in critical care, place order below:**

- [ ] Daily Weights T+1; 2100, qEve
- [ ] Elevate Head of Bed T;N, 30 Degrees
- [ ] Elevate Head of Bed T;N, 45 degrees
- [ ] Intake and Output T;N, Routine
- [ ] Nasogastric Tube Insert T;N, Routine
- [ ] Nasogastric Tube Insert T;N, Routine, Comment: Insert small bore feeding tube per hospital protocol.
- [ ] Nasogastric Tube T;N, Action Type: Use for Feedings, Comment: Flush feeding tube______ with 30-60 mL water; and before and after medication.
- [ ] Nursing Communication T;N, Ensure that enteral feeding tube placement has been confirmed per hospital policy prior to initiation of tube feeding.
- [ ] Nursing Communication T;N, Ensure that post pyloric feeding tube placement has been confirmed per hospital protocol prior to initiation of tube feedings.

**Nursing Communication**

- [ ] 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**

**Laboratory**

- [ ] Prealbumin Routine, T+1, once, Type:Blood
- [ ] C-Reactive Protein Routine, T+1, once, Type:Blood
- [ ] Basic Metabolic Panel T+1; Routine, 0400, Routine, once, Type:Blood
- [ ] Zinc Level Routine, T+1, once, Type:Blood
- [ ] Vitamin D 25 Hydroxy Level Routine, T+1, 0400, once, Type:Blood
- [ ] Magnesium Level T+1, 0400, Routine, once, Type:Blood
- [ ] Phosphorus Level T+1, 0400, Routine, once, Type:Blood
- [ ] Urea Nitrogen Urine 24hr Routine, T+1, once, urine
- [ ] Creatinine Clearance 24 hr Urine Routine, T+1, once, urine
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### PEDIATRIC

| [ ] | 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. |
| [ ] | 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). |

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

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