Methodist Le Bonheur Healthcare

attach patient label here

Physician Orders ADULT

Medical Nutrition Therapy Protocol Plan

[**R**] = will be ordered
T= Today; N = Now (date and time ordered)
Height: _____cm Weight: _____kg

Allergies:	[ ] No known allergies
[ ]Medication allergy(s):_____	
[ ] Latex allergy [ ]Other:_____	
Date/Time:_____/ _____	

NOTE: MEC and P&T approved protocol for use by Registered Dietitians only.

	Food/Nutrition	
[ ]	GI Soft Diet	T;N
[ ]	**Bland Diet w/6 Small Feedings**	
[ ]	Post CV Surgery Day 1 Diet	T;N, Adult (>18years)
[ ]	Mechanical Soft Diet	T;N, Meat Texture:_____,
[ ]	Medical Surgical Soft Diet	T;N, Meat Texture:_____,
[ ]	Pureed Diet	T;N
[ ]	Sodium Control Diet	T;N, Sodium Restriction:_____
[ ]	Low Cholesterol/Low Sodium Diet	T;N
[ ]	Low Cholesterol/Low Fat Diet	T;N
[ ]	Renal Diet Not On Dialysis	T;N
[ ]	Renal Diet On Dialysis	T;N
[ ]	Consistent Carbohydrate Diet	T;N, Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
[ ]	Consistent Carbohydrate Diet	T;N, Caloric Level: 2000 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
[ ]	Consistent Carbohydrate Diet	T;N, Caloric Level: ____ Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
[ ]	Snack	T;N, Frequency:_____
[ ]	Food Preferences	T;N, Comments:_____
[ ]	Nutritional Supplement (Not Tube Feeding)	T;N, Product: _____, Frequency:_____, Comment:_____
	Patient Care	
[ ]	Daily Weights	T+1;0600, Routine, q24h
[ ]	Daily Weights	T+1;2100, Routine, q24h
[ ]	Daily Weights	T;N, Routine, qEve
[ ]	Weight	T+1;0600, Routine, QODay
[ ]	Weight	T;N, Routine, MWF
[ ]	Weight	T;N, Routine, TuThSa
[ ]	Weight	T;N, Routine, Prior to dialysis
[ ]	Height	T;N, Routine, Once
[ ]	Length Adult	T;N, Routine, Once
[ ]	Force Fluids	T;N, Routine, Encourage PO fluids
[ ]	Intake and Output	T;N, Routine, q__h

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	Medications	
[ ]	multivitamin	1 tab, Tab, PO, Qday, Routine, T:N
[ ]	multivitamin with mineral	1 tab, Tab, PO, Qday, Routine, T:N
NOTE: For renal patients, choose an order below:		
[ ]	multivitamin (Nephrocaps)	1 cap, Cap, PO Qday, Routine, T:N
[ ]	multivitamin (Foltx)	1 tab, Tab,Tube, Qday, Routine, T:N
	Laboratory	
[ ]	Prealbumin	STAT, T;N, once, Blood
[ ]	Prealbumin	Routine,T+1;0400, once, Blood
[ ]	Prealbumin	Time Study,QODay, Blood
[ ]	Prealbumin	Time Study,T;N, q72h, Blood
[ ]	Prealbumin	Time Study,T;N, Monday x 3 week, Blood
[ ]	Glucose Level	STAT, T;N, once, Blood
[ ]	Glucose Level	Routine, T;N, once, Blood
[ ]	Glucose Level	Routine,T+1;0400, once, Blood
[ ]	Zinc	Routine,T+1;0400, once, Blood
[ ]	CRP	Routine, T+1; 0400, once, Blood
[ ]	Vitamin D Hydroxy Level	Routine, T+1; 0400, once, Blood
[ ]	Potassium	Routine, T+1; 0400, once, Blood
[ ]	Phosphorus	Routine, T+1; 0400, once, Blood
[ ]	Magnesium	Routine, T+1; 0400, once, Blood
[ ]	Urea Nitrogen Urine 24h	Routine,T+1;0400, once, Urine
[ ]	Creatinine Clearance 24 hr Urine	Routine,T+1;0400, once, Urine
	Consults/Notifications	
[ ]	Calorie Count	T;N, Consult Reason: Calorie Count, Qday, For: _____ day(s), Physician Stop

Name of Registered Dietitian placing orders: _____

Name of Provider:_____ **MD Number** _____

Enter orders with Order Communication Type: Protocol/MEC-approved Protocol

Date	**Time**	**Physician's Signature**	**MD Number**