

## Physician Orders PEDIATRIC

LEB Enteral Dietitian Nutrition Pediatric Plan

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

PEDIATRIC

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**Allergies:** ☐ No known allergies

☐ Medication allergy (s): \_\_\_\_\_

☐ Latex allergy ☐ Other: \_\_\_\_\_

### Food/Nutrition

☐ **LEB Formula Orders Plan**

☐ 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: \_\_\_\_\_

☐ 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

☐ Whole Blood Glucose NSG Routine, T;N, once,

☐ Weight T;N, Routine, MonThurs

**NOTE: If patient in critical are, 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 Insert Insert T;N, Action Type: for feedings, Comment: Flush feeding tube \_\_\_\_\_ with 30-60 mL water; and before and after medication.

☐ Nursing Communication T;N, Insure that enteral feeding tube placement has been confirmed per hospital policy prior to initiation of tube feeding.

☐ Nursing Communication T;N, Insure that postpyloric 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

☐ **LEB Multivitamin Formulary Plan**



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#### PEDIATRIC

Laboratory		
<input type="checkbox"/>	Prealbumin	Routine, T+1, once, Type:Blood, Comments: With next lab draw
<input type="checkbox"/>	C-Reactive Protein	Routine, T+1, once, Type:Blood, Comments: With next lab draw
<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, Comments: With next lab draw
<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
Name of Registered Dietitian Placing orders: _____		
Name of Provider: _____		
Enter orders with Order Communication Type: Protocol/MEC-approved Protocol		

Date

Time

Physician's Signature

MD Number