attach patient label

LeBonheur Children's Medical Center

Physician Orders

LEB NEURO Ketogenic Diet Admit Plan

PEDIATRIC

T= Today; N = Now (date and time ordered)

Height: _____cm Weight: _____kg

Allergies:		[ ] No known allergies
Admission/Transfer/Discharge		
[ ]	Admit Patient to Dr. _____	
	Admit Status: [ ] Inpatient [ ] Routine Post Procedure <24hrs [ ] 23 hour OBS	
	Bed Type: [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: _____	
[ ]	Admit Patient	T;N
[ ]	Notify Physician-Once	T;N, Of room number on arrival to unit.
Primary Diagnosis:_____		
Secondary Diagnosis: _____		
Vital Signs		
[ ]	Vital Signs	T;N, Monitor and Record T,P,R,BP, per unit routine
Activity		
[ ]	Bedrest	T;N
[ ]	Out Of Bed	T;N
[ ]	Out Of Bed (Up)	T;N, With Assistance
[ ]	Activity As Tolerated	T;N, Up Ad Lib
Food/Nutrition		
[ ]	NPO After	T;N, See Special Instructions, after light breakfast
[ ]	NPO	Start at: T;N, Instructions: NPO except for medications, Comment: and fluids
Patient Care		
[ ]	Fluid Allowance	T;N, ___mL/day.PO fluids must be decaffeinated and sugar free. Give 120-150 mL maximum per serving and allow 1 1/2 -2 hrs between servings (max of one diet soda per day).
[ ]	Seizure Precautions	T;N
[ ]	Strict I/O	T;N, Routine, q2h(std)
[ ]	Daily Weights	T;N, Routine, qEve
[ ]	Hepwell Insert/Site Care LEB	T;N, Routine, q2h(std)
[ ]	Convert IV to INT/Hepwell	T;N, Hep-Loc IV when tolerating PO
[ ]	O2 Sat Spot Check-NSG	T;N, with vital signs
[ ]	Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor
[ ]	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Routine, q6h(std)
[ ]	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Routine, PRN, Symptoms of hypoglycemia (pale, sweaty, rapid pulse, extra sleepy)
[ ]	Mouth Care	T;N, Only use Ultra-Brite toothpaste, do not use mouthwash.
[ ]	Nursing Communication	T;N, Post on white board in patient's room: No Dextrose in IV, No sugar.
[ ]	Nursing Communication	T;N, Notify Epilepsy Coordinator of patient's arrival to the floor (page 269-6501).
[ ]	Nursing Communication	T;N, If bedside blood glucose is less than 40 mg/dL, draw a STAT blood glucose serum and give 30mL of orange juice PO after STAT blood drawn.

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	Continuous Infusions	
[ ]	D5 1/2 NS KCl 20 mEq/L	1,000mL,IV,Routine,T:N, at____mL/hr
	Medications	
[ ]	Heparin 10 unit/mL flush	5 mL (10units/mL),Ped Injectable, IVPush, prn, PRN Cath Clearance, routine,T;N, peripheral or central line per nursing policy
[ ]	acetaminophen	_____mg(10 mg/kg), Drops, PO, q4h, PRN Pain or Fever, routine,T;N,Max Dose=90/kg/day up to 4 g/day
[ ]	acetaminophen	80 mg, chew tab, PO, q4h, PRN Pain or Fever, routine, T;N,Max Dose=90 mg/kg/day up to 4 g/day
[ ]	acetaminophen	_____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, routine, T;N,Max Dose=90mg/kg/day up to 4 g/day
[ ]	acetaminophen	325mg, tab, PO, q4h, PRN Pain or Fever, routine,T;N,Max Dose=90 mg/kg/day up to 4 g/day
[ ]	ibuprofen	_____mg (10mg/kg),Oral Susp,PO,q8h,PRN, pain,T;N, Max dose = 800 mg
[ ]	diazepam	_____mg(0.1mg/kg),injection,IVPush,q6h,PRN Seizure activity,T;N, Max dose = 15 mg
[ ]	diazepam	2.5mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	diazepam	5mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	diazepam	7.5mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	diazepam	10mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	diazepam	12.5mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	diazepam	15mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	diazepam	17.5mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	diazepam	20mg,Gel,PR,q8h,PRN Seizure activity,routine,T;N
[ ]	**LEB Antiepileptic Medication Orders**	**See separate sheet**
	Laboratory	
[ ]	Comprehensive Metabolic Panel (CMP)	Routine, T;N, once, Type: Blood
[ ]	CBC	Routine, T;N, once, Type: Blood
[ ]	Uric Acid Level	Routine, T;N, once, Type: Blood
[ ]	Hepatic Panel	Routine, T;N, once, Type: Blood
[ ]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect
[ ]	**LEB Anticonvulsant Lab Orders**	**see separate sheet**
[ ]	Carnitine Free & Total	Routine, T;N, once, Type: Blood, Comment: Send to Baylor University, Dallas,
[ ]	Acylcarnitine	Routine, T;N, once, Type: Blood, Comment: Send to Baylor University, Dallas, TX
	Diagnostic Tests	
[ ]	EEG	T;N, EEG Type: EEG at Bedside | Wake/Sleep 45min, Reason: Seizures, Routine
[ ]	EEG	T;N, EEG Type: EEG at Bedside | Wake/Sleep 60min, Reason: Seizures, Routine
[ ]	EEG	T;N, EEG Type: EEG in Lab | Wake/Sleep 45min, Reason: Seizures, Routine
[ ]	EEG	T;N, EEG Type: EEG in Lab | Wake/Sleep 60min, Reason: Seizures, Routine

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Consults/Notifications		
[ ]	Notify Resident-Continuing	T;N, For: Blood glucose less than 40mg/dL, symptoms of hypoglycemia (pale, sweaty, rapid pulse, extra sleepy) Who:_____
[ ]	Consult MD Group	T;N, Consult Who:_____,Reason:_____
[ ]	Consult MD	T;N, Consult Who:_____,Reason:_____
[ ]	Consult Medical Social Work	T;N, Reason:_____
[ ]	Consult Clinical Dietitian	T;N, Type of Consult: Other, please specify, Comment: Ketogenic Diet
[ ]	Consult Child Life	T;N, Reason:_____
[ ]	Physical Therapy Ped Eval & Tx	T;N, Reason:_____
[ ]	Occupational Therapy Ped Eval & Tx	T;N, Reason:_____
[ ]	Speech Therapy Ped Eval & Tx	T;N, Reason:_____

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