

Nursing

Nursing

<input checked="" type="checkbox"/> Height and weight	Routine, Every Mon, Wed, Fri
<input checked="" type="checkbox"/> Intake and output	Routine, Daily
<input type="checkbox"/> Check Residual (Single Response)	
<input type="checkbox"/> Check residual for gastric feeding (GRV 500 mL)	Routine, Every 8 hours If residual volume greater than 500ml on successive checks, hold feeding for 2 hours then restart at previous rate. Notify MD if consistently high residuals for consideration of prokinetic therapy. If the GRV is less than 500ml and no other symptoms of intolerance, residuals should be returned to the patient.
<input type="checkbox"/> Check residual (specify residual volume)	Routine, Every 8 hours If residual volume greater *** ml on successive checks, hold feeding for 2 hours then restart at previous rate. Notify MD if consistently high residuals for consideration of prokinetic therapy. If the GRV is less than *** ml and no other symptoms of intolerance, residuals should be returned to the patient.
<input type="checkbox"/> Check residual for gastric bolus or cyclic feeding	Routine, 3 times daily 0-30 minutes before meals For gastric bolus or cyclic feeding, check residuals prior to each abdominal feeding.
<input type="checkbox"/> Do not check feeding residuals for duodenal and jejunal feedings	Routine, Once
<input type="checkbox"/> Elevate Head of bed	Routine, Until discontinued, Starting S Head of bed: 30 - 45 degrees during feeding and for 60 minutes after feeding stopped
<input checked="" type="checkbox"/> Provide any enteral tube feeding additive as a bolus dosage through the Y-port of the enteral feeding tube	Routine, Until discontinued, Starting S
<input type="checkbox"/> Insert feeding tube for gastric tube placement	Routine, Once For gastric tube placement, use 10 French 43 inch, Insert unweighted nasogastric tube into stomach.
<input type="checkbox"/> Insert feeding tube for postpyloric tube placement	Routine, Once For postpyloric tube placement, use 10 French 55 inch, Insert unweighted nasogastric tube except approximately 10 centimeters of tube, 10-10-10 protocol.

Notify

<input type="checkbox"/> Notify Physician for nausea, vomiting, diarrhea (greater than or equal to 3 loose stools/day), shortness of breath, abdominal distention or abdominal pain (per nursing procedure)	Routine, Until discontinued, Starting S
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Diet

<input type="checkbox"/> Tube feeding	Continuous Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Continuous Tube Feeding Route: Initial Tube Feed rate (mL/hr): 25 Advance Rate by (mL/hr): 10 mL/hr Every (Specify) Hr(s): Goal Tube Feed Rate (mL/hr): 45 Dietitian to manage Tube Feed? Water flush (30 mL) frequency: Every 24 hours
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Medications

Medications (Single Response)

<input type="checkbox"/> metoclopramide (REGLAN) injection	10 mg, intravenous, once, For 1 Doses Administer 10 minutes prior to inserting nasogastric tube. 10-10-10 Protocol for Postpyloric Tube Placement
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Labs

Labs Today

<input checked="" type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Magnesium	Once
<input checked="" type="checkbox"/> Phosphorus	Once

Labs Repeating

<input checked="" type="checkbox"/> Basic metabolic panel	Every Monday, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Every Monday, Starting S+1 For 3 Occurrences
<input checked="" type="checkbox"/> Magnesium	Every Monday, Starting S+1 For 3 Occurrences
<input checked="" type="checkbox"/> Phosphorus	Every Monday, Starting S+1 For 3 Occurrences

Diagnostic Imaging

X-Ray

<input type="checkbox"/> XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 To confirm feeding tube placement
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Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Recommend type of enteral formula, initial and goal rate Recommend type of enteral formula, initial and goal rate
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