ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that ha	ve been cha	anged			
PHYSICIAN'S ORDER			INTRAVI		UID and MEDICATION
(EXCLUDING IV Fluids and MEDICATIONS)		_			RDERS
PEDIATRIC			ALLERGY (d	escribe alle	ergic reaction):
DIABETIC KETOACIDOSIS ORDERSET	NLY				
	[0 S3		🗆 NKDA		
VITAL SIGNS/ MONITORING:	DER				
Vital Signs every hour while on insulin drip	NOR				
Vital Signs every 2 hours	IOI		IV FLUIDS		
 Neurological Checks: Neuro checks every hour while on insulin drip Neuro checks every 2 hours Neuro checks every 4 hours Place patient on cardiorespiratory monitor while on insulin drip and until discontinued. Pulse oximetry continuous Notify provider: 	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY		minute beginn Two b pathwa greater voided toxicity o Ba	s. Finish flu ing pathway ag system: ay, notify ph than 5.5mr since admis y). g 1: NaCl 0	 9%, 20ml/kg IV bolus over 30 iid resuscitation before y fluids/insulin infusions. Before starting this IVF hysician if serum potassium is nol/dL, or patient has not ssion (to avoid potassium 0.9% 1000mL with K Acetate K phos 20 meq/L
Notify provider for decrease in mental status or	CAT				se 10% and NaCl 0.9%
Glasgow coma scale from baseline	IEDI			0	K acetate 20 meq/L and K
□ Notify provider temperature less than 96F or	VF and M			os 20 meq/I	
greater than 100.4F Notify provider for abnormal Vital Signs					
(based on PALS age specific guidelines)	ONL		\sim		
• Notify provider if oxygen initiated and documen	1VE and MEDICATION ORDERS ONLY				
room air SpO2) (ND		$\langle \rangle$		
• Notify provider if O2 required is FIO2 over 509	0 IOI				
via mask and/or more than 2L via nasal cannula	ICAT		\geq		
in age less than 2 years Notify provider if temperature is greater than	MED				
Notify provider if temperature is greater than 101F	and				
 Notify provider if urine output is <1mL/kg/hr or 	IVF				
no urine output for > 6 hours			$\langle \rangle$		
 Notify provider if no BM >2 days 	NLY				
 Notify provider is loose BM > 10x in infants 	RS ONLY		\geq		
	(<u>+</u>)				
Notify provider DKA specific:	IVF and MEDICATION ORD		\searrow		
Blood glucose less than 100 mg/dL	ATIC				
 Blood glucose decrease of greater than 100mg/d 	IL I		$\langle \rangle$		
in 1 hour	IW P				
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	2	·			
<u>Continued on next page.</u>					
 ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. 	DO NO U	UT U	USE: MS		
✓ PRN medication orders must include an indication.	IU		MSO ₄		
✓ Write legibly.	Q.D.		MgSO ₄	D1 ' ' '	
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Physician's Order Form			0 - 0		PATIENT ID LABEL
PEDIATRIC DIABETIC KETOACIDOS	SIS P	'R	OTOCOL		

Guam Memorial Hospital Authority Page 1 of 4 Revised: 10/9/18 Approved: Peds 7/19, P&T 9/19, ED 8/21, SCC 9/21, MEC 9/21, HIMC 11/21 Form# CPOE-91

Image: Current state in the state in t	ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have	e been cl			
Blood glucose decrease of greater than S0mg/dL in Ih borr x2 hours whon blood glucose greater than 200mg/dL despite insulin gitt therapy Serum potasium less than 3.5 or greater than 1 145mmol/dL NKDA Serum solum less than 135 or greater than 145mmol/dL NKDA Others	PHYSICIAN'S ORDER				WEDICATION
in 1 hour x2 hours when blood glucose greater than 200mg/dL despite insuling threapy NKDA Serum potassium less than 3.5 or greater than 145mmol/dL NKDA ACTIVITY: Activity as tolerated Bed Rest Will Bathroom privileges Flevent Head of Bed Issee precautions Apply sequential compression device to both lees, remove for 1 hour each shift. Insert Peripheral intravenous access. Point of Care Testing glucose every 1 hour while on insulin drip. Fail precautions Spiration precautions Aspiration precautions Aspiration precautions Aspiration precautions Spiration precautinos Spiratino precautinos Spira		_			
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 PRN medication orders must include an indication. Write legibly. Rewrite orders upon transfer and/or post-operatively. Date, time, and sign verbal & telephone orders within 48 hours. Physician's Order Form IU MSO₄ Q.D. MgSO₄ Q.O.D. Trailing zero Lack of leading zero Physician's Order Form 	✓ Summary/Blanket orders are unacceptable. De	0 NO'	Г USE:		
✓ Write legibly. Q.D. MgSO ₄ ✓ Rewrite orders upon transfer and/or post-operatively. Q.D. Trailing zero ✓ Date, time, and sign verbal & telephone orders within 48 hours. Q.D. Trailing zero Physician's Order Form Date. PATIENT ID LABEL					
 Rewrite orders upon transfer and/or post-operatively. Date, time, and sign verbal & telephone orders within 48 hours. Physician's Order Form PATIENT ID LABEL 			-		
✓ Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero Initials Physician's Order Form PATIENT ID LABEL	\checkmark Rewrite orders upon transfer and/or post-operatively. Q.			ysician's	
	✓ Date, time, and sign verbal & telephone orders within 48 hours. La	ick of I			
	Physician's Order Form			PATIF	ENT ID LABEL
PEDIATRIC DIABETIC KETOACIDOSIS PROTOCOL		S PI	ROTOCOL		

Guam Memorial Hospital Authority Page 2 of 4 Revised: 10/9/18 Approved: Peds 7/19, P&T 9/19, ED 8/21, SCC 9/21, MEC 9/21, HIMC 11/21 Form# CPOE-91

ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have bee	en chan	
PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
(EACLUDING IV FILIAS AND WEDICATIONS)		ALLERGY (describe allergic reaction):
DIET:		ALLENGT (describe allergic reaction).
	IVF and MEDICATION ORDERS ONLY	
NPO except medications	RS O	SS
Clear liquid diet	RDE	
• Soft Diet (start with next meal).	0 N C	
Diabetic Diet (start with next meal)	ATIC	Hold insulin drip if serum glucose less than
• Renal Diet (start with next meal)	EDIC	100mg/dL or mental status deterioration AND
Protein restricted diet	M bu	call MD STAT
C an start diet once nausea and vomiting resolve	VF aı	Target blood glucose decline 50-100 mg/dL/hr
	I	until the final goal of blood glucose of 100-200
LABORATORY:	LY	\leq mg/dL with reversal of ketoacidosis
• Do not repeat labs if already performed in the	IVF and MEDICATION ORDERS ONLY	Begin IVF and insulin orders after initial fluid
emergency department with the exception of BMP or	DER	resuscitation completed
Chem 7.	N OR	
Chem 7 every 4 hours while on insulin drip	IOIT	SUBCUTANEOUS INSULIN FOR MEAL TIMES
CBC with differential	DICA	(once nausea and vomiting resolves and started on
	ME	diet) Regular insulin units SO OAC 30 min prior
Basic Metabolic Panel (BMP)Comprehensive Metabolic Panel (CMP)	Fand	Regular insulinunits SQ QAC 30 min prior to meals (usual dose 0.1-0.15 units/kg/dose)
 Comprehensive Metabolic Failer (CMF) Magnesium level 	V	 Lispro/Aspart/Glulisineunits SQ QAC
Phosphorus level	X	
 Hemoglobin A1C 	INO	units/kg/dose)
HCG, qualitative if female patient is older than	DERS	
10 years of age	IVF and MEDICATION ORDERS ONLY	1 OR
Venous or capillary blood gas	NOIT	
Urinalysis (UA) with every void to monitor urine	DICA	
ketones.	HME)	
Urinalysis every 4 hours to monitor urine ketones	Fand	Fanc
for patient with foley catheter.	VI	
	X	
RADIOLOGY/DIAGNOSTICS:	INO	
Chest X-ray one view with portableCT Head WO contrast. STAT	DERS	DERS
CI fiead wo contrast. STAT	ORI	ORI
Continued on next page. >>>>>>	LION	
Continued on next puger	ICA	
	IVF and MEDICATION ORDERS ONLY	
	F and	
	N	
	NO	NOT USE:
 ✓ Medication orders must be complete. ✓ PRN medication orders must include an indication. IU 		MS MSO ₄
✓ Write legibly. Q.I.).	
).D.	
	ck of l	of leading zero Initials
Physician's Order Form		PATIENT ID LABEL
PEDIATRIC DIABETIC KETOACIDOSIS	5 P]	PROTOCOL
Guam Memorial Hospital Authority		

Page 3 of 4 Revised: 10/9/18 Approved: Peds 7/19, P&T 9/19, ED 8/21, SCC 9/21, MEC 9/21, HIMC 11/21 Form# CPOE-91

ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that ha	ave been chan	ged (additions, deletions, or strik	te outs) must be initialed by the ordering MD for the order to be valid.	
PHYSICIAN'S ORDER		INTRAVENOUS FLUID and MEDICATION ORDERS		
(EXCLUDING IV Fluids and MEDICATIONS)				
		ALLERGY (d	lescribe allergic reaction):	
 FOR NEW ONSET DIABETICS Diagnostic Labs Glutamic acid decarboxylase (GAD 65) 	N ORDERS ONLY	🗆 NKDA		
Antibody TSH Zinc Transporter Antibody C peptide Islet Cell Antibody Insulin Antibody	NLY IVF and MEDICATION ORDERS ONLY):	
CONSULTS: Endocrinology Consult Nutrition Consult	IVF and MEDICATION ORDERS ONLY			
Social Work Consult	ICAJ	Date:	Time:	
	nd MEDI			
	VF a			
	TX	\langle		
	IVF and MEDICATION ORDERS ONLY			
	DERS			
	OR			
	NOI	$\langle \rangle$		
	CAT			
	TEDI			
	V pu			
	IVF a			
		$\langle \rangle$		
	TV			
	ERS ONLY			
	DER			
	NOR			
	IVF and MEDICATION ORD			
	TEDI			
	V pu	\checkmark		
	VF a	$\langle \rangle$		
Summary/Blanket orders are unacceptable.	DO NOT			
 Medication orders must be complete. PRN medication orders must include an indication. 	U IU	MS MSO4		
✓ Write legibly.	Q.D.	$MgSO_4$		
 ✓ Rewrite orders upon transfer and/or post-operatively. ✓ Date, time, and sign verbal & telephone orders within 48 hours. 	Q.O.D. Lack of l	Trailing zero eading zero		

Physician's Order Form PEDIATRIC DIABETIC KETOACIDOSIS PROTOCOL

PATIENT ID LABEL

Guam Memorial Hospital Authority

Page 4 of 4

Revised: 10/9/18 Approved: Peds 7/19, P&T 9/19, ED 8/21, SCC 9/21, MEC 9/21, HIMC 11/21 Form# CPOE-91