

<p>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p>PEDIATRIC DIABETIC KETOACIDOSIS ORDERSET</p> <p>VITAL SIGNS/ MONITORING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vital Signs every hour while on insulin drip <input type="checkbox"/> Vital Signs every 2 hours <p>Neurological Checks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neuro checks every hour while on insulin drip <input type="checkbox"/> Neuro checks every 2 hours <input type="checkbox"/> Neuro checks every 4 hours <input type="checkbox"/> Place patient on cardiorespiratory monitor while on insulin drip and until discontinued. <input type="checkbox"/> Pulse oximetry continuous <p>Notify provider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify provider for decrease in mental status or Glasgow coma scale from baseline <input type="checkbox"/> Notify provider temperature less than 96F or greater than 100.4F <input type="checkbox"/> Notify provider for abnormal Vital Signs (based on PALS age specific guidelines) <input type="checkbox"/> Notify provider if oxygen initiated and document room air SpO2 <input type="checkbox"/> Notify provider if O2 required is FIO2 over 50% via mask and/or more than 2L via nasal cannula in age less than 2 years <input type="checkbox"/> Notify provider if temperature is greater than 101F <input type="checkbox"/> Notify provider if urine output is <1mL/kg/hr or no urine output for > 6 hours <input type="checkbox"/> Notify provider if no BM >2 days <input type="checkbox"/> Notify provider is loose BM > 10x in infants <p>Notify provider DKA specific:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood glucose less than 100 mg/dL <input type="checkbox"/> Blood glucose decrease of greater than 100mg/dL in 1 hour <p>Continued on next page. >>>>>></p>	<p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p> <p>IVF and MEDICATION ORDERS ONLY</p>	<p>INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY (describe allergic reaction):</p> <p><input type="checkbox"/> NKDA</p> <p>IV FLUIDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sodium chloride 0.9%, 20ml/kg IV bolus over 30 minutes. Finish fluid resuscitation before beginning pathway fluids/insulin infusions. <input type="checkbox"/> Two bag system: Before starting this IVF pathway, notify physician if serum potassium is greater than 5.5mmol/dL, or patient has not voided since admission (to avoid potassium toxicity). <ul style="list-style-type: none"> o Bag 1: NaCl 0.9% 1000mL with K Acetate 20meq/L and K phos 20 meq/L o Bag 2: Dextrose 10% and NaCl 0.9% 1000mL with K acetate 20 meq/L and K phos 20 meq/L <div style="background-color: #cccccc; height: 200px; width: 100%; margin-top: 10px;"></div>
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- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ 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.

DO NOT USE:

U	MS
IU	MSO ₄
Q.D.	MgSO ₄
Q.O.D.	Trailing zero
Lack of leading zero	

	Physician's Initials
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<p>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p><u>*FOR NEW ONSET DIABETICS*</u></p> <ul style="list-style-type: none"> • Diagnostic Labs <ul style="list-style-type: none"> <input type="checkbox"/> Glutamic acid decarboxylase (GAD 65) Antibody <input type="checkbox"/> TSH <input type="checkbox"/> Zinc Transporter Antibody <input type="checkbox"/> C peptide <input type="checkbox"/> Islet Cell Antibody <input type="checkbox"/> Insulin Antibody <p>CONSULTS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Endocrinology Consult <input type="checkbox"/> Nutrition Consult <input type="checkbox"/> Social Work Consult 	IVF and MEDICATION ORDERS ONLY	<p>INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY (describe allergic reaction):</p> <p><input type="checkbox"/> NKDA</p> <p>Physician (Print): _____</p> <p>Physician (Signature): _____</p> <p>Date: _____ Time: _____</p>
	IVF and MEDICATION ORDERS ONLY	

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|--|--|---|----|----|------------------|------|-------------------|--------|---------------|----------------------|--|
| <ul style="list-style-type: none"> ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. ✓ 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. | <p>DO NOT USE:</p> <table style="width:100%; border: none;"> <tr><td>U</td><td>MS</td></tr> <tr><td>IU</td><td>MSO₄</td></tr> <tr><td>Q.D.</td><td>MgSO₄</td></tr> <tr><td>Q.O.D.</td><td>Trailing zero</td></tr> <tr><td colspan="2">Lack of leading zero</td></tr> </table> | U | MS | IU | MSO ₄ | Q.D. | MgSO ₄ | Q.O.D. | Trailing zero | Lack of leading zero | |
| U | MS | | | | | | | | | | |
| IU | MSO ₄ | | | | | | | | | | |
| Q.D. | MgSO ₄ | | | | | | | | | | |
| Q.O.D. | Trailing zero | | | | | | | | | | |
| Lack of leading zero | | | | | | | | | | | |

Physician's Order Form
PEDIATRIC DIABETIC KETOACIDOSIS PROTOCOL

PATIENT ID LABEL

Guam Memorial Hospital Authority
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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