



2500



Providence Health System

PSVMC - Providence St. Vincent Medical Center

PHYSICIAN'S ORDER RECORD

PATIENT IMPRINT

ADOLESCENT EATING DISORDERS PATIENT ORDERS

- Admit:** PSVMC Pediatric Hospitalist Service Other physician _____
- Primary care physician: _____ phone number: _____
- Observation status Obtain records from: _____ and place in chart.

- Diagnosis:** Severe Malnutrition Bradycardia Hypotension Hypokalemia
- Other: _____ **Condition:** Fair / Stable / Guarded (circle)

Weight _____ kg **Height** _____ cm

- Allergies:** No known drug allergies Drug allergies _____ Latex allergy
- Food allergies _____ See Medication Reconciliation form

- Activity:** Severe Symptom Activity Protocol (Strict bedrest, meals in bed, to bathroom in wheelchair accompanied by nurse)
- Significant Symptom Activity Protocol (3 15-minute excursions in wheelchair/day, meals in chair)
- Recovery Activity Protocol (3 ten minute excursions on foot per day, meals in chair)
- Comprehensive Activity Information Located On Pediatric Unit
- Other activity orders: _____

Nursing: Emergency drug list and bag-valve-mask at bedside

Vital signs: (Do not leave the room during measurement of vital signs)

- Temperature, orthostatic blood pressure and pulse every morning at 0800
note: for orthostatic blood pressure and pulse, obtain supine measurements after reclining x 5 minutes; then repeat after standing for 3 minutes
- Temperature, non-orthostatic blood pressure and pulse every 4 hours 0800 - 2200
- Temperature, non-orthostatic pulse every 4 hours from 2200 – 0800
- No blood pressure monitoring from 2200 – 0800
- Other vital signs orders: _____

- Telemetry - central monitor on pediatric unit (maintain IV access at all times while on telemetry)
- Daily weight: obtain before 0830, after voiding, before breakfast, gown only, standing backward on scale (note: patient is not to see or be told their weight at any time)
- Measure height on first hospital day
- Strict intake and output
- Check urine specific gravity for every void for first 24 hours, then check every shift
- Maintain IV access at all times Topical anesthetic (EMLA , LMX, or vapocoolant spray) for all blood draws and line placements

Constant at bedside: at all times for 30 minutes after meal other: _____

Physician Signature: _____ **Date:** _____ **Time:** _____



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- Notifications:**
- Place heating blanket if temperature < 36.3 (daytime) or < 36.0 (nighttime)
 - If pulse <40 for \geq 10 minutes, then do the following:
 - If temperature <36.3 (daytime) or <36.0 (nighttime), place heating blanket (or increase blanket temperature). Recheck every 30 minutes and adjust temperature until temperature >36.3 (daytime) or >36.0 (nighttime)
 - Do not discontinue heating blanket until ordered by MD
 - Once temperature meets above parameters, check vital signs per routine
 - If pulse is < 40 for \geq 10 minutes and temp meets above parameters, give 1 can Boost Plus (or equivalent)
 - Notify MD for any symptomatic bradycardia
 - Other notification parameters: T greater than _____; HR greater than _____
 R greater than _____ or less than _____;
 SBP greater than _____ or less than _____;
 Urine output less than _____
 Other: _____

- Diet:**
- Standard initial diet orders per nutrition eating disorder guidelines:
 - Initial diet orders and calories per nutrition eating disorder guidelines
 - If patient is unable to eat all food within 30 – 45 minutes, then follow nutrition eating disorder guidelines for supplement replacement
 - Further diet orders will be specified by nutritionist recommendations
 - Other diet orders: _____

- Intravenous:**
- Saline lock normal saline D5 NS D 5 _____ NS D 5 LR
 - Potassium orders: KCl _____ mEq/liter K acetate _____ mEq/liter
 - Other: _____
 - Total fluid rate _____ mL/hour Continuously times _____ liter(s) then saline lock

- Initial Labs:**
- Complete blood count (with differential)
 - Complete nutrition panel (basic metabolic panel plus calcium, Mg, Phos, albumin, pre-albumin)
 - TSH, Free T4 Zinc level Sed rate (ESR)
 - U/A; culture if indicated Urine drug screen Urine pregnancy test
 - Other initial labs _____

Physician Signature: _____ **Date:** _____ **Time:** _____



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- Studies:**
- Chest X-ray (1 view; 2 views); now in AM; evaluate for _____
 - Acute abdominal series now in AM; evaluate for _____
 - Electrocardiogram now in AM; evaluate for _____
 - Echocardiogram now in AM; evaluate for _____
 - DEXA scan; evaluate for _____
 - Other imaging _____

- AM Labs:**
- Complete blood count (with differential)
 - Nutrition panel (basic metabolic panel plus calcium, magnesium, phosphate)
 - Other _____
 - Daily nutrition panel times 5 days

- Consultations:** All consultants to evaluate and treat
- Nutrition consultation for eating disorder patient assessment, goal weight range, menu assist
 - Eating Disorder Program Psychiatric Consultation (MD to call)
 - Acute care management
 - Child Life
 - other _____

- Medications:**
- Acetaminophen _____ mg (= _____ mg/kg/dose) by mouth or rectal every _____ hours prn mild/moderate pain or temperature > ____ (max dose 75mg/kg per day)
 - Ondansetron _____ mg (= _____ mg/kg/dose) IV every _____ hours prn nausea/emesis
 - Zinc sulfate 220 mg PO daily (= _____ mg/kg/dose)
 - Calcium carbonate _____ mg (usually 500mg) PO BID (= _____ mg/kg/dose)
 - Multivitamin 1 tab PO daily
 - Metamucil/Citrocel 1 packet PO BID with full glass (8 – 12 ounces) liquid or Fibercon 1 tablet PO BID prn constipation
 - Colace 100 mg PO BID prn hard stool
 - Dulcolax 10 mg PR prn no bowel movement in two days
 - Fleets enema PR prn no bowel movement in four days
 - Simethicone 80mg 1 – 2 tablets PO every 6 hours prn complaints of gas/bloating
 - _____
 - _____
 - _____
 - _____

Physician Signature: _____ **Date:** _____ **Time:** _____