

PHYSICIAN'S ORDERS

Drug Allergies:	Food Allergies:	Weight:	Height:
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1. Discontinue all previous tube feeding orders.
2. Check residuals every 2 hours for ICU patients and every 4 hours for ward patients on continuous tube feedings unless post pyloric feedings.
3. If residuals are less than 200 mL, reinsert the aspirate and continue tube feeding at goal rate.
4. If residuals are greater than 200 mL or twice the current tube feeding rate, **which ever is greater**, reinsert 200 mL and discard rest of aspirate and decrease tube feeding rate by half for 4 hours; then increase tube feeding rate back to goal and recheck residual in 1 hour.
5. Prealbumin level and C-reactive protein (CRP) level every Sunday and Wednesday.
6. Weigh patients in ICU daily and in Ward every Monday and Thursday

Oral Nutrition

<input type="checkbox"/> Regular diet	<input type="checkbox"/> Ensure __ bottle(s) po with meals	<input type="checkbox"/> Food from home
<input type="checkbox"/> Consistent Carbohydrate _____	<input type="checkbox"/> Diabetic Shakes __ carton(s) po with meals	<input type="checkbox"/> Other

Tube Feedings (See back of this page for tube feeding descriptions)

Name of Tube Feeding	Feeding Route	Feeding Rate
(Select one tube feeding) <input type="checkbox"/> Impact Peptide 1.5 (for 7 days only) <input type="checkbox"/> Resource <input type="checkbox"/> Jevity 1.5 <input type="checkbox"/> Peptamen <input type="checkbox"/> Renalcal <input type="checkbox"/> Other: _____	<input type="checkbox"/> NG tube <input type="checkbox"/> Naso Duodenal tube <input type="checkbox"/> OG tube <input type="checkbox"/> G tube/PEG <input type="checkbox"/> J tube/PEJ	<input type="checkbox"/> Standard tube feeding: Initiate at 20 mL/hour Increase by 20 mL/hour as tolerated Goal rate at ____ mL/hour
		<input type="checkbox"/> Nocturnal tube feeding: Run at ____ mL/hour from 1900 to 0700
		<input type="checkbox"/> Post-op tube feeding – If patient tolerated goal enteral tube feeding pre-operatively: Initiate at ____ mL/hour (50% goal rate) for 2 hours Advance as tolerated to goal rate of ____ mL/hour
Protein Supplement:	Feeding Route	Feeding Rate
<input type="checkbox"/> Beneprotein	(Check above)	<input type="checkbox"/> Run at ____ mL/hour

Medications

<input type="checkbox"/> Docusate Sodium (Colace®) <input type="checkbox"/> 100 mg <input type="checkbox"/> ____ mg PO/NG <input type="checkbox"/> every 12 hours <input type="checkbox"/> every ____ hours <input type="checkbox"/> Psyllium bulk laxative sugar free (Metamucil®) ____ packet(s) PO/NG every ____ hours <input type="checkbox"/> If no bowel movement in 48 hours, notify physician and start:	
<input type="checkbox"/> Bisacodyl (Dulcolax®) 10 mg PR x1, may repeat in 6 hours if no bowel movement <input type="checkbox"/> Milk of Magnesia 30 ml PO/NG every 6 hours until bowel movement <input type="checkbox"/> Other: _____	

Date	Time Written	Physician's Signature		IMPRINT ID CARD (NAME MRUN CLINIC/WARD)
Physician's ID Number		Service		
RN's Signature		Date	Time	
		Scanned By		
Barcode				

Nutrition Support:

Nutrition supplementation should be started as soon as possible after admission. **Notify senior physician if not started within 12 hours.**

Obtain nutrition consult for weekend admission.**Tube Feeding Descriptions:**

1. **Impact peptide 1.5 (replaces Crucial)** -high nitrogen, peptide based, lactose free and gluten free formula
 - Use for adult burns greater or equal to 20% TBSA
 - 1.5 calories per ml, osmolality of 490 mOsm/kg H₂O
 - Contains additional vitamin A & C and zinc sulfate {do not order on vitamin pre-printed form}
 - Contains supplemental arginine, omega 3 fatty acids, 50% MCT
2. **Resource-** high nitrogen, fluid restricted, low residue, lactose free and gluten free formula
 - 2 calories per ml, osmolality of 790 mOsm/kg H₂O
3. **Jevity 1.5** –contains fiber, lactose free and gluten free formula
 - 1.5 calories per ml, osmolality of 525 mOsm/kg H₂O
4. **Peptamen** –peptide based, isotonic, low residue, lactose free and gluten free formula
 - 1 calorie per ml, osmolality of 270 mOsm/kg H₂O unflavored & 380 mOsm/kg H₂O vanilla flavored
 - Use for patients with impaired GI function {Malabsorption, chronic diarrhea etc}
 - 70% MCT
5. **Renalcal-** low protein, fluid restricted, low residue, lactose free and gluten free formula
 - 2 calories per ml, osmolality of 600 mOsm/kg H₂O
 - Low electrolytes {potassium less than 2 Meq per liter; sodium less than 3.4 Meq per liter, phosphorus less than 120 mg per liter}
 - Supplement with promix
6. **Promix**-protein supplement
 - 21% protein mixture (21gm protein per 100ml)

Prealbumin: Normal ranges:

Female Age>12years: 17-36 mg/dl

Male Age>12 years: 19-38 mg/dl

C-reactive protein (CRP): Normal ranges: 0-7 mg/l