

<b>UMC Health System</b>  <b>PEDIATRIC DIABETES PLAN</b>	<b>Patient Label Here</b>
<b>PHYSICIAN ORDERS</b>	
Diagnosis _____	
Weight _____	Allergies _____
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
<b>ORDER</b>	<b>ORDER DETAILS</b>
<b>Patient Care</b>	
	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards <span style="margin-left: 200px;"><input type="checkbox"/> Per Unit Standards, May change to QD if stable.</span>
	<b>Patient Activity</b> <input type="checkbox"/> Up Ad Lib/Activity as Tolerated
	<b>Insert Peripheral Line</b>
	<b>POC Urinalysis Automated w/o Microscopy</b> <input type="checkbox"/> T;N, Check Ketones with each void.
<b>Communication</b>	
	<b>Notify Provider/Primary Team of Pt Admit</b> <input type="checkbox"/> Upon Arrival to Floor/Unit <span style="margin-left: 200px;"><input type="checkbox"/> Now</span> <input type="checkbox"/> In AM
<b>Dietary</b>	
	<b>NPO Diet</b>
	<b>Oral Diet</b> <input type="checkbox"/> Regular Diet, Use sugar substitutes.
<b>IV Solutions</b>	
	<b>1/2 NS + 20 mEq KCl/L</b> <input type="checkbox"/> IV, mL/hr
	<b>NS + 20 mEq KCl/L</b> <input type="checkbox"/> IV, mL/hr
<b>Laboratory</b>	
	<b>Basic Metabolic Panel</b> <input type="checkbox"/> Routine, T;N
	<b>Comprehensive Metabolic Panel</b> <input type="checkbox"/> Routine, T;N
	<b>Amylase Level</b> <input type="checkbox"/> Routine, T;N
	<b>Lipase Level</b> <input type="checkbox"/> Routine, T;N
	<b>T4</b> <input type="checkbox"/> Routine, T;N
	<b>TSH</b> <input type="checkbox"/> Routine, T;N
	<b>***Discuss with Attending Physician prior to ordering C-Peptide***</b>  <b>C Peptide</b> <input type="checkbox"/> Routine, T;N

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<b>ORDER</b>	<b>ORDER DETAILS</b>
	<b>Lipid Panel</b> <input type="checkbox"/> Routine, T;N
	<b>Celiac Disease Panel</b> <input type="checkbox"/> Routine, T;N
	<b>Glutamic Acid Decarboxylase 65 Antibodie (Glutamic Acid Decarboxylase 65 Antibodies)</b> <input type="checkbox"/> Routine, T;N
	<b>Islet Cell Antibody</b> <input type="checkbox"/> Routine, T;N
	<b>Insulin Autoantibody</b> <input type="checkbox"/> Routine, T;N
	***Order only if newly diagnosed DM or no Hemoglobin A1C in the previous 3 months.***  <b>Hemoglobin A1C</b> <input type="checkbox"/> Routine, T;N
	<b>Urinalysis</b> <input type="checkbox"/> Urine, Routine, T;N
<b>Consults/Referrals</b>	
	<b>Consult Dietitian for Diet Education</b>
	<b>Social Services for DME for Home</b>
<b>...Additional Orders</b>	

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<b>UMC Health System</b>  <b>PEDIATRIC INSULIN DOSING PLAN</b>	<b>Patient Label Here</b>
<b>PHYSICIAN ORDERS</b>	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
<b>ORDER</b>	<b>ORDER DETAILS</b>
<b>Patient Care</b>	
	<b>Pediatric Insulin Dosing Reference Order (Pediatric Insulin Dosing Reference Orders)</b> <input type="checkbox"/> See Reference Text.
	<b>POC Blood Sugar Check</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> AC &amp; HS  <input type="checkbox"/> AC &amp; HS, and 0200 (no insulin coverage at 0200)  <input type="checkbox"/> q2h  <input type="checkbox"/> q6h         </div> <div> <input type="checkbox"/> AC &amp; HS, and 0200  <input type="checkbox"/> q1h  <input type="checkbox"/> q4h         </div> </div>
	<b>POC Urinalysis Automated w/o Microscopy</b> <input type="checkbox"/> T;N, After each Void
<b>Communication</b>	
	<b>Instruct Patient</b> <input type="checkbox"/> Instruct Patient On: Glucometer, Diabetic education
<b>Medications</b>	
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	<b>pediatric diabetic kit</b> <input type="checkbox"/> 1 ea, misc, kit, ONE TIME
<b>Scheduled Insulin</b>	
	<b>insulin glargine</b> <input type="checkbox"/> units, subcut, inj, Daily, (Same as Lantus) <span style="margin-left: 100px;"><input type="checkbox"/> units, subcut, inj, BID, (Same as Lantus)</span>
	<b>insulin isophane (insulin NPH)</b> <input type="checkbox"/> units, subcut, inj, Daily <span style="margin-left: 100px;"><input type="checkbox"/> units, subcut, inj, BID</span>
<b>Carbohydrate Adjusted Insulin</b>	
	<b>insulin aspart</b> <input type="checkbox"/> Carb Ratio (see order comments), subcut, inj, as needed, PRN other, (same as Novolog) Consumed Carbohydrate Grams to Insulin Ratio Breakfast: _____ grams give _____ units Lunch: _____ grams give _____ units Dinner: _____ grams give _____ units Bedtime: _____ grams give _____ units
	<b>insulin aspart (insulin aspart Pen for Pediatric Education)</b> <input type="checkbox"/> Carb Ratio (see order comments), subcut, inj, as needed, PRN glucose levels - see parameters Do Not Substitute - Needed for Education. A 4mm pen needle required for administration. Consumed Carbohydrate Grams to Insulin Ratio Breakfast: _____ grams give _____ units Lunch: _____ grams give _____ units Dinner: _____ grams give _____ units Bedtime: _____ grams give _____ units  Continued on next page....

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<b>PHYSICIAN ORDERS</b>
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<b>ORDER</b>	<b>ORDER DETAILS</b>
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	<b>Sliding Scale Insulin</b>
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	<b>insulin aspart</b> <input type="checkbox"/> Sliding scale (see order comments), subcut, inj, as needed, PRN glucose levels - see parameters, (same as Novolog) Blood Glucose levels: 70-150 mg/dL    add no insulin 151-200 mg/dL    _____ unit(s) 201-250 mg/dL    _____ unit(s) 251-300 mg/dL    _____ unit(s) 301-350 mg/dL    _____ unit(s) 351-400 mg/dL    _____ unit(s) 401-450 mg/dL    _____ unit(s) Greater than 451 mg/dL    _____ unit(s)
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	<b>insulin aspart (insulin aspart Pen for Pediatric Education)</b> <input type="checkbox"/> Sliding Scale (see order comments), subcut, inj, as needed, PRN glucose levels - see parameters Do Not Substitute - Needed for Education. A 4mm pen needle required for administration. Blood Glucose levels: 70-150 mg/dL    add no insulin 151-200 mg/dL    _____ unit(s) 201-250 mg/dL    _____ unit(s) 251-300 mg/dL    _____ unit(s) 301-350 mg/dL    _____ unit(s) 351-400 mg/dL    _____ unit(s) 401-450 mg/dL    _____ unit(s) Greater than 451 mg/dL    _____ unit(s)
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	<b>Laboratory</b>
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	<b>Basic Metabolic Panel (BMP)</b> <input type="checkbox"/> Routine, T;N, q6h
	<b>T4 Free (Free T4)</b> <input type="checkbox"/> Next Day in AM, T+1;0300, Comment: Draw on day of discharge
	<b>TSH</b> <input type="checkbox"/> Next Day in AM, T+1;0300, Comment: Draw on day of discharge
	<b>Comprehensive Metabolic Panel (CMP)</b> <input type="checkbox"/> Next Day in AM, T+1;0300, Comment: Draw on day of discharge
	<b>Lipid Panel</b> <input type="checkbox"/> Next Day in AM, T+1;0300, Comment: Draw on day of discharge
	<b>C Peptide</b> <input type="checkbox"/> Next Day in AM, T+1;0300, Comment: Draw on day of discharge
	<b>Antithyroid Peroxidase Antibody</b> <input type="checkbox"/> Next Day in AM, T+1;0300, Comment: Draw of day of discharge
	<b>Antithyroglobulin Antibody</b> <input type="checkbox"/> Next Day, T+1;0300, Comment: Draw on day of discharge
	<b>Islet Cell Antibody</b> <input type="checkbox"/> Next Day, T+1;0300, Comment: Draw on day of discharge

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<b>ORDER</b>	<b>ORDER DETAILS</b>
<input type="checkbox"/>	<b>Insulin Autoantibody</b> <input type="checkbox"/> Next Day, T+1;0300, Comment: Draw on day of discharge
<input type="checkbox"/>	<b>Glutamic Acid Decarboxylase 65 Antibodie (Glutamic Acid Decarboxylase 65 Antibodies)</b> <input type="checkbox"/> Next Day, T+1;0300, Comment: Draw on day of discharge
<input type="checkbox"/>	<b>Zinc Transporter 8 Antibody</b> <input type="checkbox"/> Next Day, T+1;0300, Comment: Draw on day of discharge
<input type="checkbox"/>	<b>Celiac Disease Panel</b> <input type="checkbox"/> Next Day, T+1;0300, Comment: Draw on day of discharge
<input type="checkbox"/>	<b>Urinalysis</b> <input type="checkbox"/> Urine, Next Day in AM, T+1;0300, Comment: Draw on day of discharge

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Date: \_\_\_\_\_

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