




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	----------------------

DATE & TIME	#	<p>ORDERS</p> <p>ADULT ENTERAL FEEDING</p>
		<p>Reference: http://intranet.kumed.com/body.cfm?id=285&action=showpolicy&strDept=Nursing&strSection=DON%20Standards%20of%20Practice%20and%20Procedures#sect4</p>
	1.	<p>Physician responsible for feeding orders: _____ Pager: _____</p>
	2.	<p>Allergies: _____ Pt. Weight in kg: _____</p>
	3.	<p>Consult: Dietitian to determine patient's needs and appropriate formula</p>
	4.	<p>Tube Feeding Site</p> <p> <input type="checkbox"/> OGT <input type="checkbox"/> NGT <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Nasojejunal (Cortrak®) <input type="checkbox"/> PEG/ Gastrostomy </p>
	5.	<p>Formula Type / Feeding Rate</p> <p> <input type="checkbox"/> Standard – Jevity 1 Cal® <input type="checkbox"/> Calorie Dense (2 kcal/mL) –TwoCal HN® <input type="checkbox"/> Standard (Fiber free) – Osmolite 1 Cal® <input type="checkbox"/> High Nitrogen (1.0 kcal/mL) –Promote with Fiber® <input type="checkbox"/> Elemental – Vivonex RTF® <input type="checkbox"/> High Nitrogen (1.5 kcal/mL) – Jevity 1.5® <input type="checkbox"/> Semi-Elemental –Optimental® <input type="checkbox"/> Specialized Pulmonary Formula – Oxepa® <input type="checkbox"/> Renal –Nepro® <input type="checkbox"/> Protein Powder _____pkts. <input type="checkbox"/> Other: _____ </p>
	6.	<p>Standard Infusion</p> <p> <input type="checkbox"/> Standard Infusion: Continuous feeding, full strength at 20 mL/hr. Increase by 20 mL/hr every 6 hours until goal rate of _____mL/hr. </p> <p> <input type="checkbox"/> Non-Standard Advancement: Continuous feeding at _____mL/hr full strength and increase by _____mL/hr every _____ hours until goal rate _____mL/hr. </p> <p> <input type="checkbox"/> Trophic Feeds: 20 mL/hr </p> <p> <input type="checkbox"/> Bolus Infusion: (GASTRIC FEEDING ONLY) Bolus feeding (over 30 minutes), full strength _____mL every _____ hours while awake. </p> <p> <input type="checkbox"/> Nocturnal Infusion: Full strength _____mL/hr Start Time: _____ End Time: _____ </p> <p> <input type="checkbox"/> Water Flush – Provide _____ mL of water every _____ hours via feeding tube. </p>
	7.	<p>Nursing</p> <ul style="list-style-type: none"> • Weigh patient Monday, Wednesday, Friday • <u>Check Residuals</u> - every 8 hours, or before bolus feeds <ul style="list-style-type: none"> • Maintain HOB at 30-45 degrees • Hold gastric tube feeding if residual volume is >200 mL on TWO successive residual checks • Return stomach aspirate - up to 400mL • Notify physician if necessary to stop feeding • If patient has <u>Nausea / Abdominal Distention / Cramping /Emesis</u> <ul style="list-style-type: none"> • Hold feeding one hour, or hold bolus feeding until next feeding • If symptoms subside, resume feeding at previously tolerated rate for 4-6 hours; increase as tolerated by 10 mL/hr Q 4 hrs until goal • If symptoms persist, stop feeding, check residual volume, and notify physician
	8.	<p>Laboratory Tests</p> <p> <input type="checkbox"/> CMPanel, Mg, Phos, CRP, and Prealbumin during the first 24 hours of feeding and every Monday. <input type="checkbox"/> BMP, Mg, and Phos daily x 3 days </p>

