

PRESCRIBER'S ORDERS FOR:

Eating Disorders Unstable Patient
Medical Admission – (Paediatrics)

DATE ____/____/____ TIME ____
DD MM YYYY

WEIGHT: _____ KG HEIGHT: _____ CM

ALLERGY CAUTION sheet reviewed

Activity

- Strict Bed Rest (patient may not leave room without physician order)
- Nurse assisted washroom/shower
- Must use shower seat
- Limit length of shower to 10 minutes or less once per day

Vital Signs

- Continuous cardiac monitoring (telemetry)
- Orthostatic vitals BID (once after lying supine for 5 minutes & once after standing for 2 minutes)
- Vital signs Q4H (blood pressure & temperature may be omitted between 00:00 and 06:00 when patient is asleep)

Page physician on call if:

- Patient's heart rate is less than 30 beats per minute
- Patient's systolic blood pressure is less than _____ mmHg
- Page physician on call if patient's systolic blood pressure change is greater than _____ mmHg (lying supine to standing)

Laboratory

Obtain the below bloodwork now and once daily in the morning for the first 5 days of admission

- | | |
|---|---|
| <input checked="" type="checkbox"/> Sodium level, serum | <input checked="" type="checkbox"/> Chloride, serum |
| <input checked="" type="checkbox"/> Potassium level, serum | <input checked="" type="checkbox"/> Magnesium (Mg) level, serum |
| <input checked="" type="checkbox"/> Calcium level, serum, ionized | <input checked="" type="checkbox"/> Bicarbonate level |
| <input checked="" type="checkbox"/> Glucose, serum, random | <input checked="" type="checkbox"/> Urea |
| <input checked="" type="checkbox"/> Creatinine (Cr), serum | <input checked="" type="checkbox"/> Phosphate |

Obtain the following if not done within the past 2 weeks

- | | |
|---|---|
| <input type="checkbox"/> Complete blood cell count with automated white blood cell differential | <input type="checkbox"/> Alanine aminotransferase (ALT) |
| <input type="checkbox"/> Aspartate aminotransferase (AST) | <input type="checkbox"/> Billirubin |
| <input type="checkbox"/> Gamma-glutamyl transferase (GGT) | <input type="checkbox"/> Prealbumin |
| <input type="checkbox"/> Vitamin D (25-hydroxy) level | <input type="checkbox"/> Lactate Dehydrogenase |
| <input type="checkbox"/> Thyroid Stimulating Hormone | |
| <input type="checkbox"/> Erythrocyte sedimentation rate | |
| <input type="checkbox"/> Tissue transglutaminase antibody | |
| <input type="checkbox"/> Albumin | |
| <input type="checkbox"/> Creatinine kinase | |
| <input type="checkbox"/> Amylase | |
| <input type="checkbox"/> Follicle stimulating hormone (FSH), Leutinizing hormone (LH), Estradiol (females) | |
| <input type="checkbox"/> Follicle stimulating hormone (FSH), Leutinizing hormone (LH), Testosterone (males) | |
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Urine beta-hCG (females) |

Other Investigations

- 12-lead electrocardiogram

Signature: _____ Print Name: _____

College ID: _____ Pager: _____



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Diet/Intake

Nurse to:

- Date and stamp a blank 'Daily Intake Log' and give it to the patient/caregiver at 08:00 daily.
- Collect the completed 'Daily Intake Log' after evening snack and place it in patient's chart daily

Communication Order

- No outside food or drink, chewing gum, caffeine or artificial sweeteners
- No meal plan substitutions
- Page physician on call if patient consecutively refuses/rejects PO intake for one snack plus one meal
- Eating disorder diet: _____ (Please indicate an initial Meal Plan choice from the list below. Please refer to 'Eating Disorder Admission Order Guidelines' for direction on meal plan choice)

Meal Plan A (1000 kcal)	Meal Plan E (2300 kcal)
Meal Plan B (1300 kcal)	Meal Plan F (2700 kcal)
Meal Plan C (1700 kcal)	Meal Plan G (3000 kcal)
Meal Plan D (2000 kcal)	

- Diet not to include: _____
(example: meat, meat and fish, pork, lactose containing dairy products)
- * Only if eating behavior preceding eating disorder onset; vegan diet not possible

- May have up to a maximum of 1L free water daily
- Pedialyte 200 ml PO with every meal and every snack (total 1200 ml/day)

IV Solutions

- D5NS IV at _____ mL/h; approximately _____ percent of daily maintenance fluids

Medications

▸ **See Medication Reconciliation Form**

- Sodium phosphate 500 mg PO BID
- Magnesium oxide 420 mg PO TID (if serum magnesium below normal)
- Potassium Chloride 600 mg PO TID (if serum potassium below normal)
- Polyethylene glycol (PEG) 3350 17 g PO once a day

Patient Care

- Bedside glucose 30 min post-meals and at 02:00 for the first 48 hours of admission
- If patient has refused a meal or snack, then check bedside blood glucose every 2 hours until a meal or snack is consumed
- Pre-breakfast, post-void AM weight every Mon, Wed and Fri (gown/underwear only, same scale)
- Strict ins and outs daily
- Page physician on call if patient's blood glucose is less than 3.5 mmol/L

Signature: _____ Print Name: _____

College ID: _____ Pager: _____