



PHYSICIAN'S PREPRINTED ORDERS

TITLE: HOSPITALIST ENTERAL NUTRITION PROTOCOL ORDER FORM

RD LD will check appropriate boxes and fill out appropriate blanks where indicated.

*Order MUST be co-signed by MD

Patient Name:

Room #:

Dosing weight used:

EN product to be administered:	Goal rate:	mL/hr over from	hrs daily or to
Once the tube is ready for use per MD, start TF at 20 mL/hr and increase by 20mL/hr every 6 hours as tolerated until goal rate is reached.			

Bolus TF*: Provide:	at	mL boluses every	hours or	x per day
*Once PEG tube is able to be used per surgeon/radiologist				

Free water boluses:	mL every	hours via feeding tube
Or provide free water at:	mL before and after each TF bolus	<input type="checkbox"/> No free water flushes needed

Add to next lab draw:	<input type="checkbox"/> Prealbumin	<input type="checkbox"/> CRP	<input type="checkbox"/> Phosphorus
	<input type="checkbox"/> Triglyceride	<input type="checkbox"/> Chem 13	<input type="checkbox"/> Magnesium

Add Multivitamin per FT daily

Metabolic cart in the morning

Add prostat x per day

Patient is to be discharged home on _____ (or equivalent) at _____ mLs/hr daily or over a period of _____ hrs from _____ to _____.
Bolus feeds of _____ mL every _____ hours or _____ times per day.
Free water:
<input type="checkbox"/> Pt to take MVI daily per FT at home

RD LD Signature: _____ Date: _____ Time: _____

MD Signature: _____ Date: _____ Time: _____

This order form is based on the Hospitalist Enteral Nutrition Protocol which can be found in Policy Manager.



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Patient Identification