# Navicent Health Form

**Title: Ped New Onset Diabetic Admission Powerplan – System**

**What is changing?** A new powerplan for pediatric patients admitted to Beverly Knight Olson Children's Hospital (BKOCH) with new onset diabetes.

**Why is it changing?** Currently, orders for new onset diabetic pediatric patients are being put in individually, which many of times results in frequently needed labs, insulins, or nursing instructions orders getting missed. Thus, leading to a misdiagnosis or a delay in diagnosis.

**Who will be affected?** Pediatric Providers and nurses entering verbal/telephone orders for providers.

**When will it change?** Tuesday, January 19, 2021

**Current State:**

Currently, there is no powerplan for new onset diabetic pediatric patients.

**Future State:**

Screenshots of the Ped New Onset Diabetic Admission Powerplan:

Important things to know:

- No orders are this powerplan are defaulted preselected.
- At the beginning of some of the sections in the powerplan, you will find notes which provide some direction to the ordering provider. Please read these carefully if you are the ordering provider as these notes are not viewable to other clinical staff after the orders have been signed.

| PED New Onset Diabetic Admission (Planned Pending) | | |
|---|---|---|
| Medical Necessity | | |
| | Medical Necessity Subphase | |
| | Status I, Full Resuscitation | T;N, Status I, Full Resuscitation |
| | Status II, Do Not Attempt Resuscitation | T;N, Status II, Do Not Attempt Resuscitation |
| | Status III, Comfort Measures/Allow Natural Death | T;N, Status III, Comfort Measures/Allow Death |
| Consults | | |
| | Physician to Physician Consult (Consult, Physician to Physician) | T;N, Ped Endocrinology |
| | Diabetes Healthways Consult (Consult, Diabetes Healthways) | Reason for Consult- Education |
| | Message, Social Worker, Pediatrics (Consult, Social Worker, Pediatrics) | T;N |
| | Palliative Service Consult (Consult, Palliative Service) | Start Date/Time T;N |
| | Dietitian/Nutrition Consult/Assessment, Pediatric | T;N |
| | PED Consults Subphase | |
| Patient Care | | |
| | PED General Admission Standing Orders Subphase | |
| | Patient Condition | T;N |
| | Patient Isolation | T;N |
| | Precaution(s) | T;N |
| | Cardiorespiratory Monitor | T;N, for patients in DKA |
| | Vital Signs | T;N |
| | Neuro Checks | T;N, for patients in DKA |
| | Intake And Output | T;N |
| | Activity, Nsg | T;N |
| | Weigh | T;N |
| | Measurements | T;N |
| | INT | Start Date/Time T;N, Saline lock |
| | Insert Peripheral IV | T;N |
| | Nursing POC Instructions | Start Date/Time T;N, TIDACHS, and 2 a.m. Notify MD if BG less than 70 or greater than 300. |

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| | | |
|---|---|---|
| Nutrition | | |
| ☐ | Diabetic Diets | Start T;N |
| ☐ | NPO | Start T;N |
| ☐ | PED Diet Orders Subphase | |
| Radiology | | |
| ☐ | Chest Routine Port | Start T;N |
| ☐ | Chest (CAP) PA/Lat | Start T;N |
| ☐ | PED Radiology Common Orders Subphase | |
| Respiratory | | |
| ☐ | Respiratory Consult - Assessment | Start D/T: T;N |
| ☐ | Oxygen Therapy | T;N |
| ☐ | Pulse Oximetry, Continuous | T;N |
| ☐ | Pulse Oximetry, Spot Check | Start D/T: T;N |
| Laboratory | | |
| | If patient likely Type I, collect chem 8; if patient most likely Type 2, collect chem 14 | |
| | Do not collect Hgb A1C if collected at outside hospital or PCP's office prior to transfer | |
| | Collect insulin level and C-peptide on probable Type 2 patients if insulin has not been given | |
| ☐ | CBC ordered with Diff | |
| ☐ | Chemistry Panel 8 (Chem 8) | |
| ☐ | Chemistry Panel 14 | |
| ☐ | AntiThyroid Peroxidase Antibody | |
| ☐ | T4 (T4 Level) | |
| ☐ | TSH | |
| ☐ | AntiThyroglobulin Antibody (Thyroglobulin Antibody) | |
| ☐ | Islet Cell Antibody-ARUP (IA-2 Antibody-ARUP) | |
| ☐ | GAD65 Antibody Assay-ARUP | |
| ☐ | Glycated Hemoglobin (Hemoglobin A1C) | |
| ☐ | Beta-hydroxybutyrate Level (Replaces Acetone) | |
| ☐ | Insulin Level Total | |
| ☐ | Immunoglobin A | |
| ☐ | Tissue Transglutaminase Antibody IgA (Tissue Transglutaminase Ab IgA) | |
| ☐ | Urinalysis with Reflex to Culture if Indicated | |
| ☐ | Culture Urine | |
| ☐ | PED Lab Common Orders (one time orders) Subphase | |
| ☐ | C-Peptide (C Peptide) | |

| | | |
|---|---|---|
| Medications | | |
| Insulins | | |
| | NovoLOG Insulin Correction + Carb Ratio Based Formula - please complete (BS - __)/__, 1 unit/__ Carbs, and order comments for BS GREATER than ___ . | |
| | TIDAC NovoLOG Insulin Correction + Carb Ratio Based Formula | |
| ☐ | insulin aspart (NovoLOG Insulin Correction + Carb Ratio Based Formula) | [(BS-__) / __] + [1 unit/ __ Carbs] = # UNITS, inj, SC, TIDAC, Routine, Start T; |
| | QHS Snack NovoLOG Insulin Correction + Carb Ratio Based Formula | |
| ☐ | insulin aspart (NovoLOG Insulin Correction + Carb Ratio Based Formula) | [(BS-__) / __] + [1 unit/ __ Carbs] = # UNITS, inj, SC, QHS, Routine, Start T; |
| ☐ | insulin glargine (Lantus PED) | Units, inj, SC, Q24HR, Routine, Start T; |
| Antihypoglycemics | | |
| ☐ | Dextrose 10% in Water (D10W) | IV, mL/hr, 250 mL, bag, Routine, Start T;, 250 mL |
| ☐ | PED Hypoglycemia Protocol Powerplan Subphase | |
| Antimicrobials | | |
| ☐ | PED Antifungal Agents Subphase | |
| ☐ | PED Beta-Lactam/Beta-Lactamase Inhibitors Subphase | |
| ☐ | PED Carbapenems Subphase | |
| ☐ | PED Penicillins Subphase | |
| Analgesics | | |
| ☐ | PED Pain Orders Subphase | |

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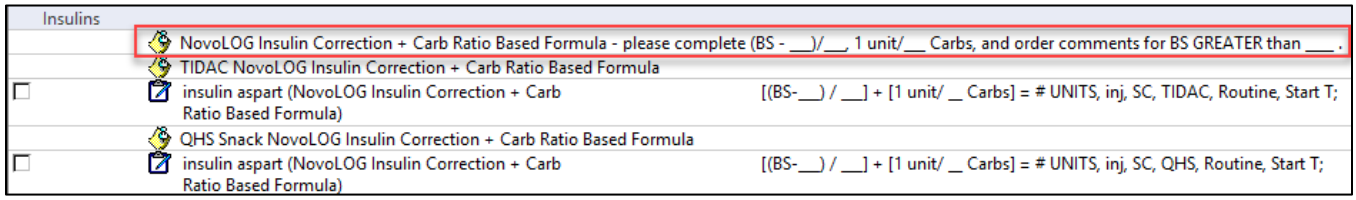
- The insulin correction & the carb ratio-based formula has been combined into one single order.
- There is an order for TIDAC and another for QHS.




- When entering this order, please be sure to complete the blanks in the formula in the 'freetext dose' field and to specify the BS greater than value in the order comments.

***Nurses: With this new formula, calculate the correction formula first, and then the carb ratio formula, then add the two values up for the total insulin unit total.***