

**Unique Plan Description: PED Growth Failure VC**

**Plan Selection Display: PED Growth Failure VC**

**PlanType: Medical**

**Version: 1**

**Begin Effective Date: 9/16/2013 16:00**

**End Effective Date: Current**

**Available at:** *Ascension Health*  
*VC Rehab Hosp*  
*VCH Behav Hlth*  
*VCH HH Hospice*  
*VCH Select*  
*VCH St Francis*  
*VCH St Joseph*  
*VCH St Teresa*  
*VCHSJ Assess*  
*VCHSJ SBH*  
*VCHST IP Rehab*

### **PED Growth Failure VC**

#### **Patient Care**

- Stool for Occult Blood POC  
*T;N, Stool, Routine, Nurse collect*
- Weight  
*T;N, Daily, \*\*\*Must weigh on same scale for each weight\*\*\* (DEF)\**  
*T;N, Pre and Post feeds--\*\*\*Must weigh on same scale for each weight\*\*\**
- Intake and Output  
*T;N, Strict Intake and Output.*

#### **Diet/Nutrition**

- Therapeutic Diet  
*T;N, Fluid: 1000 mL*
- Pediatric Diet  
*T;N, Toddler (1-3 years) (DEF)\**  
*T;N, Preschool Child (4-5 years)*  
*T;N, School-Age Child (over 5 years)*
- Patient is Breastfeeding Infant  
*Wake at night to breast feed. (DEF)\**  
*Do NOT wake at night to breast feed.*
- Breast Milk Diet  
*T;N*
- Calorie Count  
*T;N, Constant Order*
- Communication Order  
*Parent to provide formula by bottle. (DEF)\**  
*RN to provide formula by bottle.*
- Infant Formula VC(SUB)\*
- Dietary Supplements VC(SUB)\*

#### **Laboratory**

- CBC w/ Differential  
*Blood, Routine Collect, T;N*
- Comprehensive Metabolic Panel  
*Blood, Routine Collect, T;N*
- TSH with Reflex Free T4  
*Blood, Routine Collect, T;N*
- Sedimentation Rate  
*Blood, Routine Collect, T;N*

- Celiac Disease Serology Cascade-Mayo  
*Blood, Routine Collect, T;N*
  - HIV Antigen/Antibody  
*Blood, Routine Collect, T;N*
  - Insulin-Like Growth Factor 1  
*Blood, Routine Collect, T;N*
  - Insulin-Like Growth Factor II  
*Blood, Routine Collect, T;N*
  - Prealbumin  
*Blood, Routine Collect, T;N*
  - Vitamin D 25 Hydroxy Level  
*Blood, Routine Collect, T;N*
  - 1,25-Dihydroxyvitamin D Level-Mayo  
*Blood, Routine Collect, T;N*
  - Vitamin B12 Level  
*Blood, Routine Collect, T;N*
  - Zinc Level-Mayo  
*Blood, Routine Collect, T;N*
  - Sweat Chloride  
*Routine collect, T;N*
  - Drug Screen Medical, Urine  
*Urine, Routine collect, T;N*
  - Electrolyte Panel Urine  
*Blood, Routine collect, T;N*
  - Urinalysis with Culture if Indicated  
*Urine, Routine collect, T;N*  
*Comments: For all patients less than 6 months regardless if normal urinalysis*
  - Urine Culture  
*Urine, Routine collect, T;N*
  - Fecal Fat-Mayo  
*Stool, Routine Collect, T;N*
  - Fecal Leucocyte Stain  
*Stool, Routine collect, T;N*
  - Reducing Substance Stool  
*Stool, Routine collect, T;N*
  - Stool Culture w/ Campy and Shigatoxin  
*Stool, Routine collect, T;N (DEF)\**  
*Rectal Swab, Routine collect, T;N*
- \*\*\*\*For patients under the age of 5 yrs, order the tuberculin PPD, for all other patients the Quantiferon TB Test.\*\*\***(NOTE)\***
- tuberculin purified protein derivative 5 tuberculin units/0.1 mL intradermal solution
  - Quantiferon TB Test  
*Blood, Routine Collect, T;N*

#### **Diagnostic Tests**

- XR Bone Age Studies  
*T;N, Routine*
- XR Chest 1 View Frontal  
*T;N, Routine*
- XR Chest 2 Views  
*T;N, Routine*
- Abdomen (Kub)  
*T;N, Routine*

- Upper GI w/ Gastrografin  
*T;N, Routine*
- Modified Barium Swallow  
*T;N, Routine*

**Therapies**

- Speech Language Pathology Evaluation and Treatment Inpatient  
*T;N, Routine*
- Occupational Therapy Evaluation and Treatment Inpatient  
*T;N, Routine*
- Physical Therapy Evaluation and Treatment Inpatient  
*T;N, Routine*

**Consults/Referrals**

- Consult to Case Management  
*T;N*
- Consult to Social Services  
*T;N, Psychosocial assessment to detect caregiver depression, concerns about caregiver intellectual abilities or social circumstances.*
- Consult to Child Life Specialist  
*T;N, Structured routine/reward system for meals. (DEF)\**  
*T;N, Therapeutic play, age appropriate procedure preparation, coping and developmental stimulation.*
- Consult to Lactation Consultant  
*T;N, Breast feeding technique, latch on, swallow and lactation support for breast fed infant.*
- Consult to Gastroenterology  
*T;N, Pediatric Gastroenterologist*
- Consult to Registered Dietitian Pediatric  
*T;N*

**Communication Orders**

- Communication Order  
*T;N, Complete appropriate growth chart for Preemie; less than 2 yr old; greater than or equal to 2 yr old; Downs Syndrome; Turners Syndrome*
- Communication Order  
*T;N, Feed ad lib on demand per home schedule. RN to observe and document.*
- Communication Order  
*T;N, No fruit juice, sweetened beverages. No flavored EleCare for infants.*
- Communication Order  
*T;N, Maintain a food journal daily.*

**\*Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase