

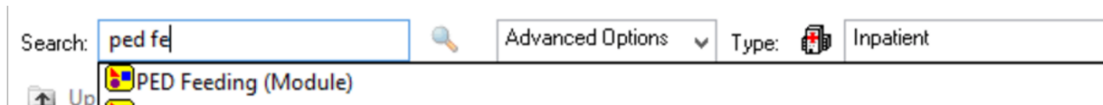
How To: Order Top-Ups to Oral Intake

You will need to place an order for the primary source of nutrition (e.g. oral diet) and a second order for the top-up (NG top-up, oral nutrition supplement, etc.)

1. Search **Pediatric Diet** to order an oral diet.

For a tube feed top-up

2. Search **PED Feeding** to bring up the Module.



Search: Type:

Up

This will populate all the relevant orders and you can select the appropriate diet/formula order for the patient.

3. Select the appropriate formula categories from the Module. Right-click, select **Modify**.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Component	Status	Dose ...	Details
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maintain Head of Bed			T;N
▲ Diet/Nutrition					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breastfeed, Exclusive (Breastfeed)			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expressed Breast Milk (EBM) (Expressed Breast Milk wi...			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Term Infant Formula - Standard (Non-NICU)			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Term Infant Formula - Therapeutic (Non-NICU)			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preterm Infant Formula (Non-NICU)			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pediatric Formula: Child 1-13 Years			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pediatric Formula: Child Older Than 13 Years			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pediatric Formula: Hydrolyzed			T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pediatric Formula: Therapeutic			T;N

4. Select **Formula, Concentration, Volume per Feed, Frequency, Route**, and any **Modulars**.
5. If there is a **Secondary Route**, enter it (hold Ctrl for multi-select).
6. Use **Special Instructions** or **Order Comments** for details of the feeding schedule.

▼ Details for **Pediatric Diet (Diet Pediatric)**

Details Order Comments

+ [Icons]

*Requested Start Date/Time: 27-Feb-2022 1318 PST

24-hour Fluid Restriction (mL):

*Texture Modifiers: Regular 7

Therapeutic Diet Requirements:

Food Intolerance/Preference (multi-select):

Portion Size:

Dining On Call: Yes No

Special Instructions: If less than 50% of meal eaten, top up with 125mL Pediasure.

For an oral nutrition supplement top-up

2. Search **Oral Nutrition Supplement**

Search: oral nutrition suppl Advanced Options

↑ Oral Nutrition Supplement (Pediatric & Adult) search with
 Enter to Search

3. Select supplement from the dropdown list.

▼ Details for **Oral Nutrition Supplements (Oral Nutrition Supplement (Pediatric & Adult))**

Details Order Comments

+ [Icons]

*Requested start date and time: 27-Feb-2022 1322 PST

*Nutritional Supplements (multi-select):

*Meal(s): Boost Fruit Beverage

Quantity of Containers: Beneprotein

Special Instructions: Boost 1.5

Research Study: Carnation Breakfast Essentials powder

Other (please specify)

Novasource Renal

Resource 2.0

Resource Diabetic

4. Select **Meals** or snacks that supplement will be given.

***Requested start date and time:** 27-Feb-2022 1322 PST

***Nutritional Supplements (multi-select):** Resource 2.0

***Meal(s):**

Quantity of Containers:

Special Instructions:

Research Study:

All Meals

All Snacks

All Meals and Snacks

Breakfast

Morning Snack

Lunch

Afternoon Snack

Dinner

Bedtime Snack

All Meals and Afternoon & Evening Snacks

All Meals and Afternoon & Bedtime Snacks

All Meals and Afternoon Snack

5. Use **Special Instructions** or **Order Comments** for details of the feeding schedule.

6. Click **Sign**.