

Pediatric Formula: Child Older Than 13 Years

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

Search: Type:

Up PED Feeding (Module)

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

2. Select **Pediatric Formula: Child Older Than 13 Years** from the Module. Right-click, select **Modify**.

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

3. Select **Formula, Concentration, Volume per Feed, Frequency, Route**, and any **Modulars**. (Note: if you select Ad Lib, you will need to specify an **Estimated 24-hour Volume**).

Details for **Pediatric Formula: Child Older Than 13 Years**

Details Order Comments

+

*Requested Start Date/Time: 16-Dec-2021 1123 PST

*Formula Type:

- Complet 1 kcal/mL
- Complet Organic Blends 1.25 kcal/mL

*Volume (mL):

*Frequency:

- Isosource 1.2
- Isosource 1.5

*Primary Feeding Route:

- Isosource Fibre 1.2
- Isosource Fibre 1.5

Modular:

- Pedalyte

Modular Amount:

- Resource 2.0
- Other Formula (Please Specify)

4. If there is a **Secondary Route**, enter it (hold Ctrl for multi-select).

Modular: ▼
Modular Amount: ▼
Secondary Route (multi-select): ▼
Rate (mL/hr) - for Continuous ONLY:
Feed Bolus Infusion Time:
Administration Method:
Estimated Feeding Volume (mL per 24 hours):
Special Instructions:

(None)
PO
NG Tube
OG Tube
G Tube
GD Tube (D port)
GD Tube (G port)
GJ Tube (G port)
GJ Tube (J port)
J Tube
NJ Tube
OJ Tube

Orders For Cosignature Orders For Nurse Review

5. For **tube feeds that are advancing** (e.g. start at 10mL/hr and increase as tolerated to 40mL/hr), enter the current rate as **Rate (mL/hr)** and the final goal feeding volume as **Estimated Feeding Volume (mL per 24 hours)**.
6. Use **Special Instructions** for any clarifying orders not captured in other fields.

Special Instructions:

7. For detailed tube feed orders (e.g. bolus feeding schedule where the rate, volume, or flushes changes with each bolus), add to **Special Instructions** or **Order Comments** (allows more characters).

▼ Details for **Pediatric Formula: Child Older Than 13 Years**

8. Click **Sign**.