

Pediatric Formula: Hydrolyzed

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: Hydrolyzed** from the Module. Right-click, select **Modify**.

	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 checked="" 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: Hydrolyzed**

Details Order Comments

*Formula Type:	<input type="text" value="Neocate Splash"/>
*Volume (mL):	Neocate Splash
*Frequency:	Pediasure Peptide 1.0
*Primary Feeding Route:	Peptamen 1.5 (unflavoured)
Modular:	Peptamen Jr 1.5 (unflavoured)
Modular Amount:	Vital Peptide 1.5
Secondary Route (multi-select):	Neocate Jr 0.8 kcal/mL
	Neocate Jr 1 kcal/mL
	Neocate Jr 1.2 kcal/mL
	Neocate Jr 1.5 kcal/mL
	Neocate Jr 2 kcal/mL
	Vivonex TEN 1 kcal/mL
	Vivonex TEN 1.2 kcal/mL

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

*Primary Feeding Route: ▼

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:

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).

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8. Click **Sign**.