

Pediatric Formula: Therapeutic

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

Search: Type:

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

2. Select **Pediatric Formula: Therapeutic** from the Module. Right-click, select **Modify**.

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

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: Therapeutic**

*Formula Type: (dropdown menu open with options: Lipistart, Monogen, Other Formula (Please Specify))

Calorie Concentration:

*Volume (mL):

*Frequency:

*Primary Feeding Route:

Modular:

Modular Amount:

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

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).

▼ Details for **Pediatric Formula: Therapeutic**

Details

8. Click **Sign**.