	(place patient label here) ent Name: Directions: (√)- Check orders to activate; Orders with pre-checked box ☑ will be fo Initial each place in the pre-printed order set where changes such as ac Initial each page and Sign/Date/Time last page	lditions, deletions or line o	uts have been made	BENEFIS HEALTH SYSTEM BENEFIS HOSPITALS PROVIDER ORDERS
	with reaction type:			
Gene • Co • Co	onsider promotility agent if 2 consecutive resignsider advancing tube below the ligament of			
	ing Orders Feeding tube insertion/management (DOBHC Nasogastric/orogastric tube insertion/manage Gastric tube management (PEG) Jejunal tube management (PEJ) Elevate head of bed 30-45 degrees Measure gastric residual every four hours for amount and return into patient unless volum consecutive checks Communication order: If residual is less than Notify provider: if 2 consecutive residual are Notify provider: if residual is greater than 50	continuous feed te is greater than a 250 milliliter co	ing or prior to each bold n 500 milliliter or greate ontinue feeding and incr on milliliter; discard resi	er than 250 milliliters for 2 rease to goal rate dual and hold feeding
	Fibersource HN (Replacing Jevity 1.2) Isosource 1.5 CAL (Replacing Jevity 1.5) Isosource HN (Replacing Osmolite 1.2) Replete (Replacing Replete Fiber) Diabetisource AC (Replacing Glucerna 1.2) Nutren 2.0 (Replacing TwoCal HN) Novasource Renal (Replacing Nepro) Impact Peptide 1.5 (Replacing Oxepa) Peptamen AF (Replacing Vital AF 1.2) NutriHep			
In Co	inistration type: ontinuous feeding ☐ Initial rate: 20 milliliter/hour ☐ Initial rate: milliliter/hour ☐ Increase by milliliter/hour every hetermittent Bolus ☐ milliliter every hour ontinuous Nocturnal ☐ milliliter per hour from PM to termittent Daytime bolus with Continuous Noct ☐ Bolus feed: milliliter bolus at from PM to AM ☐ Bolus feed: if eats less than 50% of meal of milliliter per hour from PM to A	AM turnal (time give millil	es) and Nocturnal feed:	milliliter per hour

Initials_____

(place patient label here) Patient Name: Order Set Directions: > (\forall -> (\forall -	set where changes such as additions, del		Benefis HEALTH SYSTEM Benefis HOSPITALS PROVIDER ORDERS
Enteral feeding-Adult		Version 4 7/8	
 General Consider promotility agent if 2 Consider advancing tube below 		reater than 250 milliliter.	
amount and return into pat consecutive checks ☑ Communication order: If re ☑ Notify provider: if 2 consec	insertion/management PEG) PEJ) degrees ery four hours for continutient unless volume is greated as its less than 250 metative residual are greater	ous feeding or prior to each b ater than 500 milliliter or grea	ater than 250 milliliters for 2 ncrease to goal rate esidual and hold feeding
Adult formula options: Fibersource HN (Replacing I Isosource 1.5 CAL (Replacing Ostal Isosource HN (Replacing Ostal Isosource HN (Replacing Ostal Isosource AC (Replacing Replete I Isosource AC (Replacing I Nutren 2.0 (Replacing Two I Novasource Renal (Replacing I Impact Peptide 1.5 (Replacing I Impact Peptide 1.5 (Replacing I NutriHep	ng Jevity 1.5) smolite 1.2) Fiber) g Glucerna 1.2) Cal HN) ng Nepro) ing Oxepa)		
Intermittent Bolus milliliter every Continuous Nocturnal milliliter per hour Intermittent Daytime bolus wit Bolus feed: millilit from PM to A	/hour /hour every hours to _ hour from PM to AN h Continuous Nocturnal er bolus at M	(times) and Nocturnal feed	d: milliliter per hour
Bolus feed: if eats less the milliliter per hour from _		milliliter bolus after meal	and Nocturnal feed:

☐ _____ milliliter every ____ hours

Dietary Supplements and Free Water

Free Water

(place patient label here) Patient Name:	
Order Set Directions: > (√)- Check orders to activate; Orders with pre-che > Initial each place in the pre-printed order set wher > Initial each page and Sign/Date/Time last page	cked box ☑ will be followed unless lined out. •e changes such as additions, deletions or line outs have been made



Protein Powder (BENEPROTEIN)				
□ scoop x per day				
Soluble Fiber (NUTRISOURCE FIBER) -Max 6 scoops per day				
□ scoop x per day				
Radiology Radiograph, kidney-ureter-bladder (KUB) , portable, ☑ routine for tube placement verification prior to beginning feeds				
Consults				

☑ Consult to dietitian, adult for assessment and recommendations

Dietary Supplements and Free Water

Free Wa	iter			
	millil	iter every	hours	
Protein	Powder (BE	NEPROTEIN)		
	scoop	x per day		
Soluble	Fiber (NUTI	RISOURCE FIE	BER) -Max 6 sco	oops per day
	scoop	x per day		

Radiology

Radiograph, kidney-ureter-bladder (KUB) , portable,

routine for tube placement verification prior to beginning feeds

Consults

☑ Consult to dietitian, adult for assessment and recommendations