

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type: _____

PEDIATRIC DIABETES DISCHARGE ORDERS

Version 4 03/10/2014

DIAGNOSIS: TYPE I II NEW ONSET DKA

Condition: _____

Diet: K-Calories _____ ADA _____

Activity: _____ Return to School: _____

Notify physician if CBS: _____ F/U Office: _____

Referral diabetes outpatient education: _____

Insulin type: _____

Supplies:

Blood glucose meter: Brand: _____

Test strips: Brand _____, # of tests/day _____

Lancets: _____ Control solution _____

Syringes: Type: _____

Glucagon emergency kit: _____

Ketodiaslix: _____

Provider Signature: _____ Date: _____ Time: _____