Infusion Therapy Plan



PHYO CMC85045-001NS Rev. 2/2021

Glucose	Tolerance	Test

	rage i 014
Patient Name:	
Date of Birth:	

Baseline Patient Demographic To be completed by the ordering provider. Diagnosis: Height: _____ cm Weight: _____ kg Body Surface Area: _____ ☐ NKDA - No Known Drug Allergies ☐ Allergies: __ ORDERS TO BE COMPLETED FOR EACH THERAPY **ADMIT ORDERS ✓** Nursing communication Please verify the patient has been fasting pre-study. Height and weight **▼** Vital signs Level of consciousness and physical assessment **Hypotension Defined Admit** Nursing communication Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring. Hypotension is defined as follows: 1 month to 1 year - systolic blood pressure (SBP) less than 70 1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years) 11 years to 17 years - systolic blood pressure (SBP) less than 90 OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline. Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension. **NURSING ORDERS** Please select all appropriate therapy **IV START NURSING ORDERS** ☐ Insert peripheral IV / Access IVAD Place PIV if needed or access IVAD if available

☐ lidocaine 1% BUFFERED (J-TIP LIDOCAINE) 0.2 mL, INTRADERMAL, PRN when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedure Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets < 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates. ☐ lidocaine - prilocaine (EMLA) cream TOPICAL, PRN when more than 60 minutes are available before procedure will take more than 1 hour patient / family preference for procedure Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour. ☐ lidocaine - tetracaine (SYNERA) patch TOPICAL, PRN ☐ when 20 - 30 minutes are available before procedure ☐ when procedure will take more than 1 hour when anticipated pain is less than 5 mm from skin surface patient / family preference for procedure



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NURSING ORDERS, CONTINUED
☐ lidocaine with transparent dressing 4% kit TOPICAL, PRN ☐ when 20 - 30 minutes are available before procedure ☐ when procedure will take more than 1 hour
patient / family preference for procedure
☐ Heparin flush
heparin flush 10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de - accessing the IVAD.
heparin flush 100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de - accessing IVADs.
☐ Sodium chloride flush
Sodium chloride flush 0.9% injection 1 - 20 mL, INTRAVENOUS, PRN, IV line flush Sodium chloride - preservative free 0.9% injection 1 - 30 mL, INTRAVENOUS, PRN, IV line flush
PRE-PROCEDURE LABS
Nursing communication Notify MD if any glucose level is greater than 350 mg / dL or less than 60 mg / dL (values may be adjusted by provider).
Glucose Fasting INTERVAL: Once DEFER UNTIL: DURATION: for 1 treatment Unit collect, baseline fasting glucose prior to administration of oral glucose.
✓ Insulin Fasting INTERVAL: Once DEFER UNTIL: DURATION: for 1 treatment Unit collect, baseline fasting glucose prior to administration of oral glucose.
INTRA-PROCEDURE
Monitor apical pulse and blood pressure with every blood draw. Assess for signs and symptoms of hyperglycemia. Assess patient for ☐ 30 ☐ 60 ☐ 90 ☐ 120 minutes after test. Diet: crackers / water (juice if last blood sugar < 60 mg / dL).
Physician communication order Oral glucose dose: 1.75 g / kg (maximum dose = 75 g). Please enter the dose of oral glucose in "g" to facilitate prior authorization requirements.
glucose TOLERANCE TEST oral liquid INTERVAL: Once DEFER UNTIL: DURATION: for 1 treatment ORAL, ONCE, Patient must drink within a 6 minute period. Maximum dose = 75 g Dose:



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INTRA-PROCEDURE, CONTINUE				
MINAT NOOLDONE, CONTINUE				
Therapy Appointment Request				
Please select department for the the	rapy appointment request:			
Expires in 365 days				
☐ Dallas Special Procedures ☐ Oral glucose tolerance test is a one t☐ 1 week ☐ 2 weeks ☐ 1 m. If the test cannot be completed within	time test, schedule appropriate dur onth 2 months 3 month	ation for the test. Par		
☐ Glucose 2 Hour	INTERVAL: Once	DEFER UNTIL:	DUF	RATION: for 1 treatment
Unit collect, draw 120 minutes after of	oral glucose given.			
☐ Insulin - 2 Hour	INTERVAL: Once	DEFER UNTIL:	DUI	RATION: for 1 treatment
Unit collect, draw insulin levels at 12	0 minutes after oral glucose admin	istered.		
EMERGENCY MEDICATIONS				
✓ Nursing communication				
Hives or cutaneous reaction or PATIENT IS HAVING A DRUG	nly – no other system involvement			
a. Stop the infusion				
b. Give diphenhydramine as	ordered ory rate and blood pressure every	5 minutes until furthe	ur ordore from providor	
	or (cardiac / apnea, blood pressure			
e. Notify provider for further	orders		,	
Hives or cutaneous reaction respiratory distress, mouth / to PATIENT IS HAVING ANAPH		lominal cramping, v	omiting, hypotension, al	Itered mental status,
a. Stop the infusion	givo oninonbrino			
b. Call code – do not wait toc. Give epinephrine as order				
d. Notify provider	ory rate and blood pressure every	5 minutes until the co	odo toam arrivos	
f. Connect patient to monito	or (cardiac / apnea, blood pressure			
g. Give diphenhydramine on	ice as needed for hives every 5 minutes x 2 doses for per	reistant hynotansion	and reeniratory dietrees	with desaturation until code
team arrives.				
 May give albuterol as ord saturation. 	dered for wheezing with oxygen sa	aturation stable while	e waiting for code team,	continue to monitor oxygen
Hypotension is Define	ed as Follows:			
1 month to 1 year – systo	lic blood pressure (SBP) less than		ra)	
	olic blood pressure (SBP) less than stolic blood pressure (SBP) less that		15)	
	od pressure (SBP) drop more than essure (SBP) x 0.7 = value below o		on.	
☐ EPINEPHrine Injection Orderable (AMPULE / EPI - PEN JR. / EPI - P	For Therapy Plan	,,		
0.01 mg / kg, INTRAMUSCULAR,		phylaxis and may be	e repeated for persistent	hypotension and respiratory
distress with desaturation until the c Use caution with PIV administration		U > 0 or on com-1-1	itu > 600 mOam / l	
Dose:	i. This solution has a pri > 5, of a p	TI - 3, OI AII USIIIUIAI	ity > 000 mOSm / L.	



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ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS, CONTINUED			
☐ Cardio / Respiratory Monitoring Rationale for Monitoring: High risk patient (please specify risk) ☐ Clinically significant cardiac anomalies or dysrhythmias ☐ Recent acute life-threatening event ☐ Unexplained or acutely abnormal vital signs			
☐ Artificial airway (stent, tracheostomy, oral airway) ☐ Acute, fluctuating or consistent oxygen requirements Monitor Parameters (select all that apply): ☐ Heart rate ☐ Oxygen satura Telemetry Required: ☐ Yes ☐ No	tion □ Respirato	ry rate	
diphenhydrAMINE injection 1 mg / kg, INTRAVENOUS, ONCE PRN,for hives or cutaneous reaction, for 1 Dose:	dose maximum do	se = 50 mg per dose, 300 m	ng per day.
☐ Albuterol for aerosol 0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturat saturation for 1 dose Dose:	ons stable while w	aiting for code team, contin	ue to monitor oxygen
POST-PROCEDURE			
✓ Discontinue line / drain / tube Observe patient for (☐ 30 ☐ 60 ☐ 90 ☐ 120) minutes after test and lai	os are complete, the	en discontinue PIV and discl	harge home.
▼ Nursing communication Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the complete Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD biscontinue PIV prior to discharge on the last day of infusion.	•	on.	
Sodium chloride 0.9%infusion INTRAVENOUS, at 0 - 25 mL / hr, ONCE, for 1 dose Dose:			
	(circle one): MD DO		
Signature of Provider	Credentials	Date	Time
Printed Name of Provider			