



Patient Name: _____

Date of Birth: _____

PHYO

CMC85045-001NS Rev. 2/2021

Glucose Tolerance Test Infusion Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)
 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 \leq 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 when 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

Key: cm = centimeter; dL = deciliter (100 mL); g = gram; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; SBP = systolic blood pressure



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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

Nursing communication

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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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 saturation Respiratory rate

Telemetry Required: Yes No

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST-PROCEDURE

Discontinue line / drain / tube

Observe patient for (30 60 90 120) minutes after test and labs are complete, then discontinue PIV and discharge home.

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.

Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.

Discontinue PIV prior to discharge on the last day of infusion.

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