ORDERS • NJ TUBE PLACEMENT

Physician: Check all orders that pertain to the patient. Date, time & sign all orders.

Weight: _______ kg  Height: _______ cm  BSA: _______ m²

Allergies (food, drug and environmental) OR Adverse Drug Reactions (True or Suspected):

☐ Reviewed in LINKS and accurate as documented
☐ Reviewed in LINKS: Please add: ___________________________
☐ Please cancel: ___________________________

Diagnosis: _______________________________________________

NURSING
☒ 1. Place NJ Tube per LPCH policy
  • Less than 10 kg: Use orange NG tube without stylet
  • Greater than 10 kg: Use 8 Fr 36 in Corflo nonweighed tube
  • Adult patients or greater than 50 kg: 10 Fr Corflo 36 in nonweighted tube
  • Place in right lateral oblique position with HOB 15-30 degrees
  • Page H.O. once KUB is taken: Pager __________

MEDICATION
☐ 1. Metoclopramide (0.1 – 0.2 mg/kg/dose: max 10 mg) = _______ mg IV x 1

DIAGNOSTIC SERVICE / RADIOLOGY
☒ 1. KUB
  Reason: Assess NJ placement
☒ 2. Repeat KUB X 1 – if necessary
  Reason: Repeat to ensure NJ is in proper placement

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