

Medical Record Number

Patient Name

ORDERS • NJ TUBE PLACEMENT

Addressograph or Label – Patient Name, Medical Record Number

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

DATE	TIME	Provider Signature:	Pager:	Noted by:	Date/Time
Orders signed		PRINT Provider Name:		RN Signature	Date/Time