Unique Plan Description: Cystic Fibrosis
Plan Selection Display: Cystic Fibrosis
PlanType: Medical
Version: 24
Begin Effective Date: 04/22/2026 04/22/2026 16:37
End Effective Date: Current
Available at: ***EMMC***
Plan Comment:

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Cystic Fibrosis

Activity

- ☐ Activity
  Early & Progressive Mobilization, Patient must be awake by 0900

Diet

- ☐ Diet
  Regular Diet, Parameters: Hi Pro/Hi Cal, Between Meal Nourishment Morning | Afternoon | Bedtime (DEF)*
  Pediatric Diet, Parameters: Hi Pro/Hi Cal

Adult Tube Feedings

- ☐ Tube Feeding-Adult Bolus
  Daily, Special Instructions: Overnight
- ☐ Free Water
  30 mL, Every 6 Hour Interval
- ☐ Tube Feeding Additives
- ☐ Tube Feeding Additives

Pediatric Tube Feedings

- ☐ Tube Feeding-Pediatric Bolus
  Daily, Special Instructions: Overnight (DEF)*
  Daily, Special Instructions: Daytime
- ☐ Tube Feeding-Pediatric Continuous
  Special Instructions: Daily, Overnight

Patient Care

- ☐ Dosing Weight
  Every 84 Hour Interval (2x/week)
- ☐ Bedside Glucose Monitoring
  Before Meals+Bedtime, RN may discontinue order after 4 consecutive normal glucose levels

Medications

- ☐ Protonix
  40 mg, EC Tablet, PO, Daily
- ☐ Pepcid
  20 mg, Tab, PO, Twice Daily, Weight 40 kg or greater [Greater Than or Equal To 40 kg] (DEF)*
  Comments: Weight 40 kg or greater
  20 mg, Soln, IV Push, Twice Daily, Weight 40 kg or greater [Greater Than or Equal To 40 kg]
  Comments: Weight 40 kg or greater
  20 mg, Susp, PO, Twice Daily, Weight 40 kg or greater [Greater Than or Equal To 40 kg]
  Comments: Weight 40 kg or greater
  0.5 mg/kg, Soln, IV Push, Twice Daily, Weight less than 40 kg [Less Than 40 kg]
  Comments: Weight less than 40 kg; Max dose = 20 mg
  0.5 mg/kg, Tab, PO, Twice Daily, Weight less than 40 kg [Less Than 40 kg]
  Comments: Weight less than 40 kg; Max dose = 20 mg; Pharmacist may round to the nearest whole tablet
  0.5 mg/kg, Susp, PO, Twice Daily, Weight less than 40 kg [Less Than 40 kg]
  Comments: Weight less than 40 kg; Max dose = 20 mg
- ☐ Prevacid SoluTab (Swallowing Issues ONLY)
  15 mg, Disintegrating Tablet, PO, Daily (DEF)*
  30 mg, Disintegrating Tablet, PO, Daily

Bowel Management

- ☐ MiraLax

17 gm, Powder, PO, Daily, PRN, Constipation

Vitamins

☐ Vitamin D3
800 Int_Unit, Tab, PO, Daily (DEF)*
2,000 Int_Unit, Tab, PO, Daily
4,000 Int_Unit, Tab, PO, Daily

☐ Vitamin D2
50,000 Int_Unit, Cap, PO, Weekly Intervals

☐ MVW Complete Formulation Pediatric Drops oral liquid
0.5 mL, Liquid, PO, Daily, Indication: Cystic Fibrosis, Patients less than 12 months old [Less Than 12 Month] (DEF)*
Comments: Patients less than 12 months old. To be taken with meals containing fat.
1 mL, Liquid, PO, Daily, Indication: Cystic Fibrosis, Patients 1 year up to 4 years old [1 - 4 YR]
Comments: Patients 1 year up to 4 years old. To be taken with meals containing fat.

☐ MVW Complete Formulation D3000 oral tablet, chewable
1 TAB, Chew tab, CHEWED, Daily, Indication: Cystic Fibrosis, Patients 4 years up to 9 years old [4 - 9 YR] (DEF)*
Comments: Patients 4 years up to 9 years old. Best taken with meals containing fat.
1 TAB, Chew tab, CHEWED, Twice Daily, Indication: Cystic Fibrosis, Patients 9 years old or greater [Greater Than or Equal To 9 YR]
Comments: Patients 9 years old or greater. Best taken with meals containing fat.

Pancreatic Enzymes

Use 1 EA option for tube feeds up to 500 mL, 2 EA option should be used for tube feeds up to 1000 mL(NOTE)*

☐ Relizorb
1 EA, Device, MISC, Every PM (DEF)*
Comments: Connect in line with enteral feeding pump tubing set. Use for tube feeds up to 500 mL. Enteral flow rate must be 10 - 400 mL/hr. Limit 2 cartridges per day for patients 6 months or less. Limit 6 cartridges per day for patients greater than 6 months.
2 EA, Device, MISC, Every PM
Comments: Connect in line with enteral feeding pump tubing set. Use for tube feeds up to 1000 mL. Enteral flow rate must be 24 - 150 mL/hr. Limit 2 cartridges per day for patients 6 months or less. Limit 6 cartridges per day for patients greater than 6 months.

With Meals(NOTE)*

☐ pancrelipase 4000 - 14,375 - 15,125 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, With Meals, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ pancrelipase 8000 - 28,750 - 30,250 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, With Meals, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ pancrelipase 16,000 - 57,500 - 60,500 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, With Meals, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ pancrelipase 24,000 - 86,250 - 90,750 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, With Meals, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ Creon 6,000 - 19,000 - 30,000 units oral delayed release capsule
CAP, EC Capsule, PO, With Meals, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ Creon 12,000 - 38,000 - 60,000 units oral delayed release capsule
CAP, EC Capsule, PO, With Meals, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ Creon 24,000 - 76,000 - 120,000 units oral delayed release capsule
CAP, EC Capsule, PO, With Meals, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

With Snacks(NOTE)*

☐ pancrelipase 4000 - 14,375 - 15,125 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, Six Times Daily, PRN, With Snacks, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ pancrelipase 8000 - 28,750 - 30,250 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, Six Times Daily, PRN, With Snacks, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ pancrelipase 16,000 - 57,500 - 60,500 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, Six Times Daily, PRN, With Snacks, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ pancrelipase 24,000 - 86,250 - 90,750 units (Pertzye) oral delayed release capsule
CAP, EC Capsule, PO, Six Times Daily, PRN, With Snacks, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ Creon 6,000 - 19,000 - 30,000 units oral delayed release capsule
CAP, EC Capsule, PO, Six Times Daily, PRN, With Snacks, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ Creon 12,000 - 38,000 - 60,000 units oral delayed release capsule
CAP, EC Capsule, PO, Six Times Daily, PRN, With Snacks, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

☐ Creon 24,000 - 76,000 - 120,000 units oral delayed release capsule
CAP, EC Capsule, PO, Six Times Daily, PRN, With Snacks, May open capsule and sprinkle contents on a small amount of acidic food at room temperature such as applesauce. Do not chew or crush capsule.

Respiratory

Avoid the routine use of an inhaled or oral corticosteroid in patients with Cystic Fibrosis who do not have asthma or allergic bronchopulmonary aspergillosis(NOTE)*

☐ Coly Mycin M
75 mg, Soln, NEB, Twice Daily, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis
Comments: in 4 mL NS

☐ Albuterol NEB
2.5 mg, Soln, NEB, Every 6 Hours (DEF)*
2.5 mg, Soln, NEB, Every 12 Hours

☐ hypertonic saline 7% NEB
4 mL, Soln, NEB, Every 12 Hours

☐ Pulmozyme
2.5 mg, Soln, NEB, Bedtime, Prior to last vest use at bedtime

☐ Cayston 75 mg inhalation powder for reconstitution
75 mg, Soln, NEB(Self-Admin), Three Times Daily, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patient's Own Meds
Comments: Non-Formulary Med generally supplied as patient's own medication;1. Prior to administration, the patient should use a bronchodilator. For patients taking multiple inhaled therapies, the recommended order of administration is: bronchodilator, mucolytic, and then aztreonam. 2. Administer immediately after reconstitution of the solution. 3. Administer via an Altera Nebulizer System only. Do not administer via any other nebulizer. 4. Do not mix with any other drugs.

Antibiotics

Select the most appropriate antibiotic for coverage based on the most recent sputum culture available. Once new culture results are available this should be adjusted accordingly.(NOTE)*
If identified organism is non-susceptible to all listed antibiotics, start regimen using agents that were previously susceptible and contact pulmonology/ID immediately.(NOTE)*
Pseudomonas, Achromobacter:(NOTE)*

☐ cefepime
50 mg/kg, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight less than 40 kg [Less Than 40 kg] (DEF)*
Comments: Weight less than 40 kg; Max dose = 2 gm
2 gm, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight 40 kg or greater [Greater Than or Equal To 40 kg]
Comments: Weight 40 kg or greater

Piperacillin-tazobactam is NOT compatible with lactated ringers. If patient is on lactated ringers, consider switching to normal saline(NOTE)*

☐ piperacillin-tazobactam
112.5 mg/kg, Soln, IV, Every 6 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Infuse Over: 30 Minutes, Weight less than 40 kg [Less Than 40 kg] (DEF)*
Comments: Weight less than 40 kg; Piperacillin-tazobactam is NOT compatible at the Y-site

with lactated ringers. Notify provider if patient has only one IV and both piperacillin-tazobactam and lactated ringers are ordered simultaneously. Max dose = 4.5 gm

4.5 gm, Soln, IVPB, Every 6 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Infuse Over: 30 Minutes, Weight 40 kg or greater [Greater Than or Equal To 40 kg]

Comments: Weight 40 kg or greater, Piperacillin-tazobactam is NOT compatible at the Y-site with lactated ringers. Notify provider if patient has only one IV and both piperacillin-tazobactam and lactated ringers are ordered simultaneously.

Piperacillin-tazobactam is NOT compatible with lactated ringers. If patient is on lactated ringers, consider switching to normal saline(NOTE)*

☐ Sodium Chloride 0.9%

Tot Vol: 1,000 mL, mL/hr, Soln, IV

If b-lactam allergic or non-susceptible to cefepime or piperacillin-tazobactam:(NOTE)*

☐ tobramycin

10 mg/kg, Soln, IVPB, Every 24 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis

☐ Levaquin

10 mg/kg, Soln, IVPB, Every 12 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients 6 months up to 5 years old [6 - 60 Month] (DEF)*

Comments: Patients 6 months up to 5 years old; Max dose = 750 mg/dose

10 mg/kg, Soln, IVPB, Every 24 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients 5 years old and greater AND weight less than 75 kg [Greater Than or Equal To 5 YR and Less Than 75 kg]

Comments: Patients 5 years old and greater AND weight less than 75 kg; Max dose = 750 mg/dose

750 mg, Soln, IVPB, Every 24 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients 5 years old and greater AND weight 75 kg or greater [Greater Than or Equal To 5 YR and Greater Than or Equal To 75 kg]

Comments: Patients 5 years old and greater AND weight 75 kg or greater

☐ Azactam

50 mg/kg, Soln, IVPB, Every 6 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight less than 40 kg [Less Than 40 kg] (DEF)*

Comments: Weight less than 40 kg; Max dose = 2 gm/dose

2 gm, Soln, IVPB, Every 6 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight 40 kg or greater [Greater Than or Equal To 40 kg]

Comments: Weight 40 kg or greater

If non-susceptible to cefepime, piperacillin-tazobactam, Levofloxacin, aztreonam:(NOTE)*

☐ meropenem

40 mg/kg, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight less than 50 kg [Less Than 50 kg] (DEF)*

Comments: Weight less than 50 kg; Max dose = 2 gm

2 gm, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight 50 kg or greater [Greater Than or Equal To 50 kg]

Comments: Weight 50 kg or greater

☐ Tobramycin NEB

300 mg, Soln, NEB, Every 12 Hours, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis

MSSA: No additional coverage needed if also on piperacillin-tazobactam, cefepime, or meropenem. If on aztreonam or Levofloxacin, add cefazolin(NOTE)*

☐ ceFAZolin

50 mg/kg, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight less than 40 kg [Less Than 40 kg] (DEF)*

Comments: Weight less than 40 kg; Max dose = 2 gm

2 gm, Soln, IV Push, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight 40 kg or greater [Greater Than or Equal To 40 kg]

Comments: Weight 40 kg or greater, Reconstitute each vial with 15 mL Sterile Water for Injection. IV PUSH over 2 minutes.

MRSA or MSSA with b-lactam allergy:(NOTE)*

If previously received inpatient vancomycin, consider starting at the same dose as previously used(NOTE)*

☐ vancomycin - Pharmacy to Dose Consult

Daily, Indication: Other (specify in comments), Reason: Pharmacy to Dose, Comment: Cystic Fibrosis

☐ vancomycin

15 mg/kg, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients 19 years old or greater AND weight less than 83.3 kg [Greater Than or Equal To 19 YR and Less Than 83.3 kg] (DEF)*

Comments: Patients 19 years old or greater AND weight less than 83.3 kg; Total Max dose = 4 gm/24 hours

1,250 mg, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients 19 years or greater AND weight 83.3 kg or greater [Greater Than or Equal To 19 YR and Greater Than or Equal To 83.3 kg]

Comments: Patients 19 years or greater AND weight 83.3 kg or greater; Total Max dose = 4 gm/24 hours

1,000 mg, Soln, IVPB, Every 6 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients less than 19 years old AND weight 50 kg or greater [Less Than 19 YR and Greater Than or Equal To 50 kg]

Comments: Patients less than 19 years old AND weight 50 kg or greater; Total Max dose = 4 gm/24 hours

20 mg/kg, Soln, IVPB, Every 6 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients less than 19 years old AND weight less than 50 kg [Less Than 19 YR and Less Than 50 kg]

Comments: Patients less than 19 years old AND weight less than 50 kg; Total Max dose = 4 gm/24 hours

☐ Vancocin

250 mg, Soln, NEB, Twice Daily, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, 14 Days

Comments: Mix with 5 mL Sodium Chloride 0.9%, for nebulization

If intolerant to vancomycin:(NOTE)*

☐ Zyvox

600 mg, Soln, IVPB, Every 12 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients 12 years old or greater AND weight 60 kg or greater [Greater Than or Equal To 12 YR and Greater Than or Equal To 60 kg] (DEF)*

Comments: Patients 12 years old or greater AND weight 60 kg or greater; Dose to be administered = 600 mg; Documentation of dose/waste: Dose to be administered = 600 mg Drug wasted = 0 EA (1EA=600mg)

10 mg/kg, Soln, IVPB, Every 12 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients 12 years old or greater AND weight less than 60 kg [Greater Than or Equal To 12 YR and Less Than 60 kg]

Comments: Patients 12 years old or greater AND weight less than 60 kg; Max dose = 600 mg; Documentation of dose/waste: Dose to be administered = _ _ mg Drug wasted = _ _ EA (1EA=600mg)

10 mg/kg, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients less than 12 years old AND weight less than 60 kg [Less Than 12 YR and Less Than 60 kg]

Comments: Patients less than 12 years old AND weight less than 60 kg; Max dose = 600 mg; Documentation of dose/waste: Dose to be administered = _ _ mg Drug wasted = _ _ EA (1EA=600mg)

600 mg, Soln, IVPB, Every 8 Hour Interval, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Patients less than 12 years old AND weight 60 kg or greater [Less Than 12 YR and Greater Than or Equal To 60 kg]

Comments: Patients less than 12 years old AND weight 60 kg or greater; Dose to be administered = 600 mg; Documentation of dose/waste: Dose to be administered = 600 mg Drug wasted = 0 EA (1EA=600mg)

Stenotrophomonas:(NOTE)*

☐ Bactrim DS

2 TAB, Tab(DS), PO, Every 12 Hours, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis

Comments: Dosing based on TMP component

☐ Bactrim suspension

10 mg/kg, Susp, PO, Every 12 Hours, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, Weight less than 32 kg [Less Than 32 kg] (DEF)*

Comments: Weight less than 32 kg; TMP per dose, Max dose = 320 mg

320 mg, Susp, PO, Every 12 Hours, Indication: Other(Specify in Infection Source Commen, Cystic

Fibrosis, Weight 32 kg or greater [Greater Than or Equal To 32 kg]
Comments: Weight 32 kg or greater; TMP per dose, Max dose = 320 mg

For patients with pseudomonas who do NOT have nontuberculous mycobacteria (NTM). Azithromycin is used as an anti-inflammatory in Cystic Fibrosis patients.(NOTE)*

☐ Zithromax
250 mg, Susp, PO, MWF, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, 30 Days, Weight 18 kg up to 36 kg [18 - 36 kg] (DEF)*
Comments: Azithromycin is used as an anti-inflammatory in CF patients; Weight 18 kg up to 36 kg
250 mg, Tab, PO, MWF, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, 30 Days, Weight 18 kg up to 36 kg [18 - 36 kg]
Comments: Azithromycin is used as an anti-inflammatory in CF patients; Weight 18 kg up to 36 kg
500 mg, Susp, PO, MWF, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, 30 Days, Weight 36 kg or greater [Greater Than or Equal To 36 kg]
Comments: Azithromycin is used as an anti-inflammatory in CF patients; Weight 36 kg or greater
500 mg, Tab, PO, MWF, Indication: Other(Specify in Infection Source Commen, Cystic Fibrosis, 30 Days, Weight 36 kg or greater [Greater Than or Equal To 36 kg]
Comments: Azithromycin is used as an anti-inflammatory in CF patients; Weight 36 kg or greater

Laboratory

Labs Now

☐ Blood Gas Venous
BLOOD, Expedite, Start: T;N

☐ Comprehensive Metabolic Panel
BLOOD, Expedite, Start: T;N

☐ CBC with Differential
BLOOD, Expedite, Start: T;N

Labs AM

☐ Hemoglobin A1c w/est Average Glucose
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Des-gamma-carboxy Prothrombin
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Immunoglobulin E
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Vitamin A Level
BLOOD, AM Tomorrow, Start: T+1;0545

☐ Vitamin D 25 Hydroxy Level
BLOOD, AM Tomorrow, Start: T+1;0545

Microbiology

☐ Cystic Fibrosis Culture w/Sensitivity
SPUTUM, Expedite, Start: T;N

☐ Mycobacterium Culture
SPUTUM, Expedite, Start: T;N
Comments: Collect one sample to use for both Mycobacterium Culture and AFB SMEAR

☐ AFB SMEAR
SPUTUM, Expedite, Start: T;N
Comments: Collect one sample to use for both Mycobacterium Culture and AFB SMEAR

Tests/Procedures

☐ XR Chest 2 Views 71046
Wheelchair, Exacerbation of Cystic Fibrosis, Expedite

☐ Spirometry
Cystic Fibrosis, Wheelchair

Consults

☑ Nutrition Assessment/Evaluation
Reason for Assessment: Cystic Fibrosis

☐ **+7 Days** Physical Therapy Evaluation and Treatment Acute

Strengthening and Mobility

Respiratory

☐ Therapy Vest
Routine, Three Times Daily, while awake, 10-14 hertz, may use own equipment (DEF)*
Routine, Twice Daily, alternated with daily chest physio therapy

☐ Chest Physio Therapy (CPT)
Routine, Three Times Daily, while awake (DEF)*
Routine, Twice Daily, alternated with Therapy vest
Routine, Twice Daily, alternated with flutter valve

☐ Flutter Valve
Routine, Every 4 Hours, while awake (DEF)*
Routine, Twice Daily, alternated with chest physio therapy

☐ Flutter Valve Instruct by Respiratory Therapist

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase