Urea Cycle Disorder Patient Form

Name:

Date of Birth:

Primary Diagnosis:

HEALTHY DAY PROTOCOL		
Formula Type	Grams	Method, amount, and volume
Medications (add sheet if necessary)	Dosage (put all liquids in dose per mL format)	Method, amount, and times given
Protein limit of ___ grams per day from foods		
Foods Preferred	Protein Content	Special Instructions (cut up, puree, etc)

Medical Professional Signature and Date:

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SICK DAY PROTOCOL (AT HOME) – MAY SAFELY USE UP TO ___ HOURS		

Check one or write instructions:
    o   Stop all protein intake for ___ hours
    o   Reduce protein intake to ___ grams per 24 hours
    o   Increase fluids
    o Increase protein free, calorie rich foods		

Formula Type	Grams	Method, amount, and volume

Check boxes or write instructions:
    o   If improving within ___ hours, return to Healthy Day Protocol
    o   If not improving within ___ hours, go to _____ or call _____
    o If worsening, go to _____ or call _____		

Medical Professional Signature and Date:

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HOSPITALIZATION PROTOCOL		
My Healthy Symptoms	My Mild Symptoms	My Severe Symptoms
Labs to be drawn	Frequency	Acceptable results
Ammonia		
Treat in the following manner, keeping in mind mental status of individual		

Normal labs, not tolerating Healthy Day Protocol:

Mildly abnormal labs, may or may not be symptomatic:

Very abnormal labs, if asymptomatic:

Very abnormal labs, if symptomatic:

*How to transition back to Healthy Day Protocol:
Please use this space for notes, etc.

Medical Professional Signature and Date: