



## Physician Orders ADULT: Routine Deceased Donor Adult Plan

### Initiate Orders Phase

#### Non Categorized

NOTE: Nurse - confirm PM Discharge disposition set to "Donor and or Life Support" on hospital encounter. Enter these orders on new OP encounter created by Access/Registration for the donor for the transplant provider.(NOTE)\*

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
*Phase: Routine Deceased Donor Phase, When to Initiate: \_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: \_\_\_\_\_*

### Routine Deceased Donor Phase

#### Admission/Transfer/Discharge

This plan should only be used for patients declared Brain Dead that have a signed consent for donation.(NOTE)\*

- ☒ Outpatient Patient Status Initial  
*T;N Attending Physician: \_\_\_\_\_*  
*Reason for Visit: \_\_\_\_\_*  
*Bed Type: Critical Care Specific Unit: \_\_\_\_\_*  
*Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure*  
*[ ] OP OBSERVATION Services*

- ☒ Notify Physician-Once  
*Notify For: of room number on arrival to unit*

### Vital Signs

- ☒ Vital Signs  
*Monitor and Record Blood Pressure Routine, q15min, may monitor and record blood pressure q1h if not currently on any vasopressors*
- ☒ Vital Signs  
*Routine Monitor and Record Temp, monitor and record temp q1h, maintain temperature 35.5 to 38.3 degrees Celsius. May use warming blanket. Document temperature hourly.*
- ☒ Central Venous Pressure Monitoring  
*q1h(std), Measure CVP q1h. document hourly. Notify Mid-South Transplant Foundation Coordinator(MSTF) if CVP<4mmH2O or >8mmH2O.*
- ☐ Arterial Blood Pressure Monitoring  
*q1h(std), STAT*

### Food/Nutrition

- ☒ NPO

### Patient Care

- ☒ Code Status  
*NO POST FORM, Resus Type: CPR-Full Resuscitation*
- ☒ Height  
*Routine, Record actual height*
- ☒ Weight  
*Routine, Record actual weight*
- ☒ Turn  
*Routine, side to side, never flat on back*
- ☒ Elevate Head Of Bed  
*30 degrees*
- ☒ Continue Foley Per Protocol  
*Reason: Strict UOP (q30 min or q1 hr) in ICU*





### Physician Orders ADULT: Routine Deceased Donor Adult Plan

- ☒ Indwelling Urinary Catheter Care  
*Routine*
- ☒ Fluid Replacement  
*Routine, Match intake mL to fluid output mL*  
*Comments: Replace fluid hourly based on output with IV Fluid as indicated by physician order*
- ☒ Intake and Output  
*Routine, q1h(std), Record urine output hourly*
- ☒ Nasogastric Tube  
*Tube to Suction, Suction Strength: Low Continuous, Keep head of bed elevated 30 degrees*
- ☒ Neurovascular Checks  
*Routine, q-shift*
- ☐ Heat Apply  
*Apply To Other (See Special Instructions), Forced Air Blanket, Apply to body. Maintain temperature 35.5 to 38.3 degrees Celsius.*
- ☐ Central Line Insertion at Bedside Setup  
*Stat, Special Instructions: Triple Lumen*
- ☐ Central Line Care  
*Routine*
- ☒ Suction Patient  
*q2h(std), PRN, Suction: Endotracheal Tube, suction PRN to clear suction, and if chest percussion produces secretions.*
- ☐ Pulmonary Artery Insertion Setup  
*Stat*
- ☒ Whole Blood Glucose Nsg  
*Stat, q1h(std), Notify Mid-South Transplant Foundation Coordinator(MSTF) if blood glucose is greater than 140mg/L*
- ☐ Bronchoscopy Bedside Setup  
*Stat*

### Nursing Communication

- ☒ Nursing Communication  
*Discontinue all orders on previous FIN*
- ☒ Nursing Communication  
*Auscultate lung field's q2h and notify Mid-South Transplant Foundation Coordinator (MSTF) of any changes in breath sounds or secretions.*
- ☒ Nursing Communication  
*Notify Mid-South Transplant Foundation Coordinator (MSTF) if O2 saturation<96%, Heart Rate<50 or >120bpm, Systolic BP<90 or >160mmHg, MAP less than 60, Urine output <150 or >300 mL/hr*
- ☒ Nursing Communication  
*Notify Mid-South Transplant Foundation Coordinator (MSTF) of any changes or issues*
- ☐ Nursing Communication  
*Notify Mid-South Transplant Foundation Coordinator(MSTF) if CVP less than 4cmH2O or greater than 8cmH2O*
- ☐ Nursing Communication  
*Notify Mid-South Transplant Foundation Coordinator (MSTF) if blood glucose is greater than 140 mg/dL*
- ☐ Nursing Communication  
*Verbally report ALL Blood Gas results to notify Mid-South Transplant Foundation Coordinator (MSTF)*
- ☐ Nursing Communication





### Physician Orders ADULT: Routine Deceased Donor Adult Plan

*Notify Mid-South Transplant Foundation Coordinator(MSTF) if DOPamine dose reaches 20 mcg/kg/min*

- ☐ Nursing Communication  
*Notify Mid-South Transplant Foundation Coordinator(MSTF) if norepinephrine dose exceeds 20mcg/min*

- ☐ Nursing Communication  
*Notify Mid-South Transplant Foundation Coordinator(MSTF) if phenylephrine dose exceeds 100 mcg/min*

#### Respiratory Care

- ☒ Chest Percussion (RT)  
*Stat q2h, Special Instructions: May use Shaker Vest if available*
- ☐ Suctioning by RT  
*Stat q2h(std), Special Instructions: Suction each time with chest percussion if chest percussion produces secretions*
- ☐ Suctioning by RT  
*Routine q4h(std), Special Instructions: Suction every 4 hours if nonproductive and clear breath sounds*
- ☐ Respiratory Communication  
*Routine, Special Instructions: Respiratory Therapist to Contact Coordinator prior to any vent changes.*
- ☐ Respiratory Communication  
*Routine q2h(std), Special Instructions: Auscultate lung fields every 2 hours and notify MSTF of any changes in breath sounds or secretions.*
- ☒ Chest Percussion (RT)  
*Stat q2h(std), Special Instructions: suction if chest percussion produces secretions*
- ☒ ISTAT Blood Gases (RT Collect)  
*Stat once, Special Instructions: Verbally report ALL results to Mid-South Transplant Foundation Coordinator(MSTF), T;N*
- ☐ Bronch Dx W/WO Cell Washing  
*Routine once, Special Instructions: Therapeutic and to assess for anatomical abnormalities pulmonary toilet.*
- ☐ ABG- RT Collect  
*Stat*

NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan. (NOTE)\*

#### Continuous Infusion

Select an IV fluid below for hourly replacement, enter "For Fluid Replacement" in the Order Comments. Enter a separate order for maintenance fluids.(NOTE)\*

- ☐ Dextrose 5% in Water  
*1,000 mL, IV, Routine, 125 mL/hr*
- ☐ Sodium Chloride 0.45%  
*1,000 mL, IV, Routine, 125 mL/hr*
- ☐ Dextrose 5% with 0.45% NaCl  
*1,000 mL, IV, Routine, 125 mL/hr*
- ☐ Sodium Chloride 0.9%  
*1,000 mL, IV, Routine, 100 mL/hr*

#### Medications

- Vasopressors(NOTE)\*
- ☐ **+1 Hours** DOPamine infusion  
*400 mg / 250 mL, IV, Routine, titrate*





### Physician Orders ADULT: Routine Deceased Donor Adult Plan

*Comments: begin at 5 mcg/kg/min; increase by 5 mcg/kg/min as often as every 5 -10 min to keep MAP equal to or greater than 70. Max rate 20mcg/kg/min. Conc: 1600 mcg/mL. Notify Mid-South Transplant Foundation (MSTF) if rate reaches 10 mcg/kg/min*

- ☐ **+1 Hours** norepinephrine 16 mg/250 mL- NaCl 0.9% injectable solution  
16 mg / 250 mL, IV, Routine, titrate  
*Comments: Start 2 mcg/min; increase by 2 mcg/min as often as every 5-10 minutes to keep MAP equal to or greater than 70. Max rate 90 mcg/min. Conc: 64mcg/mL. Notify Mid-South Transplant Foundation Coordinator (MSTF) if norepinephrine rate exceeds 10 mcg/min.*
- ☐ **+1 Hours** phenylephrine 50mg + Sodium Chloride 0.9% 250 mL (IVS)\*  
Sodium Chloride 0.9%  
250 mL, IV, Routine  
*Comments: Start at 50 mcg/min; increase by 10 mcg/min as often as every 5-10 minutes to keep MAP equal to or greater than 70. Max rate 100 mcg/min. Conc: 200mcg/mL. Notify Mid-South Transplant Foundation (MSTF) if phenylephrine rate exceeds 50 mcg/min*  
phenylephrine (additive)  
50 mg
- Antibiotics(NOTE)\*
- ☐ **+1 Hours** ceFAZolin  
1 g, Injection, IV Push, q6h, STAT
- ☐ **+1 Hours** piperacillin-tazobactam  
4.5 g, IV Piggyback, IV Piggyback, q6h, STAT  
*Comments: If patient is growing gram (-) rods and or is on a ventilator longer than 24-48 hrs.*
- ☐ **+1 Hours** cefTRIAxone  
1 g, IV Piggyback, IV Piggyback, q12h, STAT, (for 2 dose )  
AND(NOTE)\*
- ☐ **+24 Hours** cefTRIAxone  
1 g, IV Piggyback, IV Piggyback, q24h, Routine
- ☐ **+1 Hours** meropenem  
2,000 mg, Injection, IV Piggyback, q12h, STAT
- ☐ **+1 Hours** cefepime  
2 g, Injection, IV Piggyback, q6h, STAT  
*Comments: if patient is a lung donor*
- ☐ **+1 Hours** metroNIDAZOLE  
500 mg, IV Piggyback, IV Piggyback, q6h, STAT  
*Comments: if patient is a lung donor*
- ☐ **+1 Hours** vancomycin  
1 g, IV Piggyback, IV Piggyback, once, STAT  
AND(NOTE)\*
- ☐ **+12 Hours** vancomycin  
1 g, IV Piggyback, IV Piggyback, q12h, Routine  
Hormone Replacement Protocol: Steroid, Insulin, Dextrose and Levothyroxine should be given in rapid succession.(NOTE)\*
- ☐ **+1 Hours** methylPREDNISolone  
2 g, IV Piggyback, IV Piggyback, once, STAT  
*Comments: Initial Dose give over 30 minutes*
- ☐ **+12 Hours** methylPREDNISolone  
1 g, IV Piggyback, IV Piggyback, q12h, Routine
- ☐ regular insulin  
20 units, Injection, IV Push, once, Routine





### Physician Orders ADULT: Routine Deceased Donor Adult Plan

- ☐ D50W  
25 g, Injection, IV Push, once, PRN Other, specify in Comment, Routine  
Comments: For BG less than or equal to 60
- ☐ **+1 Hours** levothyroxine  
20 mcg, Injection, IV Push, once, PRN Other, specify in Comment, Routine, ( infuse over 5 min )  
Comments: Give prior to starting levothyroxine continuous infusion. For HR less than 110;  
administer as a slow IV Push
- ☐ **+1 Hours** Levothyroxine 200mcg + sodium chloride 0.9% 500mL (IVS)\*  
Sodium Chloride 0.9%  
500 mL, IV, Routine  
Comments: Start immediately after bolus at 2 mL/kg for 2 hours. Then decrease to 1  
mL/kg for continuous infusion.  
levothyroxine (additive)  
200 mcg  
Additional Medication Orders:(NOTE)\*
- ☐ ICU Glycemic Control Protocol Plan(SUB)\*
- ☐ **+1 Hours** vasopressin infusion (IVS)\*  
NaCl 0.9%  
40 mL, IV, Routine, titrate  
Comments: Initial Rate: 0.4 units/hr; Titration Parameters: Double dosage as needed  
every 30 min to MAP of 65 mmHg or SBP of 90 mmHg; increase every 30 minutes  
to a urine output of 150-300 mL/hr; Max Rate: 2.4 units/hr; Conc: 1 unit/mL  
vasopressin (additive)  
40 units
- ☐ **+1 Hours** desmopressin  
2 mcg, Injection, IV Push, once, STAT
- ☐ **+1 Hours** desmopressin  
2 mcg, Injection, IV Push, q1h, PRN Other, specify in Comment, STAT, (for 2 dose )  
Comments: 2 mcg STAT; may repeat in 1 hour if UOP is greater than 500 mL/hr
- ☐ **+1 Hours** mannitol  
g, Injection, IV Push, once, STAT
- ☐ **+1 Hours** mannitol 20% continuous infusion  
100 g / 500 mL, IV, Routine, 30 mL/hr  
Comments: 6 g/hr = 30 mL/hr
- ☐ **+1 Hours** Vitamin K1  
10 mg, IV Piggyback, IV Piggyback, once, STAT
- ☐ **+1 Hours** naloxone  
8 mg, Injection, IV Push, once, STAT
- ☐ **+1 Hours** calcium gluconate  
1 g, IV Piggyback, IV Piggyback, once, STAT, ( infuse over 30 min )
- ☐ **+1 Hours** calcium gluconate  
2 g, IV Piggyback, IV Piggyback, once, STAT, ( infuse over 60 min )
- ☐ **+1 Hours** ocular lubricant ophthalmic solution  
1 application, Ophthalmic Soln, Both Eyes, q2h, Routine  
Comments: Tape lids closed

#### Laboratory

- ☒ CBC  
STAT, T;N, Type: Blood
- ☒ CMP





### Physician Orders ADULT: Routine Deceased Donor Adult Plan

- STAT, T;N, Type: Blood*
- ☒ PT/INR  
*STAT, T;N, Type: Blood*
- ☒ Urinalysis w/Reflex Microscopic Exam  
*STAT, T;N, Type: Urine, Nurse Collect*
- ☒ Urine Culture  
*STAT, T;N, Specimen Source: Urine, Nurse Collect*
- ☒ GGT  
*STAT, T;N, Type: Blood*
- ☒ Lactic Acid Level  
*STAT, T;N, Type: Blood*
- ☒ Magnesium Level  
*STAT, T;N, Type: Blood*
- ☒ Phosphorus Level  
*STAT, T;N, Type: Blood*
- ☒ Bilirubin Direct  
*STAT, T;N, Type: Blood*
- ☒ Type and Crossmatch PRBC  
*STAT, T;N, Type: Blood*  
*Comments: Type and crossmatch for 4 units PRBC's. Keep 2 units available at all times.*
- ☒ Hold PRBC  
*Routine, T;N, Reason: On Hold for Procedure, Subgroup A Blood Types*
- ☐ CK Isoenzymes  
*STAT, T;N, Type: Blood*
- ☐ Hepatic Panel  
*STAT, T;N, Type: Blood*
- ☐ Troponin-I  
*STAT, T;N, Type: Blood*  
*Comments: heart donors*
- ☐ CK  
*STAT, T;N, Type: Blood*
- ☐ BMP  
*STAT, T;N, Type: Blood*
- ☐ PTT  
*STAT, T;N, Type: Blood*  
*Comments: IF DIC is suspected*
- ☐ Amylase Level  
*STAT, T;N, Type: Blood*  
*Comments: pancreas donors*
- ☐ Lipase Level  
*STAT, T;N, Type: Blood*  
*Comments: pancreas donors*
- ☐ Sodium Level  
*STAT, T;N, Type: Blood*
- ☐ Osmolality Serum  
*STAT, T;N, Type: Blood*
- ☒ Blood Culture  
*Time Study, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect*





### Physician Orders ADULT: Routine Deceased Donor Adult Plan

*Comments: May obtain from arterial and central venous line if greater than 12 hours since insertion.*

- ☐ Ionized Calcium  
*STAT, T;N, Type: Blood*
- ☐ Fibrinogen Level  
*STAT, T;N, Type: Blood*  
*Comments: If DIC suspected*
- Additional Labs will be ordered as donor management/evaluation progresses as serial labs(NOTE)\*
- ☒ Hepatic Panel  
*Time Study, T;N, q8h, Type: Blood*
- ☒ Magnesium Level  
*Time Study, T;N, q4h, Type: Blood*
- ☒ Phosphorus Level  
*Time Study, T;N, q4h, Type: Blood*
- ☒ Urinalysis w/Reflex Microscopic Exam  
*Routine, T;N+720, q12h, Type: Urine, Nurse Collect*
- ☐ CMP  
*Time Study, T;N, q4h, Type: Blood*
- ☐ CBC  
*Time Study, T;N, q4h, Type: Blood*
- ☐ PT/INR  
*Time Study, T;N, q4h, Type: Blood*
- ☐ PTT  
*Time Study, T;N, q4h, Type: Blood*
- ☐ CK Isoenzymes  
*Routine, T;N, Type: Blood, Nurse Collect*
- ☐ Platelet Count  
*Time Study, T;N, q6h, Type: Blood, Nurse Collect*
- ☐ Troponin-I  
*Time Study, T;N, q12h, Type: Blood, Nurse Collect*  
*Comments: heart donors*
- ☐ Osmolality Serum  
*Time Study, T;N, q6h, Type: Blood, Nurse Collect*
- ☐ Fibrinogen Level  
*Time Study, T;N, q6h, Type: Blood, Nurse Collect*
- ☐ D-Dimer Quantitative  
*Time Study, T;N, q6h, Type: Blood, Nurse Collect*
- ☐ Respiratory Culture and Gram Stain  
*Routine, T;N, Specimen Source: Broncho Alveolar Lavage Other: Washing, Nurse Collect*  
*Comments: Obtain during bronchoscopy if possible.*

#### Diagnostic Tests

- ☐ Echocardiogram Adult  
*Start at: T;N, Priority: Stat*  
*Comments: Verify timing with MSTF Coordinator prior to ordering.*
- ☐ Electrocardiogram  
*Start at: T;N, Priority: Stat, Reason: Other, specify*
- ☐ Chest 1 View  
*T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable*  
*Comments: Evaluation and measurements for potential organ donation, If central access*







### Physician Orders ADULT: Routine Deceased Donor Adult Plan

*placement is pending, wait until completed to order*

- ☐ Chest 1 View  
T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable  
Comments: Post central line placement or Bronch
- For Non Lung Donors use the order below(NOTE)\*
- ☐ Chest 1 VW  
T;N, Reason For Exam Other, Enter in Comments, Stat, Portable
- ☐ Chest 1 VW  
T;N+720, Reason For Exam Other, Enter in Comments, Stat, Portable  
Comments: q6h for lung donors
- ☐ Chest 1 VW  
T;N+1440, Reason For Exam Other, Enter in Comments, Stat, Portable  
For Lung Donors use the order below.(NOTE)\*
- ☐ Chest 1 VW  
T;N, Reason For Exam Other, Enter in Comments, Stat, Portable
- ☐ Chest 1 VW  
T;N+360, Reason For Exam Other, Enter in Comments, Stat, Portable
- ☐ Chest 1 VW  
T;N+720, Reason For Exam Other, Enter in Comments, Stat, Portable
- ☐ Cath Lab Request to Schedule  
Stat

*Comments: For Cardiac Cath Consult*

#### Consults/Notifications/Referrals

- ☐ Physician Consult
- ☐ Physician Consult

#### Mechanically Ventilated Patients Phase

##### Non Categorized

- R Mechanically Ventilated Pt (Vent Bundle) Care Track  
T;N

##### Patient Care

- ☒ Elevate Head Of Bed  
30 degrees or greater if systolic blood pressure is greater than 95 mmHg
- ☒ Reposition ETT (Nsg)  
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.
- ☒ ETT Subglottic Suction
  - ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)\*
  - ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.
- ☒ Mouth Care  
Routine, q2h(std)
- ☒ Nursing Communication  
Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr
- ☒ Nursing Communication  
If SAS goal not met in 6 hours, call MD for further orders







### Physician Orders ADULT: Routine Deceased Donor Adult Plan

- ☒ Nursing Communication  
*If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msec and HOLD haloperidol*
- ☒ Nursing Communication  
*Once SAS goal is met initially, reassess and document SAS score q2hrs*
- ☒ Nursing Communication  
*If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process*
- ☒ Nursing Communication  
*Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,*

#### Respiratory Care

- ☒ Mechanical Ventilation
- ☒ Reposition ETT (Nsg)  
*QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.*

#### Medications

- ☐ **+1 Hours** docusate  
*100 mg, Liq, NG, bid, Routine*  
*Comments: HOLD for diarrhea*
- ☐ **+1 Hours** famotidine  
*20 mg, Tab, NG, bid, Routine*  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** famotidine  
*20 mg, Injection, IV Push, bid, Routine*  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** pantoprazole  
*40 mg, Granule, NG, QDay, Routine*
- ☐ **+1 Hours** pantoprazole  
*40 mg, Injection, IV Push, QDay, Routine*
- ☒ **+1 Hours** Chlorhexidine For Mouthcare 0.12% Liq  
*15 mL, Liq, Mucous Membrane, bid, Routine*  
*Comments: For mouthcare at 0800 and 2000.*
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)\*
- ☐ VTE SURGICAL Prophylaxis Plan(SUB)\*
- ☐ Sequential Compression Device Apply  
*T;N, Apply to Lower Extremities*

#### Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*  
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended(NOTE)\*

- ☒ Sedation Goal per Riker Scale
  - ☐ Goal: 3 (Sedated) (DEF)\*
  - ☐ Goal: 4 (Calm/Cooperative)
- ☐ Propofol Orders Plan(SUB)\*
- ☐ **+1 Hours** LORazepam  
*1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine*  
*Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.*
- ☐ **+1 Hours** midazolam





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1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine

Comments: To maintain SAS goal. If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.

- ☐ **+1 Hours** midazolam 1mg/mL/NS 50 mL PreMix  
50 mg / 50 mL, IV, Routine, titrate  
Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved.  
Maximum dose 7 mg/hr
- ☐ **+1 Hours** dexmedetomidine infusion (ICU Sedation) (IVS)\*  
Sodium Chloride 0.9%  
100 mL, IV, (for 72 hr ), Titrate  
Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.  
dexmedetomidine (additive)  
400 mcg

#### Pain Management

Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)\*

- ☐ **+1 Hours** morphine  
2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROmorphine  
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** morphine  
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROmorphine  
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** fentaNYL 10 mcg/mL in NS infusion  
2,500 mcg / 250 mL, IV, Routine, Titrate  
Comments: Concentration 10 mcg/mL  
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr

#### Refractory Agitation

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*

- ☐ **+1 Hours** haloperidol  
2 mg, Injection, IV Push, q1h, PRN Agitation, Routine  
Comments: Cardiac monitor required. \*If Qtc greater than 500 msec, hold haldoperidol. \*If SAS not met in 6 hrs, call MD. Call MD if patient requires more than 20 mg/day.

#### Sedation Vacation Daily

- ☒ Sedation Vacation  
qam, see Order Comment:  
Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrate to SAS goal (document on the nursing flow sheet)
- ☒ Ventilator Weaning Trial Medical by RT

#### Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing





**Physician Orders ADULT: Routine Deceased Donor Adult Plan**

*Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and  
HOLD haloperidol*

Date	Time	Physician's Signature	MD Number
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**\*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 sub phase, see separate sheet  
R-Required order

