



## Physician Orders ADULT: Fecal Microbiota Plan

### Initiate Orders Phase

#### Non Categorized

R Powerplan Open

#### Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase  
*Phase: Fecal Microbiota Phase, When to Initiate:\_\_\_\_\_*
- ☐ Initiate Powerplan Phase  
*Phase: Product Phase, When to Initiate:\_\_\_\_\_*

### Product Phase

#### Laboratory

Product ordered must match procedure ordered.(NOTE)\*

- ☐ Fecal Microbiota 250 mL Instillation Product  
*Routine, FMT Delivery Mode Colonoscopy*
- ☐ Fecal Microbiota 250 mL Instillation Product  
*Routine, FMT Delivery Mode Lower Delivery Enema*
- ☐ Fecal Microbiota 30 mL Instillation Product  
*Routine, FMT Delivery Mode Nasal Duodenal Tube*
- ☐ Fecal Microbiota 30 mL Instillation Product  
*Routine, FMT Delivery Mode NGT Tube*
- ☐ Fecal Microbiota 30 mL Instillation Product  
*Routine, FMT Delivery Mode Upper Delivery EGD*

#### Consults/Notifications/Referrals

- ☐ GI Lab Request To Schedule
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with anesthesia, T+1;0800 (DEF)\**
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without anesthesia, T+1;0800*
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with anesthesia*
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without anesthesia*
- ☐ GI Lab Request To Schedule
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema, T+1;0800 (DEF)\**
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema*
- ☐ GI Lab Request To Schedule
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia, T+1;0800 (DEF)\**
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia, T+1;0800*
  - ☐ *Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia*





**Physician Orders ADULT: Fecal Microbiota Plan**

- ☐ *Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia*
- ☐ GI Lab Request To Schedule
- ☐ *Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT, T+1;0800 (DEF)\**
- ☐ *Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT*
- ☒ Infection Control Consult  
*Reason for Consult: Fecal Microbiota Transplant*

**Fecal Microbiota Phase**

**Admission/Transfer/Discharge**

- ☐ Patient Status Initial Outpatient  
*T;N Attending Physician: \_\_\_\_\_*  
*Reason for Visit: \_\_\_\_\_*  
*Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_*  
*Outpatient Status/Service: OP-Ambulatory Surgery*
- ☐ Notify Physician-Once  
*Notify For: of room number on arrival to unit.*

**Food/Nutrition**

- ☐ NPO  
*Start at: T;23:59, after midnight*

**Patient Care**

- ☐ Fecal Microbiota Transplantation Consent  
*T;N, Procedure: Fecal Microbiota Transplantation, Utilize specific Consent for Fecal Microbiota Transplantation (FMT) located under Clinical and System Policies on MOLLI.*
- ☐ NGT Insert  
*for Fecal Microbiota Transplant procedure if not already in place. Placement must be confirmed by x-ray.*
- ☐ IV Insert/Site Care  
*for Fecal Microbiota Transplant procedure if not already in place.*

**Nursing Communication**

- ☐ Nursing Communication  
*Discontinue antibiotics at midnight the night before the procedure.*
- ☐ Nursing Communication  
*If NGT is placed, enter order for KUB stat to confirm placement before procedure*

**Continuous Infusion**

- ☐ Sodium Chloride 0.9%  
*1,000 mL, IV, (for 1 dose ), 20 mL/hr*  
*Comments: To keep vein open; infuse 1000mL only.*
- ☐ Dextrose 5% in Water  
*1,000 mL, IV, (for 1 dose ), 20 mL/hr*  
*Comments: To keep vein open; infuse 1000mL only.*
- ☐ NaCl 0.45%





### Physician Orders ADULT: Fecal Microbiota Plan

1,000 mL, IV, (for 1 dose ), 20 mL/hr

Comments: To keep vein open; infuse 1000mL only.

#### Medications

If fecal microbiota transplant is delivered via lower route, select both loperamide orders below:(NOTE)\*

- ☐ **+1 Hours** loperamide  
4 mg, Cap, PO, N/A  
Comments: Administer the morning of surgery at 0630

- ☐ **+1 Hours** loperamide  
4 mg, Cap, PO, N/A  
Comments: Administer the night before surgery at 2000

- ☐ **+1 Hours** MoviPrep  
2,000 mL, Oral Soln, PO, N/A, Routine  
Comments: Give 240 mL (8 oz every 15 minutes) until 1 L is consumed. Repeat Complete remaining 1 L after 90 minutes. Follow with 32 oz clear liquid.

If fecal microbiota transplant is delivered via nasogastric tube, select both pantoprazole orders below(NOTE)\*

- ☐ **+1 Hours** pantoprazole  
40 mg, DR Tablet, PO, N/A  
Comments: Administer the morning of surgery at 0630

- ☐ **+1 Hours** pantoprazole  
40 mg, DR Tablet, PO, N/A  
Comments: Administer the night before surgery at 2000

#### Laboratory

- ☐ Instill Fecal Microbiota
- ☐ Routine, FMT Delivery Mode Colonoscopy (DEF)\*
  - ☐ Routine, FMT Delivery Mode Lower Delivery Enema
  - ☐ Routine, FMT Delivery Mode Nasal Duodenal Tube
  - ☐ Routine, FMT Delivery Mode NGT Tube
  - ☐ Routine, FMT Delivery Mode Upper Delivery EGD

Date	Time	Physician's Signature	MD Number
------	------	-----------------------	-----------

#### \*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



*Attach patient label here*



**Physician Orders ADULT: Fecal Microbiota Plan**

SUB - This component is a sub phase, see separate sheet  
R-Required order

