

	Orders Phase			
Care S	ets/Protocols/PowerPlans			
	Initiate Powerplan Phase			
	T;N, Phase: PEDiatric Fecal Microbiota Transplant Phase, When to Initiate:			
	ric Fecal Microbiota Transplant Phase			
Admis	sion/Transfer/Discharge			
	Patient Status Initial Outpatient			
	T;N Attending Physician:			
	Reason for Visit:			
	Bed Type:Specific Unit:			
_	Outpatient Status/Service: OP-Ambulatory Surgery			
Ш	Notify Physician-Once			
	T;N, of room number on arrival to unit.			
	Nutrition			
Ш	NPO _			
	Start at: T;23:59, after midnight (DEF)*			
	☐ Start at: T;N			
Patient	•			
	Consent Signed For			
	T;N, Procedure: Fecal Microbiota Transplant, Utilize specific Consent for Fecal Microbiota			
	Transplantation (FMT) located under Clinical and System Policies on MOLLI.			
	NGT Insert			
	T;N, for Fecal Microbiota Transplant procedure if not already in place. Placement must be			
	confirmed by x-ray.			
□ IV Insert/Site Care				
	T;N, for Fecal Microbiota Transplant procedure if not already in place.			
Nursin	g Communication			
	Nursing Communication			
	T;N, Discontinue antibiotics at midnight the night before the procedure.			
	Nursing Communication			
	T;N, If NGT is placed, enter order for KUB stat to confirm placement before procedure			
Contin	uous Infusion			
	Sodium Chloride 0.9%			
	1,000 mL, IV, Routine, (for 24 hr), TKO			
_	Comments: To Keep Vein Open: Do not infuse more than one bag or 1000 mL.			
	Dextrose 5% in Water			
	1,000 mL, IV, Routine, (for 24 hr), TKO			
	Comments: To Keep Vein Open: Do not infuse more than one bag or 1000 mL.			



	Sodium Chloride 0.45%			
	1,000 mL, IV, Routine, (for 24 hr), TKO Comments: To Keep Vein Open: Do not infuse more than one bag or 1000 mL.			
Medic				
	If Fecal Microbiota Transplant is delivered via lower route, order drug below to be given post procedure(NOTE)*			
	loperamide			
	0.5 mg/kg, Liq, PO, bid, Routine, (for 2 dose) Comments: To be given post-procedure			
	polyethylene glycol 3350 with electrolytes			
	25 mL/kg, Oral Soln, PO, q1h, Routine, (for 4 dose) Comments: To be given for 4 doses or until rectal effluent is clear. To be given the night before procedure.			
	If Fecal Microbiota Transplant is delivered via nasogastric tube, order pantoprazole below.(NOTE)*			
	pantoprazole			
	1 mg/kg, Injection, IV Push, N/A, Routine			
	Comments: Administer the evening before the procedure at 20:00. Max dose: 40 mg			
pantoprazole 1 mg/kg, Injection, IV Push, N/A, Routine				
	Comments: Administer the morning of the procedure at 06:30. Max dose: 40 mg			
Labora				
	Electrolytes			
_	Routine, T;N, once, Type: Blood			
	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 NGT Tube			
	Fecal Microbiota 30 mL Instillation Product Routine, FMT Delivery Mode Nasal Duodenal Tube			
	Fecal Microbiota 30 mL Instillation Product Routine, FMT Delivery Mode Upper Delivery EGD			
	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 Upper Delivery EGD	
Consu	ılts/Notificat	tions/Referrals	
	GI Lab Red	quest To Schedule	
	□ an	T+1, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with esthesia. (DEF)*	
	□ an	T+1, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without esthesia	
	□ an	T;N, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with esthesia	
	□ an	T;N, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without esthesia	
	GI Lab Red	quest To Schedule	
		T+1, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema (DEF)*	
		T;N, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema	
	quest To Schedule		
		T+1, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia EF)*	
		, T+1, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia	
		T;N, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia	
		T;N, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia	
	GI Lab Request To Schedule		
		T+1, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT (DEF)*	
		T;N, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT	
$\overline{\mathbf{A}}$	Infection C	ontrol Consult	
		;N, Reason for Consult: Fecal Microbiota Transplant	

*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