

(Place patient identification sticker here)

Physician's Orders TRANSPLANT OUTPATIENT UNIT S/P TRANSPLANT

ADMISSION ORDERS – ADULT CARE SET

HT: _____ cm

WT: _____ kg

Allergies: _____

DATE & TIME	PHYSICIAN'S ORDERS AND DIET
	1. Admit Patient To Transplant Outpatient Unit (STU) on Date: to Dr to Dr
	Diagnosis: S/P Transplant, Immunosuppression Management, long term use
	2. Notify Liver Transplant Fellow for liver transplant patients
	OR
	Nephrology Fellow for kidney transplant patients
	3. Weight on admission.
	4. Vital signs on admission and per routine.
	LABS:
	5. CBC with Differential [] CMP [] BMP
	6. GGT
	7. Magnesium
	8. PT/INR
	9. Urinalysis with micro
	[] Phosphorus
	10. other
	11. Drug Level
	[] tacrolimus (FK506) level
	[] sirolimus (Rapamycin) level
	[] Cyclosporine level
	12. Patient may take own medications after labs drawn.
	13. Diet:
	[] Regular
	[]kcal ADA if pt diabetic
	[] Renal
	14. Notify Liver/Kidney (as appropriate) Liaison Nurse when lab results returned. 15. Discharge when above orders complete; patient seen/cleared for discharge by Transplant Surgeon
	and / or Post-Liver/Kidney Nurse Practitioner. (as appropriate)
	and 7 of Fost-Liver/Ridney Ruise Fractitionel. (as appropriate)
	Physician Signature: Physician ID Number:
	Physician Name Printed: Physician Pager: