



**Physician Orders ADULT: Liver OR Liver and Kidney Transplant Admit**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- ☒ Initiate Powerplan Phase

Phase: Liver or Liver Kidney Transp Admit Phase, When to Initiate: \_\_\_\_\_

**Liver or Liver Kidney Transp Admit Phase**

**Non Categorized**

- ☐ Initiate Powerplan Phase

Phase: Liver Transplant Admit Phase, When to Initiate: \_\_\_\_\_

**Admission/Transfer/Discharge**

- ☐ Patient Status Initial Inpatient

T;N Admitting Physician: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Bed Type: \_\_\_\_\_ Specific Unit: \_\_\_\_\_

Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more

**Vital Signs**

- ☒ Vital Signs

☐ Monitor and Record T,P,R,BP, q4h(std) (DEF)\*

☐ Monitor and Record T,P,R,BP, q1h(std)

**Activity**

- ☒ Out Of Bed

Up As Tolerated

- ☐ Out Of Bed

Up As Tolerated, With Assistance

- ☐ Bedrest w/BRP

- ☐ Bedrest

**Food/Nutrition**

- ☒ NPO

Instructions: NPO except for medications, Start at: T

- ☐ NPO

Start at: T;2359, Instructions: NPO except for medications

**Patient Care**

- ☒ VTE MEDICAL Prophylaxis Plan(SUB)\*

- ☒ Consent Signed For

T;N, Procedure: liver transplant

- ☒ Height

Upon admission

- ☒ Weight

Upon admission

If patient is NPO enter order below:(NOTE)\*

- ☐ Whole Blood Glucose Nsg





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*q4h*

If patient receiving diet enter order below:(NOTE)\*

- ☐ Whole Blood Glucose Nsg  
*achs*
- ☒ Instruct/Educate  
*Instruct: Patient, Method: Demonstrate, Topic: on use of incentive spirometer*
- ☒ SCD Apply  
*Apply To Lower Extremities*
- ☒ Nursing Communication  
*T;N, Pre-Transplant evaluation workup to chart*
- ☒ Nursing Communication  
*T;N, Complete initial/admission blood draw orders prior to patient leaving floor for CXR.*
- ☒ Nursing Communication  
*T;N, If transplant surgery is canceled, call physician for diet order*
- ☒ Nursing Communication  
*T;N, Notify Transplant Research Coordinator of patient arrival*
- ☒ Nursing Communication  
*T;N, Notify Blood Bank of Pending Liver Transplant*

**Medications**

- ☒ Transplant Pre Op/Intra Op Medications Plan(SUB)\*
- ☐ Transplant Insulin Sliding Scale Protocol Plan(SUB)\*

**Laboratory**

- ☒ Type and Crossmatch PRBC  
*STAT, T;N, 10 units, Type: Blood*
- ☐ Transfuse PRBC's - Not Actively Bleeding  
*STAT, T;N*
- ☐ Transfuse PRBC's - Actively Bleeding  
*STAT, T;N*
- ☐ Hold PRBC  
*STAT, T;N, Reason: On Hold for OR*
- ☒ Plasma Transfuse  
*STAT, T;N, unit(s): 10*
- ☐ Hold Plasma  
*STAT, T;N, Reason: On Hold for OR*
- ☒ Platelets Transfuse  
*STAT, T;N, Dose(s): 2*
- ☐ Hold Platelets  
*STAT, T;N, Reason: On Hold for OR*
- ☒ CBC





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- STAT, T;N, once, Type: Blood*
- ☒ CMP
- STAT, T;N, once, Type: Blood*
- ☒ Magnesium Level
- STAT, T;N, once, Type: Blood*
- ☒ Phosphorus Level
- STAT, T;N, once, Type: Blood*
- ☒ PT/INR
- STAT, T;N, once, Type: Blood*
- ☒ PTT
- STAT, T;N, once, Type: Blood*
- ☒ FIB Level
- STAT, T;N, once, Type: Blood*
- ☒ CMV IgG Antibody
- STAT, T;N, once, Type: Blood*
- ☒ Alcohol Level
- STAT, T;N, once, Type: Blood*
- ☒ UA
- Routine, T;N, once, Type: Urine, Nurse Collect*
- ☒ Culture, Urine
- Routine, T;N, Specimen Source: Urine, Nurse Collect*
- NOTE: For Patients with indication of HCV for transplant, place order below:(NOTE)\*
- ☐ HCV RNA Quantitation by PCR
- STAT, T;N, once, Type: Blood*
- NOTE: If pregnancy is possible and no results available, place order below:(NOTE)\*
- ☐ Pregnancy Screen Serum
- STAT, T;N, once, Type: Blood*

**Diagnostic Tests**

- ☒ Chest 2VW Frontal & Lat
- T;N, Reason for Exam: Pre Op, Stat, Stretcher*
- ☐ Chest PA
- T;N, Reason for Exam: Pre Op, Stat, Portable*
- ☒ EKG
- Start at: T;N, Priority: Stat, Reason: Other, specify, Preop eval for transplant*

**Consults/Notifications/Referrals**

- ☒ Notify Resident-Once
- Notify: Surgery Transplant Resident on call, Notify For: upon arrival to unit*
- ☒ Notify Resident-Once
- Notify: Liver Transplant Fellow, Notify For: upon arrival to unit*
- ☒ Notify Physician For Vital Signs Of





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*Notify: Surgery Transplant Resident or Fellow, BP Systolic > 160, BP Diastolic > 90, BP Systolic < 90, Celsius Temp > 38.3, Heart Rate > 100, Heart Rate < 60, Oxygen Sat < 94*

- ☒ Notify Physician-Continuing  
*Notify: Surgery Transplant Resident or Fellow, Notify For: Blood glucose less than 60 or greater than 200 mg/dL if patient does not have sliding scale insulin ordered*
- ☒ Consult Clinical Pharmacist  
*Reason: Transplant patient arrival, Special Instructions: Transplant Pharmacy Specialist*
- ☒ Dietitian Consult/Nutrition Therapy
- ☒ Transplant Coordinator Consult  
*Reason for Consult: Transplant patient arrival*

\_\_\_\_\_  
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

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

R-Required order

