



Physician Orders ADULT: Liver Transplant Re-Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: Liver Transplant Re-Admit Phase, When to Initiate: _____

Liver Transplant Re-Admit Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient

- ☐ T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: Med-Surg Specific Unit: 10 Thomas (DEF)*

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☐ T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: Med-Surg Specific Unit: 10 East

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☐ T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: Critical Care Specific Unit: 7 East

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☐ Patient Status Initial Outpatient

T;N Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure

[] OP OBSERVATION Services

Vital Signs

- ☒ Vital Signs

Routine Monitor and Record T,P,R,BP, q8h(std)

- ☐ Vital Signs

Monitor and Record T,P,R,BP, q4h(std)

- ☐ Vital Signs

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

Activity

- ☒ Out Of Bed

Up As Tolerated

- ☐ Ambulate

tid

- ☐ Bedrest w/BRP





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Food/Nutrition

- ☐ NPO
Instructions: NPO except for medications, Start at: T
- ☐ NPO
Start at: T;2359, Instructions: NPO except for medications
- ☐ Clear Liquid Diet
Start at: T;N, Adult (>18 years)
- ☐ Regular Adult Diet
- ☐ Renal Diet Not On Dialysis
Adult (>18 years)
- ☐ Renal Diet On Dialysis
Adult (>18 years)
- ☐ Consistent Carbohydrate Diet
 - ☐ T;N, Caloric Level: 1800 Calorie, Insulin: [] No Insulin [] Short Acting [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long;
Renal Patient:[] No [] Yes, on dialysis [] Yes, not on dialysis
 - ☐ T;N, Caloric Level: 2000 Calorie, Insulin: [] No Insulin [] Short Acting [] Intermediate [] Long Acting [] Short and Intermediate [] Short and Long;
Renal Patient:[] No [] Yes, on dialysis [] Yes, not on dialysis

Patient Care

- ☒ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☒ Daily Weights
Routine, qam
- ☒ Intake and Output
Routine, q8h(std)
- ☐ Whole Blood Glucose Nsg
achs
If patient NPO enter order below:(NOTE)*
- ☐ Whole Blood Glucose Nsg
q4h(std)
- ☒ IV Insert/Site Care
Routine, q4day
- ☒ Nursing Communication
T;N, If Temperature greater than 38.3 degrees C place orders for Blood Culture x2, Urine Culture and Gram Stain for sputum
- ☒ Nursing Communication
T;N, Notify Liver Transplant Liaison Nurse of patient arrival

Continuous Infusion

- ☐ D5 1/2NS





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- ☐ 1,000 mL, IV, Routine, 50 mL/hr
- ☐ Normal Saline
1,000 mL, IV, Routine, 50 mL/hr
- ☐ 1/2NS
1,000 mL, IV, Routine, 50 mL/hr

Medications

Immunosuppression Medications

- ☐ **+1 Hours** Prograf
- ☐ 0.5 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose. (DEF)*
Comments: For organ transplant
- ☐ 1 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ 2 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ 3 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ 4 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ 5 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ 6 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ 7 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ 8 mg, Cap, PO, qam, STAT, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
- ☐ **+1 Hours** Prograf
- ☐ 0.5 mg, Cap, PO, qpm, Routine, To be given at 1800 (DEF)*
Comments: For organ transplant
- ☐ 1 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant





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- ☐ 2 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant
- ☐ 3 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant
- ☐ 4 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant
- ☐ 5 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant
- ☐ 6 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant
- ☐ 7 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant
- ☐ 8 mg, Cap, PO, qpm, Routine, To be given at 1800
Comments: For organ transplant
- ☐ **+1 Hours** Rapamune
 - ☐ 1 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose. (DEF)*
 - ☐ 2 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
 - ☐ 3 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
 - ☐ 4 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
 - ☐ 5 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
 - ☐ 6 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
 - ☐ 7 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
 - ☐ 8 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
- ☐ **+1 Hours** CellCept
 - ☐ 1,000 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800 (DEF)*
 - ☐ 500 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800
 - ☐ 500 mg, Tab, PO, qid, Routine, To be given at 0600 and 1800
- ☐ **+1 Hours** Myfortic
 - ☐ 720 mg, EC Tablet, PO, bid, Routine, To be given at 0600 and 1800 (DEF)*





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- ☐ 360 mg, EC Tablet, PO, bid, Routine, To be given at 0600 and 1800
- ☐ 360 mg, EC Tablet, PO, qid, Routine, To be given at 0600, 1000, 1400 and 1800

Anti-infectives

- ☐ **+1 Hours** valganciclovir
450 mg, Tab, PO, QDay, Routine, (for 30 day)
Comments: CMV prophylaxis
- ☐ **+1 Hours** acyclovir
400 mg, Tab, PO, bid, Routine, (for 30 day), viral prophylaxis

Other Medications

- ☐ Transplant Insulin Sliding Scale Protocol Plan(SUB)*
- ☐ **+1 Hours** cloNIDine
0.1 mg, Tab, PO, q4h, PRN Hypertension, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg
- ☐ **+1 Hours** torsemide
 - ☐ 50 mg, Tab, PO, QDay, Routine (DEF)*
 - ☐ 50 mg, Tab, PO, bid, Routine
- ☐ **+1 Hours** spironolactone
 - ☐ 50 mg, Tab, PO, QDay, Routine (DEF)*
 - ☐ 50 mg, Tab, PO, bid, Routine
- ☐ **+1 Hours** furosemide
 - ☐ 40 mg, Tab, PO, QDay, Routine (DEF)*
 - ☐ 40 mg, Tab, PO, bid, Routine
- ☐ **+1 Hours** famotidine
 - ☐ 20 mg, Tab, PO, QDay, Routine (DEF)*
 - ☐ 20 mg, Tab, PO, bid, Routine
- ☐ **+1 Hours** pantoprazole
40 mg, DR Tablet, PO, QDay
Comments: DO NOT CHEW,CUT, OR CRUSH
- ☐ **+1 Hours** magnesium oxide
 - ☐ 400 mg, Tab, PO, wb/s, Routine (DEF)*
 - ☐ 800 mg, Tab, PO, wb/s, Routine
- ☐ **+1 Hours** Multiple Vitamins with Minerals oral tablet
1 tab, Tab, PO, ws

Laboratory

- ☒ CBC
STAT, T;N, once, Type: Blood
- ☒ PT/INR





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- STAT, T;N, once, Type: Blood*
- ☒ PTT
- 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*
- ☒ GGT
- STAT, T;N, once, Type: Blood*
- ☒ Alcohol Level
- STAT, T;N, once, Type: Blood*
- ☐ Blood Culture
- Time Study, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood*
- ☒ UA
- STAT, T;N, once, Type: Urine, Nurse Collect*
- ☐ Urine Culture
- STAT, T;N, Specimen Source: Urine, Nurse Collect*
- ☐ Occult Blood, Stool
- STAT, T;N, once, Type: Stool, Nurse Collect*
- NOTE: AM Labs(NOTE)*
- ☒ CBC
- Routine, T;N, qam, Type: Blood*
- ☒ PT/INR
- Routine, T;N, qam, Type: Blood*
- ☒ CMP
- Routine, T;N, qam, Type: Blood*
- ☒ Magnesium Level
- Routine, T;N, qam, Type: Blood*
- ☐ Phosphorus Level
- Routine, T;N, qam, Type: Blood*
- ☐ Transplant ATP by Cylex
- Routine, T+1;0400, Type: Blood*
- ☐ FK506 Level
- Routine, T;N, qam, Type: Blood, Collection Comment: Draw prior to 6AM Dose*
- ☐ Rapamycin Level
- ☐ *Routine, T+1;0400, Type: Blood, Collection Comment: Draw prior to 6AM Dose (DEF)**
- ☐ *Routine, T;N, qam, Type: Blood, Collection Comment: Draw prior to 6AM Dose*





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☐ Routine, T;N, MonThu, Type: Blood, Collection Comment: Draw prior to 6AM Dose

Diagnostic Tests

☐ Chest 2 VW
T;N, Stat, Stretcher

Consults/Notifications/Referrals

- ☒ Notify Physician-Once
Notify: Transplant Surgery Fellow/Resident, Notify For: upon arrival to unit
- ☒ Notify Physician For Vital Signs Of
Notify: Surgical Resident or Fellow, BP Systolic > 180, BP Diastolic > 90, BP Systolic < 100, BP Diastolic < 60, Celsius Temp > 38.3, Heart Rate > 120, Heart Rate < 60, Oxygen Sat < 94, Urine Output < 400mL/8 hours, Blood Glucose < 60, Blood Glucose > 300
- ☐ Consult Clinical Pharmacist
Reason: Transplant patient arrival, Special Instructions: Transplant Pharmacy Specialist
- ☒ Medical Social Work Consult
- ☒ Dietitian Consult/Nutrition Therapy
Routine, Type of Consult: Other, please specify, Special Instructions: Nutrition Assessment
- ☒ Transplant Coordinator Consult
Reason for Consult: Transplant patient arrival

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

