



Physician Orders ADULT: Living Donor Hepatectomy Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
Phase: Living Donor Hepatectomy Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
Phase: Mechanically Ventilated Patients Phase, When to Initiate: _____

Living Donor Hepatectomy Phase

Non Categorized

- ☐ Add To Problem List
Liver Donor

- ☐ Add To Problem List

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

- ☐ 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

- ☐ Notify Physician-Once
Notify For: of room number on arrival to unit

Vital Signs

- ☒ Vital Signs
q15min, For 4 times, then q30 minutes x2, then q1h.

Activity

- ☒ Bedrest
Routine

Food/Nutrition

- ☒ NPO
Instructions: NPO except for medications

Patient Care

- ☒ VTE Other SURGICAL Prophylaxis Plan(SUB)*
- ☒ Daily Weights
Routine, qam
- ☒ Intake and Output
Routine, q1h(std)
- ☒ Cough and Deep Breathe
Routine, q1h-Awake
- ☒ Incentive Spirometry NSG
Routine, q1h-Awake
- ☒ O2 Sat Continuous Monitoring NSG
Routine
- ☒ Nasogastric Tube
Suction Strength: Low Intermittent, Clamp for medications as tolerated





Physician Orders ADULT: Living Donor Hepatectomy Plan

- ☒ Dressing Care
Routine, Action: Change, Location: Central Line, Wednesday, and PRN for soiled, loosened and moist dressings
- ☒ Indwelling Urinary Catheter Care
q-shift, PRN
- ☒ Continue Foley Per Protocol
Reason: s/p Organ Transplant
- ☒ Indwelling Urinary Catheter Remove
Routine, D/C foley POD 1
- ☒ SCD Apply
Apply to Lower Extremities
- ☒ Whole Blood Glucose Nsg
Routine, q4h(std)

Respiratory Care

- ☒ ISTAT Blood Gases (RT Collect)
Stat once
- ☒ ISTAT Blood Gases (RT Collect)
Routine q4h(std) For 24 hr
- ☒ RT Communication
PRN, Special Instructions: Once patient is extubated, discontinue ABG order

Continuous Infusion

- ☐ D5 1/2NS
1,000 mL, IV, 100 mL/hr

Medications

If enrolled in research study, please check for research protocol and orders.(NOTE)*

Anti-infectives

- ☐ **+1 Hours** ampicillin-sulbactam
1.5 g, Injection, IV Piggyback, q6h, (for 24 hr)
Comments: Coordinate first dose with antibiotics given in surgery.
- If allergic to Penicillin/Cephalosporins place both orders below:(NOTE)*
- ☐ **+1 Hours** clindamycin
600 mg, IV Piggyback, IV Piggyback, q8h, (for 24 hr)
Comments: Coordinate first dose with antibiotics given in surgery.
- ☐ **+1 Hours** aztreonam
1 g, IV Piggyback, IV Piggyback, q8h, (for 24 hr)
Comments: Coordinate first dose with antibiotics given in surgery.

Other Medications

- ☐ **+1 Hours** pantoprazole
40 mg, Injection, IV Push, QDay, Routine
- ☐ **+1 Hours** pantoprazole
40 mg, DR Tablet, PO, QDay, Routine
Comments: DO NOT CHEW,CUT, OR CRUSH
- ☐ **+1 Hours** phytonadione
10 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose)
Comments: Begin first dose immediately post-op arrival to TICU
- ☒ **+1 Hours** cloNIDine
0.1 mg, Tab, PO, q4h, PRN Hypertension
Comments: PRN SBP greater than 180 mmHg or DPB greater than 90 mmHg

Laboratory

- ☒ CBC





Physician Orders ADULT: Living Donor Hepatectomy Plan

- ☒ STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ CMP
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Magnesium Level
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Phosphorus Level
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Calcium Ionized
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ PT/INR
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ PTT
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Fibrinogen Level
 - STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ CBC
 - Time Study, T;N+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
- ☒ AST
 - Time Study, T;N+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
- ☒ Potassium Level
 - Time Study, T;N+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
- ☒ Glucose Level
 - Time Study, T;N+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
- ☒ PT/INR
 - Time Study, T;N+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
- NOTE: AM Labs(NOTE)*
- ☒ CBC
 - Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
- ☒ CMP
 - Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
- ☒ Magnesium Level
 - Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
- ☐ Phosphorus Level
 - Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
- ☒ PT/INR
 - ☐ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect (DEF)*
 - ☐ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
- ☒ PTT
 - ☐ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect (DEF)*
 - ☐ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect

Diagnostic Tests

- ☒ Chest 1 VW
 - T;N, Reason For Exam Other, Enter in Comments, Stat, Portable
 - Comments: Living Donor
- ☒ Chest 1 VW
 - T+1;0400, Reason For Exam Other, Enter in Comments, Routine, Portable
 - Comments: Living Donor
- ☒ US Abd/Retroper Dup Art In/Vein Out Comp
 - T+1;N, Reason For Exam Other, Enter in Comments, Routine, Stretcher





Physician Orders ADULT: Living Donor Hepatectomy Plan

Comments: Living Donor

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
Notify: Dr. James D. Eason, Notify For: Vital Signs of, BP Systolic >180, BP Diastolic >90, BP Systolic <100, BP Diastolic <60, Celsius Temp > 38.3, HR >120, HR <60, O2 Sat <94, Urine Output < 20mL/hr, Blood Glucose <60, Blood Glucose >200, CVP <2 or >12
- ☒ Dietitian Consult/Nutrition Therapy
Type of Consult: Other, please specify, Special Instructions: Nutrition Assessment and Recommendations
- ☒ Nursing Communication
Notify Transplant Research Coordinator of patient arrival to ICU
- ☒ Medical Social Work Consult
Reason: Other, specify, Post Living Donor
- ☐ Physical Therapy Initial Eval and Tx
Routine
- ☒ Independent Living Donor Advocate (ILDA) Consult
post living donor

Mechanically Ventilated Patients Phase

Non Categorized

- R Mechanically Ventilated Pt (Vent Bundle) Care Track
T;N

Patient Care

- ☒ Elevate Head Of Bed
30 degrees or greater if systolic blood pressure is greater than 95 mmHg
- ☒ Reposition ETT (Nsg)
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.
- ☒ ETT Subglottic Suction
 - ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)*
 - ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
 - ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.
- ☒ Mouth Care
Routine, q2h(std)
- ☒ Nursing Communication
Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr
- ☒ Nursing Communication
If SAS goal not met in 6 hours, call MD for further orders
- ☒ Nursing Communication
If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msec and HOLD haloperidol
- ☒ Nursing Communication
Once SAS goal is met initially, reassess and document SAS score q2hrs
- ☒ Nursing Communication
If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process
- ☒ Nursing Communication





Physician Orders ADULT: Living Donor Hepatectomy Plan

Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,

Respiratory Care

- ☒ Mechanical Ventilation
- ☒ Reposition ETT (Nsg)
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

Medications

- ☐ **+1 Hours** docusate
100 mg, Liq, NG, bid, Routine
Comments: HOLD for diarrhea
- ☐ **+1 Hours** famotidine
20 mg, Tab, NG, bid, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min
- ☐ **+1 Hours** famotidine
20 mg, Injection, IV Push, bid, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min
- ☐ **+1 Hours** pantoprazole
40 mg, Granule, NG, QDay, Routine
- ☐ **+1 Hours** pantoprazole
40 mg, Injection, IV Push, QDay, Routine
- ☒ **+1 Hours** Chlorhexidine For Mouthcare 0.12% Liq
15 mL, Liq, Mucous Membrane, bid, Routine
Comments: For mouthcare at 0800 and 2000.
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☐ VTE SURGICAL Prophylaxis Plan(SUB)*
- ☐ Sequential Compression Device Apply
T;N, Apply to Lower Extremities

Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended(NOTE)*

- ☒ Sedation Goal per Riker Scale
 - ☐ Goal: 3 (Sedated) (DEF)*
 - ☐ Goal: 4 (Calm/Cooperative)
- ☐ Propofol Orders Plan(SUB)*
- ☐ **+1 Hours** LORazepam
1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine
Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.
- ☐ **+1 Hours** midazolam
1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine
Comments: To maintain SAS goal. If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.
- ☐ **+1 Hours** midazolam 1mg/mL/NS 50 mL PreMix
50 mg / 50 mL, IV, Routine, titrate
Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr
- ☐ **+1 Hours** dexmedetomidine infusion (ICU Sedation) (IVS)*
Sodium Chloride 0.9%
100 mL, IV, (for 72 hr), Titrate
Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1





Physician Orders ADULT: Living Donor Hepatectomy Plan

mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.
 dexmedetomidine (additive)
 400 mcg

Pain Management

Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)*

- ☐ **+1 Hours** morphine
2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROMorphone
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** morphine
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROMorphone
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** fentaNYL 10 mcg/mL in NS infusion
2,500 mcg / 250 mL, IV, Routine, Titrate
Comments: Concentration 10 mcg/mL
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr

Refractory Agitation

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*

- ☐ **+1 Hours** haloperidol
2 mg, Injection, IV Push, q1h, PRN Agitation, Routine
*Comments: Cardiac monitor required. *If Qtc greater than 500 msec, hold haldoperidol. *If SAS not met in 6 hrs, call MD. Call MD if patient requires more than 20 mg/day.*

Sedation Vacation Daily

- ☒ Sedation Vacation
qam, see Order Comment:
Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrate to SAS goal (document on the nursing flow sheet)
- ☒ Ventilator Weaning Trial Medical by RT

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol

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





Physician Orders ADULT: Living Donor Hepatectomy Plan

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

