**Methodist** Le Bonheur Healthcare

## Physician Orders ADULT: Renal Transplant Admit Plan

**Initiate Orders Phase**
**Admission/Transfer/Discharge**

☐ Patient Status Initial Inpatient

   ☐ *T;N, Admitting Physician: _____*
   *Reason for Visit:_____*
   *Bed Type: Med-Surg Specific Unit: 10 East (DEF)\**
   *Care Team: _____ Anticipated LOS: 2 midnights or more*

   ☐ *T;N, Admitting Physician: _____*
   *Reason for Visit:_____*
   *Bed Type: Med-Surg Specific Unit: 10 Thomas*
   *Care Team: _____ Anticipated LOS: 2 midnights or more*

**Care Sets/Protocols/PowerPlans**

☑ Initiate Powerplan Phase
   *Phase: Renal Transplant Admit Phase, When to initiate:_____*

**Renal Transplant Admit Phase**
**Vital Signs**

☑ Vital Signs Per Unit Protocol
   *Monitor and Record T,P,R,BP, include orthostatic blood pressure with vital signs*

**Activity**

☑ Out Of Bed
   *Up As Tolerated*

☐ Bedrest w/BRP

**Food/Nutrition**

☑ NPO after midnight
   *NPO except for medications.*

☐ NPO after midnight

☐ NPO
   *Instructions: NPO except for medications*

☐ NPO

☐ Renal Diet On Dialysis
   *Adult (>18 years)*

☐ Renal Diet Not On Dialysis
   *Adult (>18 years)*

☐ Consistent Carbohydrate Diet

   ☐ *Caloric Level: 1800 Calorie* (DEF)*
   ☐ *Caloric Level: 2000 Calorie*

**Patient Care**

☑ VTE MEDICAL Prophylaxis Plan(SUB)*

☑ Consent Signed For
   *Procedure: Kidney Transplant*

☑ Height
   *upon admission*

☑ Weight
   *upon admission*
   If patient is NPO, enter order below:(NOTE)*

☐ Whole Blood Glucose Nsg
   *q4h(std)*

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

☐ Whole Blood Glucose Nsg
   *achs*

☑ Instruct/Educate
   *Instruct: Patient, Method: Demonstrate, Topic: Use of Incentive Spirometer*

☑ SCD Apply

☑ Nursing Communication
   *Complete initial/ admission blood draw orders prior to patient leaving floor for CXR*

☑ Nursing Communication
   *Assess dialysis access site and record*

☑ Nursing Communication
   *If transplant surgery is canceled, call physician for diet order.*

☐ Nursing Communication
   *Notify Tranplants Research Coordinator of patient arrival.*

For CAPD patients enter order below:(NOTE)*

☐ Peritoneal Dialysis Catheter Capping
   *Empty peritoneal fluid and cap off catheter immediately upon arrival. Collect peritoneal fluid for Body Fluid Profile if ordered.*

## Continuous Infusion

☐ D5 1/2NS
   *1,000 mL, IV, 40 mL/hr*

## Medications

☑ Transplant Pre Op/Intra Op Medications Plan(SUB)*

☐ Transplant Insulin Sliding Scale Protocol Plan(SUB)*

☑ **+1 Hours** cloNIDine
   *0.1 mg, Tab, PO, q4h, PRN Hypertension, Routine*
      *Comments: For systolic BP greater than 160 mmHg or diastolic BP greater than 90 mmHg*

If allergic to clonidine place order below:(NOTE)*

☐ **+1 Hours** hydrALAZINE
   *10 mg, Injection, IV Push, q4h, PRN Hypertension, Routine, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg*

## Laboratory

☑ Type and Crossmatch PRBC
   *STAT, T;N, 2 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*

NOTE: If patient on warfarin, enter order for FFP below:(NOTE)*

☐ Plasma Transfuse
   *STAT, T;N*

☐ Hold Plasma
   *STAT, T;N, Reason: On Hold for OR*

☑ CBC
   *STAT, T;N, once, Type: Blood*

☑ CBC w/o Diff
   *Routine, T+1;0400, once, Type: Blood*

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☐ CMP
  *STAT, T;N, once, Type: Blood*
☐ CMP
  *Routine, T+1;0400, once, Type: Blood*
☐ BMP
  *Routine, T+1;0400, once, Type: Blood*
☑ PT/INR
  *STAT, T;N, once, Type: Blood*
☑ PTT
  *STAT, T;N, once, Type: Blood*
☑ Magnesium Level
  *STAT, T;N, once, Type: Blood*
☐ Magnesium Level
  *Routine, T+1;0400, once, Type: Blood*
☑ Phosphorus Level
  *STAT, T;N, once, Type: Blood*
☐ Phosphorus Level
  *Routine, T+1;0400, once, Type: Blood*
☐ Ferritin Level
  *STAT, T;N, once, Type: Blood*
☐ CMV IgG Antibody
  *STAT, T;N, once, Type: Blood*
☐ EBV VCA IgG Antibody
  *STAT, T;N, once, Type: Blood*
  NOTE: Select either Transplant Recipient or Donor HLA & FXM Workup Plan(NOTE)*
☐ Transplant Recipient HLA & FXM Workup Plan(SUB)*
☐ Transplant Donor HLA & FXM Workup Plan(SUB)*
  NOTE: If patient is diabetic, enter orders below:(NOTE)*
☐ Hemoglobin A1C
  *STAT, T;N, once, Type: Blood*
☐ C-Peptide
  *STAT, T;N, once, Type: Blood*
  NOTE: If CAPD patient, enter order below:(NOTE)*
☐ Body Fluid Profile
  *STAT, T;N, once, Type: Peritoneal Fluid, Nurse Collect*
  NOTE: If pregnancy is possible and no results available, place order below:(NOTE)*
☐ Pregnancy Screen Serum
  *STAT, T;N, once, Type: Blood*

**Diagnostic Tests**
☑ EKG
  *Start at: T;N, Priority: Stat, Reason: Other, specify, Preop eval for transplant*
☑ Chest 2 Views
  *T;N, Reason for Exam: Pre Op Evaluation for Organ Transplant, Stat, Stretcher*
☐ Chest 1 View
  *T;N, Stat, Portable*

**Consults/Notifications/Referrals**
☐ Notify Physician-Once
  *Notify For: upon arrival to unit*
☑ Notify Physician-Once

![Barcode *111*]

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*Notify: Surgery Transplant Fellow, Notify For: upon arrival to unit.*

☑ Notify Resident-Once
*Notify: Surgery Transplant Resident on call, Notify For: upon arrival to unit*

☑ Notify Physician For Vital Signs Of
*Notify: Surgery Transplant Resident, BP Systolic > 160, BP Diastolic > 90, BP Systolic < 110, Celsius Temp > 38.3, Heart Rate > 100, Heart Rate < 60, Oxygen Sat < 94, or INR >1.5*

☑ Notify Physician-Continuing
*Notify: Surgery Transplant Fellow, Notify For: Blood Glucose <60 or greater than 200mg/dL if patient does not have sliding scale insulin ordered.*

☑ Notify Physician-Continuing
*Notify: Transplant Nephrology Fellow, Notify For: Systolic BP >160mmHg or diastolic BP >90mmHg or for serum potassium greater than 5.3mEq/L or for Hemodialysis patient.*

☑ Physician Consult
*Reason for Consult: Transplant Nephrology for nephrology management*

☑ Consult Clinical Pharmacist
*Reason: Transplant patient arrival, Special Instructions: Consult 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