



Physician Orders ADULT: Renal Transplant Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Renal Transplant Post Op Phase, When to Initiate: _____

Renal Transplant Post Op Phase

Non Categorized

- ☐ Add To Problem List
Problem: S/P kidney transplant

- ☐ 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

Vital Signs

- ☒ Vital Signs
q15minutes x 4, then q30 minutes x 2, then q1h x2, then q4h
- ☒ Orthostatic Blood Pressure
Routine, qam

Activity

- ☒ Out Of Bed
Up To Chair, tid
- ☒ Ambulate
T+1;N, as tolerated with assistance

Food/Nutrition

- ☒ Clear Liquid Diet
☐ *Start at: T;N, Adult (>18 years) (DEF)**
☐ *Start at: T;N, Adult (>18 years), ADA*
- ☐ Renal Diet On Dialysis
Adult (>18 years)
- ☐ Renal Diet Not On Dialysis
Adult (>18 years)
- ☐ Regular Adult Diet
- ☐ NPO
- ☐ Consistent Carbohydrate Diet
☐ *Caloric Level: 1800 Calorie (DEF)**
☐ *Caloric Level: 2000 Calorie*

Patient Care

- ☐ VTE Other SURGICAL Prophylaxis Plan(SUB)*
- ☒ Advance Diet As Tolerated
Start clear liquids and advance to regular diet as tolerated.
- ☒ Whole Blood Glucose Nsg
Routine, achs
- ☒ Daily Weights
- ☒ SCD Apply
Apply To Lower Extremities
- ☒ Telemetry
Routine, for 24 hours
- ☒ Indwelling Urinary Catheter Care
q4h(std), Irrigate with 20mL sterile water, and PRN inspect for clots and irrigate with 20mL sterile





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- water.
- ☒ Continue Foley Per Protocol
Reason: s/p Organ Transplant
 - ☒ Bladder Scanner
T+2;0600, Begin after indwelling urinary catheter removal, post void with bladder scan x 2, after first void and then in 6 hours
 - ☒ Intake and Output
Routine, strict, q4hrs for 24hrs then q8h
 - ☒ Dressing Care
Routine, Action: Change, Location: Central Line dressing, Wednesday, change PRN for soiled, loosened and moist dressings
 - ☒ Turn Cough Deep Breathe
q2h(std)
 - ☒ Incentive Spirometry NSG
q2h-Awake, Instruct patient in use of incentive spirometer
 - ☒ Instruct/Educate
Instruct: Patient and Family, Method: Provide Pamphlet, Topic: Kidney Transplant, Give patient/family education book
 - ☒ Nursing Communication
Assess Dialysis access site and record q8h
 - ☒ Transplant Organ Perfusion Date and Time
 - ☐ Central Line

Respiratory Care

- ☒ Oxygen-Nasal Cannula
Routine, 2L/min L/min, Special Instructions: wean to room air if SPO2 by nasal cannula remains greater than 94% for 4 hours

Continuous Infusion

- ☒ **+1 Hours D5 1/2NS**
1,000 mL, IV, Routine, 30 mL/hr
1/2 NS replacement fluid order below is active for 24 hours. If a longer duration is necessary, modify the duration details.(NOTE)*

Replacement Fluids

- ☒ **+1 Hours 1/2NS**
1,000 mL, IV, Routine, (for 24 hr), mL/hr, Replace UOP q1h, see comments for rates

<i>Comments: Urine output per hour</i>	<i>IV fluid per hour</i>
<i>1-300 mL</i>	<i>replace 100% of urine output</i>
<i>301-500 mL</i>	<i>replace 80% of urine output</i>
<i>greater than 500 mL</i>	<i>replace 60% of urine output</i>
- ☒ Nursing Communication
Contact physician within 24 hours after initiation of 1/2 NS replacement fluid order to determine if order is necessary beyond 24 hours.

Medications

Immunosuppression Medications

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

- ☒ **+1 Hours** mycophenolate mofetil
500 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800
- ☒ **+1 Days** methylPREDNISolone sodium succinate
250 mg, Injection, IV Push, once, Routine
Comments: To be given on POD #1
- ☒ **+2 Days** methylPREDNISolone sodium succinate
100 mg, Injection, IV Push, once, Routine
Comments: To be given on POD #2
- ☒ **+3 Days** predniSONE





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50 mg, Tab, PO, once, Routine

Comments: To be given at 0700 on POD #3. Give with food

☒ **+4 Days** predniSONE

20 mg, Tab, PO, wb, Routine

Comments: To BEGIN at 0700 on POD #4. Give with food

Anti-infectives

☐ **+1 Hours** ceFAZolin

1 g, Injection, IV Push, q8h, Routine, (for 3 dose)

NOTE: If allergic to Penicillin/Cephalosporins: patient should have received Vancomycin pre-op, and since this medication has a long half-life, a second dose is NOT needed.(NOTE)*

☒ **+1 Days** valganciclovir

450 mg, Tab, PO, q48h, Routine

Comments: CMV prophylaxis. Give with food.

☒ **+1 Hours** nystatin 100,000 units/mL oral suspension

5 mL, Oral Susp, PO, pc, Routine

Comments: Swish and Swallow. For fungal prophylaxis

☒ **+3 Days** sulfamethoxazole-trimethoprim SS

80 mg, Tab, PO, q48h, Routine, Dose expressed as mg of trimethoprim

Comments: Give at bedtime for PCP prophylaxis

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

☐ **+3 Days** dapsone

25 mg, Tab, PO, QDay, Routine

Other Medications

☒ **+1 Days** famotidine

20 mg, Tab, PO, hs, Routine

☐ **+1 Hours** pantoprazole

40 mg, DR Tablet, PO, QDay, Routine

Comments: DO NOT CHEW, CUT, OR CRUSH

☒ **+3 Days** Multiple Vitamins with Minerals oral tablet

1 tab, Tab, PO, QDay, Routine

☒ **+5 Days** aspirin

81 mg, DR Tablet, PO, QDay, Routine

☒ **+1 Hours** docusate sodium

100 mg, Cap, PO, bid, Routine

Comments: Hold if stools are loose.

☒ **+1 Hours** cloNIDine

0.1 mg, Tab, PO, q4h, PRN Hypertension, Routine, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg

NOTE: 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

☒ Transplant Insulin Sliding Scale Protocol Plan(SUB)*

☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*

☐ PCA - HYDROmorphine Protocol Plan (Adult)(SUB)*

Laboratory

☒ BMP

Routine, T;N+360, once, Type: Blood, Nurse Collect

☒ Hct

Routine, T;N+360, once, Type: Blood, Nurse Collect

☐ T Cells CD3

Routine, T+2;N, once, Type: Blood, Nurse Collect

☐ Transplant ATP by Cylex





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Routine, T+2;N, once, Type: Blood, Nurse Collect

NOTE: AM Labs(NOTE)*

- ☒ CBC
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ BMP
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ Magnesium Level
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ Phosphorus Level
Routine, T;N, qam, Type: Blood, Nurse Collect
- NOTE: Labs Every 3 Days(NOTE)*
- ☒ CMP
Time Study, T+2;N, q72h, Type: Blood, Nurse Collect
- ☒ PT/INR
Time Study, T+2;N, q72h, Type: Blood, Nurse Collect
- ☒ PTT
Time Study, T+2;N, q72h, Type: Blood, Nurse Collect

Diagnostic Tests

- ☐ Chest 1 VW
*T+1;0800, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: Reason: Post Transplant*
- ☒ EKG
Start at: T+1;0800, Priority: Routine, Reason: Other, specify, Post Transplant, Transport: Portable

Consults/Notifications/Referrals

- ☒ Notify Physician For Vital Signs Of
*Notify: Surgical Transplant Resident, BP Systolic > 160, BP Diastolic > 90, BP Systolic < 110, Celsius
Temp > 38.3, Heart Rate > 100, Heart Rate < 60, Urine Output < 50mL/hr, PVR >150mL*
- ☒ Notify Physician-Continuing
*Notify: Surgical Transplant Resident, Notify For: all lab results obtained during initial 24 hours of post
op period*
- ☒ Notify Physician-Continuing
Notify: Renal Transplant Fellow, Notify For: Other Blood Pressure Management medications
- ☒ Dietitian Consult/Nutrition Therapy
- ☒ Medical Social Work Consult
Routine, Reason: Other, specify, Psycho-social assessment
- ☐ Diabetes Teaching Consult
diabetic education
- ☐ PT Initial Evaluation and Treatment
Routine

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





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

