



attach patient label here

Physician Orders ADULT
Order Set: Transplant HBIG Infusion Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies☐ Medication allergy(s): _____☐ Latex allergy ☐ Other: _____**Admission/Transfer/Discharge**☐ Admit Patient to Dr. _____**Admit Status:** ☐ Inpatient ☐ Outpatient ☐ Observation**NOTE to MD: Inpatient** - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care**Outpatient** - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area**Observation** - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up**Bed Type:** ☐ Med/Surg ☐ Critical Care ☐ Stepdown ☐ Telemetry; Specific Unit Location: _____☐ Notify physician once T;N, of room number on arrival to unit

Diagnosis: S/P Liver Transplant secondary to HBV for HBIG infusion

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs☐ Vital Signs T;N, on admission and then upon initiation of infusion: q15 minutes x4, q30 minutes x2, then q1h x2, then q4h**NOTE: For patients who have tolerated prior infusions and are receiving by rapid infusion, place order below:**☐ Vital Signs T;N, on admission, q15 minutes during infusion, then q15 minutes x2**Food/Nutrition**☐ Regular Adult Diet T;N☐ Renal Diet On Dialysis T;N, Age Group: (>18 years)☐ Renal Diet Not On Dialysis T;N, Age Group: (>18 years)☐ ADA Adult Diet 1800 Cal Plan**Patient Care**☐ Weight T;N, once, Upon admission☐ Height T;N, once, Upon admission☐ IV Insert/Site Care T;N, Routine☐ Discharge When Meets Criteria T;N, Please discharge from outpatient unit when infusion complete and all orders are complete.**Medications**☐ acetaminophen 650 mg, Tab, PO, Once, Routine, Comment: Please give 30 min prior to HBIG infusion.☐ diphenhydramine 25 mg, Cap, PO, Once, Routine, Comment: Please give 30 min prior to HBIG infusion.☐ diphenhydramine 50 mg, Cap, PO, Once, Routine, Comment: Please give 30 min prior to HBIG infusion.☐ hepatitis B immune globulin Intravenous solution 9,360 IntUnits, IVPiggyback, IVPiggyback, Once, Routine, (infuse over 4 hrs), Comment: Mix in 250 mL of normal saline, may round to nearest vial size.

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Medications continued		
	NOTE: For patients who have tolerated prior infusions and are candidates for rapid infusion, place order below:	
[]	hepatitis B immune globulin Intravenous solution	9,360 IntUnits, IVPiggyback, IVPiggyback, Once, Routine,(infuse over 30 minutes), Comment: Mix in 50 mL of normal saline, may round to nearest vial size
Laboratory		
[]	CBC	STAT, T;N, once, Blood
[]	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Blood
[]	Prothrombin Time (PT/INR)	STAT, T;N, once, Blood
[]	GGT	STAT, T;N, once, Blood
[]	Urinalysis	STAT, T;N, once, Urine, Nurse Collect
[]	Hepatitis B Surface Antigen	STAT, T;N, once, Blood
[]	Hepatitis B Antibody	STAT, T;N, once, Blood
[]	Hepatitis B Viral DNA Quantitative PCR	STAT, T;N, once, Blood
[]	FK506 Level (Tacrolimus Level)	STAT, T;N, once, Blood
[]	Rapamycin Level	STAT, T;N, once, Blood

Date

Time

Physician's Signature

MD Number