



Physician Orders ADULT: Kidney-Panc/Panc Transplant Re-Admit Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
T;N, Phase: Kidney-Panc/Panc Transp Re-Admit Phase, When to Initiate: _____

Kidney-Panc/Panc Transp Re-Admit Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient
- ☐ *T;N, Admitting Physician: _____
Reason for Visit: _____
Bed Type: Critical Care, Unit Location: 7East (DEF)*
Care Team: _____ Anticipated LOS: 2 midnights or more*
- ☐ *T;N, Admitting Physician: _____
Reason for Visit: _____
Bed Type: Med-Surg, Unit Location: 10East
Care Team: _____ Anticipated LOS: 2 midnights or more*
- ☐ *T;N, Admitting Physician: _____
Reason for Visit: _____
Bed Type: Med-Surg, Unit Location: 10 Thomas
Care Team: _____ Anticipated LOS: 2 midnights or more*

Vital Signs

- ☐ Vital Signs Per Unit Protocol
T;N, Monitor and Record T,P,R,BP, include orthostatic blood pressure with vital signs

Activity

- ☐ Out Of Bed
T;N, Up As Tolerated
- ☐ Out Of Bed
T;N, Up To Chair
- ☐ Bedrest w/BRP
T;N

Food/Nutrition

- ☐ NPO
Start at: T;N, Instructions: NPO except for medications
- ☐ NPO
Start at: T;2359, Instructions: NPO except for medications
- ☐ Regular Adult Diet
Start at: T;N
- ☐ Renal Diet On Dialysis
Start at: T;N, Adult (>18 years)





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- ☐ Renal Diet Not On Dialysis
Start at: T;N, Adult (>18 years)
- ☐ Consistent Carbohydrate Diet
*Start at: T;N, 1800 Calorie (DEF)**
Start at: T;N, 2000 Calorie

Patient Care

- ☒ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☒ Daily Weights
T;N, Routine
- ☒ Intake and Output
T;N, Routine, q8h(std)
- ☐ Telemetry
T;N, Routine
- ☒ Whole Blood Glucose Nsg
*T;N, achs (DEF)**
T;N, q6h(std), If tolerating PO or intermittent feeds, may decrease frequency of Whole Blood Glucose Nsg to achs
T;N, q4h(std), If tolerating PO or intermittent feeds, may decrease frequency of Whole Blood Glucose Nsg to achs
- ☒ IV Insert/Site Care
T;N, Routine
- ☒ Nursing Communication
T;N, If temperature greater than 38.3 degrees C place orders for Blood Culture x 2, Urine Culture and gram stain for sputum.

Continuous Infusion

- ☐ **+1 Hours** D5 1/2NS
1,000 mL, IV, Routine, 50 mL/hr
- ☐ **+1 Hours** Normal Saline
1,000 mL, IV, Routine, 50 mL/hr
- ☐ **+1 Hours** 1/2NS
1,000 mL, IV, Routine, 50 mL/hr

Medications

Immunosuppression Medications

- ☐ **+1 Hours** Prograf
 - ☐ 0.5 mg, Cap, PO, bid, Routine, To be given at 0600 Draw level prior to administration of 0600 dose. (DEF)*
Comments: For organ transplant
 - ☐ 1 mg, Cap, PO, bid, Routine, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant
 - ☐ 2 mg, Cap, PO, bid, Routine, To be given at 0600 Draw level prior to administration of 0600 dose.
Comments: For organ transplant





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





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- ☐ 8 mg, Cap, PO, qam, Routine, 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
 - ☐ 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
- Neoral and Gengraf are NOT interchangeable with Sandimmune.(NOTE)*
- ☐ **+1 Hours Neoral**
 - ☐ 25 mg, Cap, PO, bid, Routine (DEF)*
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
 - ☐ 50 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
 - ☐ 75 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
 - ☐ 100 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
 - ☐ 200 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
- ☐ **+1 Hours Gengraf**
 - ☐ 25 mg, Cap, PO, bid, Routine (DEF)*





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Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ 50 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ 75 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ 100 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ 200 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ **+1 Hours SandIMMUNE**

☐ 25 mg, Cap, PO, bid, Routine (DEF)*
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ 50 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose. ☐

☐ 75 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ 100 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ 200 mg, Cap, PO, bid, Routine
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.

☐ **+1 Hours Rapamune**

☐ 1 mg, Tab, PO, QDay, Routine (DEF)*
Comments: To be given at 0600, Draw level prior to administration of 0600 dose.

☐ 2 mg, Tab, PO, QDay, Routine
Comments: To be given at 0600, Draw level prior to administration of 0600 dose.

☐ 3 mg, Tab, PO, QDay, Routine
Comments: To be given at 0600, Draw level prior to administration of 0600 dose.

☐ 4 mg, Tab, PO, QDay, Routine





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Comments: To be given at 0600, Draw level prior to administration of 0600 dose.

☐ 5 mg, Tab, PO, QDay, Routine

Comments: To be given at 0600, Draw level prior to administration of 0600 dose.

☐ 6 mg, Tab, PO, QDay, Routine

Comments: To be given at 0600, Draw level prior to administration of 0600 dose.

☐ 7 mg, Tab, PO, QDay, Routine

Comments: To be given at 0600, Draw level prior to administration of 0600 dose.

☐ 8 mg, Tab, PO, QDay, Routine

Comments: 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)*

☐ 750 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800

☐ 500 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800

☐ 250 mg, Tab, PO, bid, 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)*

☐ 540 mg, EC Tablet, PO, bid, Routine, To be given at 0600 and 1800

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

☐ 180 mg, EC Tablet, PO, bid, Routine, To be given at 0600 and 1800

☐ **+1 Hours** Imuran

☐ 50 mg, Tab, PO, QDay, To be given at 1800 (DEF)*

☐ 100 mg, Tab, PO, QDay, To be given at 1800

☐ Transplant Steroid Taper Plan(SUB)*

☐ **+1 Hours** predniSONE

☐ 5 mg, Tab, PO, QDay, Routine, To be given at 0800.

☐ **+1 Hours** methylPREDNISolone

☐ 500 mg, Injection, IV Push, once, Routine (DEF)*

☐ 250 mg, Injection, IV Push, once, Routine

Anti-infectives

☐ **+1 Hours** valganciclovir

☐ 900 mg, Tab, PO, wb/s, Routine, CMV treatment (DEF)*

☐ 900 mg, Tab, PO, ws, Routine, CMV prophylaxis/treatment





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- ☐ 450 mg, Tab, PO, ws, Routine, CMV prophylaxis/treatment
- ☐ **+1 Hours** fluconazole
200 mg, Tab, PO, QDay, Routine, (for 0, fungal prophylaxis)
- ☐ **+1 Hours** clotrimazole
10 mg, Tab, PO, pchs, Routine, fungal prophylaxis
- ☐ **+1 Hours** Septra
80 mg, Tab, PO, hs, Routine, Dose expressed as mg of trimethoprim
If allergic to Sulfa place order below:(NOTE)*
- ☐ **+1 Hours** dapsone
25 mg, Tab, PO, QDay, Routine
- Blood Pressure Medications**
- ☐ metoprolol tartrate
 - ☐ 12.5 mg, Tab, PO, bid, Routine (DEF)*
Comments: Hold for SBP less than 110mmHg, HR less than 60 bpm
 - ☐ 25 mg, Tab, PO, bid, Routine
Comments: Hold for SBP less than 110mmHg, HR less than 60 bpm
 - ☐ 50 mg, Tab, PO, bid, Routine
Comments: Hold for SBP less than 110mmHg, HR less than 60 bpm
 - ☐ 100 mg, Tab, PO, bid, Routine
Comments: Hold for SBP less than 110mmHg, HR less than 60 bpm
 - ☐ 150 mg, Tab, PO, bid, Routine
Comments: Hold for SBP less than 110mmHg, HR less than 60 bpm
 - ☐ 200 mg, Tab, PO, bid, Routine
Comments: Hold for SBP less than 110mmHg, HR less than 60 bpm
- ☐ **+1 Hours** metoprolol extended release
 - ☐ 25 mg, ER Tablet, PO, QDay, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm (DEF)*
 - ☐ 50 mg, ER Tablet, PO, QDay, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
 - ☐ 100 mg, ER Tablet, PO, QDay, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
 - ☐ 200 mg, ER Tablet, PO, QDay, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
- ☐ **+1 Hours** labetalol
 - ☐ 100 mg, Tab, PO, bid, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm (DEF)*
Comments: BETA BLOCKER
 - ☐ 200 mg, Tab, PO, bid, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER





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- ☐ 300 mg, Tab, PO, bid, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
- ☐ 400 mg, Tab, PO, bid, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
- ☐ 600 mg, Tab, PO, bid, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
- ☐ **+1 Hours** carvedilol
 - ☐ 3.125 mg, Tab, PO, wb/s, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm (DEF)*
Comments: BETA BLOCKER
 - ☐ 6.25 mg, Tab, PO, wb/s, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
 - ☐ 12.5 mg, Tab, PO, wb/s, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
 - ☐ 25 mg, Tab, PO, wb/s, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
- ☐ **+1 Hours** atenolol
 - ☐ 25 mg, Tab, PO, QDay, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm (DEF)*
Comments: BETA BLOCKER
 - ☐ 50 mg, Tab, PO, QDay, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
 - ☐ 100 mg, Tab, PO, QDay, Routine, Hold for SBP less than 110mmHg, HR less than 60 bpm
Comments: BETA BLOCKER
- ☐ **+1 Hours** amLODIPine
 - ☐ 5 mg, Tab, PO, QDay, Routine, Hold for SBP less than 120mmHg (DEF)*
 - ☐ 10 mg, Tab, PO, QDay, Routine, Hold for SBP less than 120mmHg
- ☐ **+1 Hours** NIFEdipine extended release
 - ☐ 30 mg, ER Tablet, PO, QDay, Routine (DEF)*
Comments: Hold for SBP less than 120mmHg
 - ☐ 60 mg, ER Tablet, PO, QDay, Routine
Comments: Hold for SBP less than 120mmHg





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- ☐ 90 mg, ER Tablet, PO, QDay, Routine
Comments: Hold for SBP less than 120mmHg
- ☐ 120 mg, ER Tablet, PO, QDay, Routine
Comments: Hold for SBP less than 120mmHg
- ☐ **+1 Hours** cloNIDine
 - ☐ 0.1 mg, Tab, PO, bid, Hypertension, Routine (DEF)*
Comments: Hold for SBP less than 120mmHg, HR less than 60 bpm, HR less than 60
 - ☐ 0.2 mg, Tab, PO, bid, Hypertension, Routine
Comments: Hold for SBP less than 120mmHg, HR less than 60 bpm, HR less than 60
 - ☐ 0.3 mg, Tab, PO, bid, Hypertension, Routine
Comments: Hold for SBP less than 120mmHg, HR less than 60 bpm, HR less than 60
 - ☐ 0.1 mg, Tab, PO, tid, Hypertension, Routine
Comments: Hold for SBP less than 120mmHg, HR less than 60 bpm, HR less than 60
 - ☐ 0.2 mg, Tab, PO, tid, Hypertension, Routine
Comments: Hold for SBP less than 120mmHg, HR less than 60 bpm, HR less than 60
 - ☐ 0.3 mg, Tab, PO, tid, Hypertension, Routine
Comments: Hold for SBP less than 120mmHg, HR less than 60 bpm, HR less than 60
- ☐ **+1 Hours** hydrALAZINE
 - ☐ 25 mg, Tab, PO, tid, Routine (DEF)*
Comments: Hold for SBP less than 120mmHg
 - ☐ 50 mg, Tab, PO, tid, Routine
Comments: Hold for SBP less than 120mmHg
 - ☐ 100 mg, Tab, PO, tid, Routine
Comments: Hold for SBP less than 120mmHg
- ☐ **+1 Hours** cloNIDine
 - 0.1 mg, Tab, PO, q4h, PRN Hypertension, Routine
Comments: PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg
- If allergic to clonidine place order below:(NOTE)*
- ☐ **+1 Hours** hydrALAZINE
 - 10 mg, Injection, IV Push, q4h, PRN Hypertension, Routine
Comments: PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg

Other Medications

NOTE: Order Transplant Sliding Scale Insulin Protocol below as appropriate including if Transplant Steroid Taper has been ordered.(NOTE)*





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- ☐ Transplant Insulin Sliding Scale Protocol Plan(SUB)*
- ☐ **+1 Hours** aspirin
 - ☐ 81 mg, DR Tablet, PO, QDay, Routine (DEF)*
 - ☐ 325 mg, DR Tablet, PO, QDay, 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, Routine
- ☐ **+1 Hours** metoclopramide
 - ☐ 5 mg, Tab, PO, ac, Routine (DEF)*
 - ☐ 5 mg, Tab, PO, achs, Routine
 - ☐ 10 mg, Tab, PO, ac, Routine
 - ☐ 10 mg, Tab, PO, achs, Routine
- ☐ **+1 Hours** magnesium oxide
 - ☐ 400 mg, Tab, PO, wb/s, Routine (DEF)*
 - ☐ 800 mg, Tab, PO, wb/s, Routine
- ☐ **+1 Hours** calcium-vitamin D 500 mg-200 intl units oral tablet
 - ☐ 1 tab, Tab, PO, wb/s
- ☐ **+1 Hours** Multiple Vitamins with Minerals oral tablet
 - ☐ 1 tab, Tab, PO, ws

Laboratory

- ☐ CBC
 - ☐ 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
- ☐ PT/INR
 - ☐ STAT, T;N, once, Type: Blood
- ☐ PTT
 - ☐ STAT, T;N, once, Type: Blood
- ☐ Amylase Level
 - ☐ STAT, T;N, once, Type: Blood
- ☐ Lipase Level
 - ☐ STAT, T;N, once, Type: Blood
- ☐ Blood Culture





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- ☐ Blood Culture
Time Study, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood
- ☐ BK Virus DNA Quant by PCR
STAT, T;N, once, Type: Blood
- ☐ BK Virus DNA Quant by PCR
STAT, T;N, once, Type: Urine, Nurse Collect
- ☐ CMV by PCR Quantitative Plasma
STAT, T;N, once, Type: Blood
- ☐ Transplant ATP by Cylex
STAT, T;N, once, Type: Blood
- ☐ Urinalysis w/Reflex Microscopic Exam
STAT, T;N, once, Type: Urine, Nurse Collect
- ☐ Culture and Sensitivity Urine
STAT, T;N, Specimen Source: Urine
- ☐ Gram Stain
STAT, T;N, once, Specimen Source: Sputum
- ☐ Occult Blood, Stool
STAT, T;N, once, Type: Stool
- ☐ C Diff Toxin B gene by PCR for Protocol
STAT, T;N, once, Type: Stool
- ☐ NOTE: AM Labs(NOTE)*
- ☐ Lipid Profile
Routine, T+1;0400, once, Type: Blood
Comments: Fasting
- ☐ C-Peptide
Routine, T+1;0400, once, Type: Blood
- ☐ Hemoglobin A1C
Routine, T+1;0400, once, Type: Blood
- ☐ Rapamycin Level
Routine, T;N, MonThu, Type: Blood
- ☐ CBC
Routine, T;N, qam, Type: Blood
- ☐ PT/INR
Routine, T;N, qam, Type: Blood
- ☐ CMP
*Routine, T;N, qam, Type: Blood (DEF)**
Routine, T;N, MonThu, Type: Blood
- ☐ BMP
Routine, T;N, qam, Type: Blood
- ☐ Magnesium Level
Routine, T;N, qam, Type: Blood





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- ☐ Phosphorus Level
Routine, T;N, qam, Type: Blood
- ☐ Amylase Level
Routine, T;N, qam, Type: Blood
- ☐ Lipase Level
Routine, T;N, qam, Type: Blood
- ☐ FK506 Level
Routine, T;N, qam, Type: Blood
- ☐ Cyclosporine Level
Routine, T;N, qam, Type: Blood
- NOTE: If peritoneal dialysis catheter present, request order below:(NOTE)*
- ☐ Body Fluid Profile
STAT, T;N, once, Type: Peritoneal Fluid, Nurse Collect

Diagnostic Tests: Include Reason for Exam

- ☐ EKG
Start at: T;N, Priority: Stat
- ☐ Chest 1 VW
T;N, Stat, Portable
- ☐ Chest 2VW Frontal & Lat
T;N, Stat, Stretcher
- ☐ Abd Comp W Decubitus/Erect VW
T;N, Stat, Stretcher
- ☐ Abd Sing AP VW
T;N, Stat, Stretcher
- ☐ US Kidney Transplanted W Dup Doppler
T;N, Stat, Stretcher

Consults/Notifications/Referrals

- ☒ Notify Physician-Once
T;N, Notify: Transplant Nephrology Fellow, upon arrival to unit
- ☒ Notify Physician For Vital Signs Of
T;N, Notify: Transplant Nephrology Fellow, BP Systolic > 180, BP Diastolic > 100, BP Systolic < 100, BP Diastolic < 60, Celsius Temp > 38.3, Oxygen Sat < 94, Urine Output < 400mL/8 hours, Blood Glucose < 60, Blood Glucose > 200, difference between lying a
- ☒ Consult Clinical Pharmacist
Start at: T;N, Reason: Transplant patient arrival, Special Instructions: consult Transplant Pharmacy Specialist
- ☒ Dietitian Consult/Nutrition Therapy
T;N
- ☒ Nursing Communication
T;N, Notify Transplant Research Coordinator of patient arrival.
- ☒ Transplant Coordinator Consult
T;N, Reason for Consult: Transplant patient arrival





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- ☒ Medical Social Work Consult
T;N
- ☐ Hemodialysis Unit Consult
T;N, Collect peritoneal fluid for Cell Count & Diff Fluid if ordered.

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

