



**Physician Orders ADULT: Living Donor Transplant Nephrectomy Admit Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- ☐ Initiate Powerplan Phase  
*T;N, Phase: Living Donor Transplant Nephrectomy Admit Phase, When to Initiate: \_\_\_\_\_*

**Living Donor Transp Nephrectomy Admit Phase**

**Admission/Transfer/Discharge**

- ☐ Patient Status Initial Inpatient  
*T;N, Admitting Physician: \_\_\_\_\_*  
*Reason for Visit: \_\_\_\_\_*  
*Bed Type: Med-Surg Specific Unit: \_\_\_\_\_*  
*Care Team: \_\_\_\_\_ Anticipated LOS: 2*  
*midnights or more*

**Vital Signs**

- ☒ Vital Signs Per Unit Protocol  
*T;N*

**Activity**

- ☒ Out Of Bed  
*T;N, Up As Tolerated*

**Food/Nutrition**

- ☒ NPO  
☐ *Start at: T;N, Instructions: NPO except for medications (DEF)\**  
☐ *Start at: T;N*

**Patient Care**

- ☒ VTE MEDICAL Prophylaxis Plan(SUB)\*  
☒ Consent Signed For  
*T;N, Procedure: Donor Nephrectomy*  
☒ Height  
*T;N, upon admission*  
☒ Weight  
*T;N, upon admission*  
☒ Intake and Output  
*T;N*  
☒ SCD Apply  
*T;N, Apply To Lower Extremities*  
☒ Nursing Communication  
*T;N, Pre-Donor evaluation workup to chart*  
☒ Nursing Communication  
*T;N, If results not available in PACS, request CT Angiogram films delivered to O.R.*  
☒ Nursing Communication  
*T;N, Notify Independent Living Donor Advocate of patient arrival*

**Medications**





**Physician Orders ADULT: Living Donor Transplant Nephrectomy Admit Plan**

- ☐ **+1 Hours** ceFAZolin  
1 g, IV Piggyback, IV Piggyback, N/A, Routine  
Comments: Administer within 1 hour prior to incision in OR
- NOTE: If patient is allergic to penicillin/cephalosporin place order below:(NOTE)\*
- ☐ **+1 Hours** vancomycin  
1 g, IV Piggyback, IV Piggyback, N/A, ( infuse over 1 hr )  
Comments: Comment: Administer within 2 hours prior to incision in OR

**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

**Consults/Notifications/Referrals**

- ☒ Notify Resident-Once  
T;N, Notify: Surgery Transplant Resident or Fellow on call, arrival to unit
- ☒ Notify Physician For Vital Signs Of  
T;N, Notify: surgery Transplant Resident or Fellow, BP Systolic > 130, BP Diastolic > 90, BP Systolic < 90, Heart Rate > 100, Heart Rate < 60, Oxygen Sat < 94
- ☒ Dietitian Consult/Nutrition Therapy  
T;N, Type of Consult: Other, please specify, Special Instructions: Nutrition Assessment
- ☒ Consult Clinical Pharmacist  
Start at: T;N
- ☒ Medical Social Work Consult  
T;N

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

