



**Physician Orders PEDIATRIC: LEB Liver Transplant Post Op Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- Initiate Powerplan Phase

*Phase: LEB Liver Transplant Post Op Phase, When to Initiate: \_\_\_\_\_*

**LEB Liver Transplant Post Op Phase**

**Admission/Transfer/Discharge**

- Transfer Pt within current facility  
*Level of Care: Critical Care, To PICU*
- Return Patient to Room

**Vital Signs**

- Vital Signs  
*Monitor and Record T,P,R,BP, q1h(std), with hemodynamic measurements*

**Activity**

- Bedrest

**Food/Nutrition**

- NPO  
*Instructions: NPO except for medications*

**Patient Care**

- Isolation Precautions
- Intake and Output  
*q1h(std)*
- Daily Weights  
*Routine, qEve*
- Repogle (NGT)  
*NG Tube Type: Rigid, Suction Strength: Low Intermittent*
- Repogle (OGT)  
*OG Tube Type: Rigid, Low intermittent suction*
- Foley Care  
*To gravity*
- Drain Care  
*q1h(std), Empty JP drains*
- SCD Apply  
*Apply To Lower Extremities*
- Turn Cough Deep Breathe  
*q1h-Awake*





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- O2 Sat Monitoring NSG  
*q1h(std)*
- Cardiopulmonary Monitor  
*Monitor Type: CP Monitor*
- Discontinue CP Monitor  
*When ALL Criteria met: No NG-Tube, No PCA, No Chest Tube, No Sepsis Alert notified, PEWS of 0 and 24 hour post op.*
- Nursing Communication  
*Bair Hugger, Remove for temp > 38.5 degrees Celsius*
- Incentive Spirometry NSG  
*q1h-Awake*

**Respiratory Care**

- Oxygen Delivery  
*Special Instructions: Titrate to keep O2 sat greater than or equal to 92%. Wean to room air.*
- ISTAT POC (RT Collect)  
*Stat once, Test Select ABG*
- ISTAT POC (RT Collect)  
*Routine q4h(std) For 6 occurrence, Test Select ABG*
- ISTAT POC (RT Collect)  
*Stat once, Test Select Ionized calcium*
- LEB Critical Care Respiratory Plan(SUB)\*

**Continuous Infusion**

- Sodium Chloride 0.9%  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/2NS  
*1,000 mL, IV, Routine, mL/hr*
- D5 1/2 NS KCl 20 mEq/L  
*1,000 mL, IV, Routine, mL/hr*

**Medications**

- +1 Hours** acetaminophen  
*10 mg/kg, Liq, NG, q6h, PRN Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day*  
*Comments: For Temperature greater than 38.5 degrees Celsius*
- +1 Hours** acetaminophen  
*10 mg/kg, Supp, PR, q6h, PRN Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day*  
*Comments: For Temperature greater than 38.5 degrees Celsius*





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- +1 Hours** aspirin
  - 40.5 mg, Tab, PO, QDay, Routine, Patient weighing less than 20 kg (DEF)\*
  - 81 mg, Tab, PO, QDay, Routine, Patient weighing less than 20 kg
- +1 Hours** famotidine
  - 0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day
- +1 Hours** mycophenolate mofetil
  - 600 mg/m<sup>2</sup>, Oral Susp, PO, bid, Routine, (1 mL = 200 mg), To be given at 0600 and 1800 (DEF)\*
  - 600 mg/m<sup>2</sup>, Oral Susp, NG, bid, Routine, (1 mL = 200 mg), To be given at 0600 and 1800
  - 250 mg, Cap, PO, bid, Routine, To be given at 0600 and 1800
  - 500 mg, Cap, PO, bid, Routine, To be given at 0600 and 1800
- +1 Hours** tacrolimus
  - 0.1 mg/kg, Oral Susp, PO, bid, Routine, To be given at 0600 and 1800 (DEF)\*  
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
  - 0.1 mg/kg, Oral Susp, NG, bid, Routine, To be given at 0600 and 1800  
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
  - 0.5 mg, Cap, PO, bid, Routine, To be given at 0600 and 1800  
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
  - 1 mg, Cap, PO, bid, Routine, To be given at 0600 and 1800  
Comments: To be given at 0600 and 1800. Draw level prior to administration of 0600 dose.
- +1 Hours** nystatin 100,000 units/mL oral suspension
  - 5 mL, Oral Susp, PO, tid, Routine, Swish and Swallow
- +1 Hours** sulfamethoxazole-trimethoprim susp
  - 5 mg/kg, Oral Susp, PO, hs, Routine, (1mL = 8 mg trimethoprim) (DEF)\*
  - 5 mg/kg, Oral Susp, NG, hs, Routine, (1mL = 8 mg trimethoprim)
- sulfamethoxazole-trimethoprim SS
  - 80 mg, Tab, PO, hs, Dose expressed as mg of trimethoprim
- sulfamethoxazole-trimethoprim DS
  - 160 mg, Tab, PO, hs, Dose expressed as mg of trimethoprim
- +1 Hours** ganciclovir
  - 5 mg/kg, Ped Injectable, IV, q12h, Routine, (for 7 day ), After completion must follow with Valganciclovir
- +1 Hours** valganciclovir





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- 450 mg, Tab, PO, QDay, Routine, To be given at 0800 (DEF)\*
- 520 mg/m2, Oral Susp, PO, QDay, Routine, (1 mL = 60 mg), To be given at 0800
- 520 mg/m2, Oral Susp, NG, QDay, Routine, (1 mL = 60 mg), To be given at 0800
- +1 Hours** ampicillin-sulbactam  
37.5 mg/kg, Ped Injectable, IV, q6h, Routine, (for 2 day ), Dose expressed as mg of ampicillin  
NOTE: if allergic to Penicillin/Cephalosporins:(NOTE)\*
- +1 Hours** clindamycin  
10 mg/kg, Ped Injectable, IV, q8h, Routine, (for 2 day ), Max dose = 4.8 grams/day
- +1 Hours** aztreonam  
30 mg/kg, Ped Injectable, IV, q8h, Routine, (for 2 day )

**Laboratory**

- CBC  
STAT, T;N, once, Type: Blood
- CMP  
STAT, T;N, once, Type: Blood
- Phosphorus Level  
STAT, T;N, once, Type: Blood
- Magnesium Level  
STAT, T;N, once, Type: Blood
- PT/INR  
STAT, T;N, once, Type: Blood
- PTT  
STAT, T;N, once, Type: Blood
- GGT  
STAT, T;N, once, Type: Blood
- Triglyceride  
STAT, T;N, once, Type: Blood
- Cholesterol  
STAT, T;N, once, Type: Blood
- Fibrinogen Level  
STAT, T;N, once, Type: Blood
- +240 Minutes** CBC  
Time Study, T;N, q4h x 6 occurrence, Type: Blood
- +240 Minutes** PT/INR





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- +240 Minutes** AST  
*Time Study, T;N, q4h x 6 occurrence, Type: Blood*
- +240 Minutes** Phosphorus Level  
*Time Study, T;N, q4h x 6 occurrence, Type: Blood*
- +240 Minutes** Magnesium Level  
*Time Study, T;N, q4h x 6 occurrence, Type: Blood*
- CBC  
*Routine, T;N, qam, Type: Blood*
- CMP  
*Routine, T;N, qam, Type: Blood*
- PT/INR  
*Routine, T;N, qam, Type: Blood*
- PTT  
*Routine, T;N, qam, Type: Blood*
- Phosphorus Level  
*Routine, T;N, qam, Type: Blood*
- Magnesium Level  
*Routine, T;N, qam, Type: Blood*
- FK506 Level  
*Time Study, T;0500, q24h, Type: Blood*  
*Comments: Draw prior to giving 6 AM Prograf dose*

**Diagnostic Tests**

- Chest 1 VW  
*T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable*  
*Comments: Post liver transplant*
- LEB US Abd Ltd Sing Organ/FU w/Delay Diet Plan(SUB)\*
- US Abd/Retroper Dup Art In/Vein Out Comp
  - T;1000, Reason for Exam: Other, Enter in Comments, Stat, Portable (DEF)\**  
*Comments: Post liver transplant, with doppler exam of hepatic vasculature*
  - T+1;1000, Reason for Exam: Other, Enter in Comments, Routine, Portable*  
*Comments: Post liver transplant, with Doppler exam of hepatic vasculature*

**Consults/Notifications/Referrals**

- Notify Physician-Continuing





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Notify: Transplant Surgery Fellow, Notify For: Temperature >38.3 degrees Celsius, Urine Output < 1mL/kg/hr, CVP <\_\_\_\_or > \_\_\_\_cmH20, and before administering any blood products

- Consult MD Group Reason for Consult: ventilator management and pain medication management, PICU
Consult MD Group Reason for Consult: Gastroenterology Service
Medical Social Work Consult Routine, Reason: Assistance at Discharge
Dietitian Consult/Nutrition Therapy Routine, Type of Consult: Nutrition Management
Pharmacy Consult Reason: Discharge Medication Planning
Consult MD Group

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

