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
☐ Replogle (NGT)
  NG Tube Type: Rigid, Suction Strength: Low Intermittent
☐ Replogle (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/m2, Oral Susp, PO, bid, Routine, (1 mL = 200 mg), To be given at 0600 and 1800 (DEF)*
  - 600 mg/m2, 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
☑ CMP
☑ Phosphorus Level
☑ Magnesium Level
☑ PT/INR
☑ PTT
☑ GGT
☑ Triglyceride
☑ Cholesterol
☑ Fibrinogen Level
☑ +240 Minutes CBC
   Time Study, T;N, q4h x 6 occurrence, Type: Blood
☑ +240 Minutes PT/INR
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Time Study, T;N, q4h x 6 occurrence, Type: Blood

☐ +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