Physician’s Orders
TRANSPLANT OUTPATIENT UNIT S/P TRANSPLANT
ADMISSION ORDERS – ADULT CARE SET

DATE & TIME

PHYSICIAN’S ORDERS AND DIET

1. Admit Patient To Transplant Outpatient Unit (STU) on Date: ______________ to Dr. __________________

   • Diagnosis: S/P Transplant, Immunosuppression Management, long term use

2. Notify Liver Transplant Fellow for liver transplant patients
   OR
   Nephrology Fellow for kidney transplant patients

3. Weight on admission.

4. Vital signs on admission and per routine.

LABS:

5. CBC with Differential
   [ ] CMP  [ ] BMP

6. GGT

7. Magnesium

8. PT/INR

9. Urinalysis with micro
   [ ] Phosphorus

10. other __________________________________________________________________________

11. Drug Level
    [ ] tacrolimus (FK506) level
    [ ] sirolimus (Rapamycin) level
    [ ] Cyclosporine level

12. Patient may take own medications after labs drawn.

13. Diet:
    [ ] Regular
    [ ] ________ kcal ADA if pt diabetic
    [ ] Renal

14. Notify Liver/Kidney (as appropriate) Liaison Nurse when lab results returned.

15. Discharge when above orders complete; patient seen/cleared for discharge by Transplant Surgeon and / or Post-Liver/Kidney Nurse Practitioner. (as appropriate)

Physician Signature: ___________________________________________  Physician ID Number: ____________________

Physician Name Printed: _________________________________________  Physician Pager: ________________________

HT: __________ cm

WT: __________ kg

Allergies: __________________________________________

(Place patient identification sticker here)