Physician Orders PEDIATRIC: LEB Liver Transplant Post Op Transfer Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   Phase: LEB Liver Transplant Post Op Transfer Phase, When to Initiate:____________________

LEB Liver Transplant Post Op Transfer Ph
Admission/Transfer/Discharge
☑ Transfer Pt within current facility

Vital Signs
☐ Vital Signs
   Monitor and Record T,P,R,BP, q4h x 48h then q8h

Activity
☐ Activity As Tolerated
   Up Ad Lib
☐ Out Of Bed
   tid, to ambulate

Food/Nutrition
☐ NPO
☐ Breastfeed
☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
☐ Clear Liquid Diet
   Start at: T;N

Patient Care
☑ Intake and Output
   Routine, q2h(std)

Consults/Notifications/Referrals
☑ Notify Physician-Once
   Notify: Pediatric Gastroenterology Service, Notify For: of room number on arrival to unit
☑ Notify Physician-Continuing
   Notify: Gastroenterology Service, Notify For: Temperature > 38.3 degrees Celsius or Urine Output < 1mL/kg/hr
☐ Consult MD Group
☐ Consult MD
☐ Medical Social Work Consult
☐ Dietitian Consult/Nutrition Therapy
☐ Consult Child Life
☐ Physical Therapy Ped Eval & Tx
   Routine
**Physician Orders PEDIATRIC: LEB Liver Transplant Post Op Transfer Plan**

- [ ] Occupational Therapy Ped Eval & Tx  
  *Routine*
- [ ] Speech Therapy Ped Eval & Tx  
  *Routine*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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