



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





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- Occupational Therapy Ped Eval & Tx
Routine
- Speech Therapy Ped Eval & Tx
Routine

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

