



Physician Orders ADULT: Kidney-Panc/Panc Transplant Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: Kidney-Panc/Panc Transp Post Op Phase, When to Initiate: _____

Kidney-Panc/Panc Transp Post Op Phase

Vital Signs

- ☒ Vital Signs
q15 minutes x4, q30 minutes x2, then q1h

Activity

- ☒ Bedrest
Routine, For 24 hr
- ☒ Out Of Bed
T+1;N, Up To Chair, tid
- ☒ Ambulate
T+3;N, tid, With Assistance

Food/Nutrition

- ☒ NPO
Instructions: NPO except for medications

Patient Care

- ☒ VTE Other SURGICAL Prophylaxis Plan(SUB)*
- ☐ Central Line
- ☒ Whole Blood Glucose Nsg
Routine, q2h(std), For 24 hr
- ☒ Whole Blood Glucose Nsg
T+1;N, Routine, q4h(std)
- ☒ Daily Weights
- ☒ SCD Apply
Apply To Lower Extremities
- ☒ JP Drain Care
q4h(std), empty and record amount upon arrival to unit
- ☒ Nasogastric Tube
- ☐ Suction Strength: Low Intermittent, clamp for medications as tolerated (DEF)*
- ☐ Suction Strength: Low Continuous, clamp for medications as tolerated
- ☒ Indwelling Urinary Catheter Care
q4h(std), irrigate with 20mL sterile water, for kidney-pancreas recipient
- R ☒ Indwelling Urinary Catheter Care
PRN, inspect for clots and irrigate with 20mL sterile water PRN for kidney-pancreas or pancreas only recipient
- ☒ Continue Foley Per Protocol
Reason: s/p Organ Transplant
- ☒ Bladder Scanner
Routine, When foley discontinued, post void (PVR) with bladder scanner x 2, after first void and upon rising, Notify surgical resident if PVR > 150ml
- ☒ Intake and Output
Routine, q1h(std)
- ☒ Turn Cough Deep Breathe
q2h(std)
- ☒ Incentive Spirometry NSG
q2h-Awake, instruct patient in use of incentive spirometry
- ☒ Nursing Communication





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If Temperature greater than 38.3 degrees C place orders for Blood Culture x2, Urine Culture and Gram Stain for sputum

NOTE: Ordering physician MUST complete order details of Date and Time below:(NOTE)*

☒ Transplant Organ Perfusion Date and Time

☒ Nursing Communication

Notify Transplant Research Coordinator for post op research management

Respiratory Care

☐ Oxygen-Aerosol Facemask

Special Instructions: Switch to nasal cannula at 2L/min if SP02 is greater than 96%, may wean to room air if SP02 by nasal cannula remains greater than 96% for 4 hours.

Continuous Infusion

☐ **+1 Hours** D5 1/2NS

1,000 mL, IV, Routine, 30 mL/hr

☐ **+1 Hours** heparin 20,000 units/D5W infusion

20,000 units / 500 mL, IV, Routine, (for 72 hr), 300 units/hr

Comments: 300 units/hr = 7.5 mL/hr

Replacement Fluids

1/2 NS replacement fluid order below is active for 24 hours. If a longer duration is necessary, modify the duration details.(NOTE)*

☐ 1/2NS

1,000 mL, IV, Routine, (for 24 hr), Replace UOP q1h, see comments for rates

Comments: Urine out per hour IV fluid per hour

1-300 mL

replace 100% of urine output

301-500 mL

replace 80% of urine

Output greater than 500 mL

replace 60% of urine output

☐ Nursing Communication

Contact physician within 24 hours after initiation of 1/2 NS replacement fluid order to determine if order is necessary beyond 24 hours.

Medications

Immunosuppression Medications

If enrolled in research study, please check for research protocol and orders.(NOTE)*

☒ **+1 Hours** mycophenolate mofetil

500 mg, Oral Susp, NG, bid, Routine, To be given at 0600 and 1800

☒ **+1 Days** methylPREDNISolone sodium succinate

250 mg, Injection, IV Push, once, Routine

Comments: To be given on POD #1

☒ **+2 Days** methylPREDNISolone sodium succinate

100 mg, Injection, IV Push, once, Routine

Comments: To be given on POD #2

☒ **+3 Days** predniSONE

50 mg, Tab, PO, once, Routine

Comments: To be given at 0700 on POD #3. Give with food.

☒ **+4 Days** predniSONE

20 mg, Tab, PO, wb, Routine

Comments: To be given at 0700 on POD #4. Give with food.

Anti-infectives

☒ **+1 Hours** ampicillin-sulbactam

1.5 g, Injection, IV Piggyback, q6h, STAT, (for 2 dose)

Comments: Coordinate first dose with antibiotics given in surgery.

If allergic to Penicillin/Cephalosporins place both orders below.(NOTE)*

☐ **+1 Hours** clindamycin

600 mg, IV Piggyback, IV Piggyback, q8h, (for 2 dose)





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Comments: Coordinate first dose with antibiotics given in surgery.

- ☐ **+1 Hours** aztreonam
1 g, IV Piggyback, IV Piggyback, q8h, (for 2 dose)
Comments: Coordinate first dose with antibiotics given in surgery.
- ☒ **+1 Days** valganciclovir
450 mg, Oral Susp, NG, q48h, Routine
Comments: CMV prophylaxis
- ☒ **+1 Days** fluconazole
100 mg, Tab, NG, QDay, Routine
Comments: fungal prophylaxis
- ☒ **+3 Days** sulfamethoxazole-trimethoprim SS
80 mg, Tab, PO, q48h, Routine, Dose expressed as mg of trimethoprim
Comments: PCP prophylaxis
If allergic to Sulfa place order below:(NOTE)*
- ☐ **+3 Days** dapsone
25 mg, Tab, PO, QDay, Routine

Other Medications

- ☒ **+1 Days** famotidine
20 mg, Injection, IV Push, hs, Routine
- ☐ **+1 Hours** pantoprazole
40 mg, Injection, IV Push, QDay, Routine
- ☒ **+1 Hours** metoclopramide
5 mg, Injection, IV Push, q8h, Routine
- ☐ **+3 Days** Multiple Vitamins with Minerals oral tablet
1 tab, Tab, PO, QDay, Routine
- ☐ **+1 Days** aspirin
81 mg, Chew tab, NG, QDay, Routine
- ☐ **+1 Hours** docusate sodium
100 mg, Liq, NG, bid, Routine
- ☐ **+1 Hours** cloNIDine
0.1 mg, Tab, NG, q4h, PRN Hypertension, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg
If allergic to clonidine place order below:(NOTE)*
- ☐ **+1 Hours** hydrALAZINE
10 mg, Injection, IV Push, q4h, PRN Hypertension, Routine, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg
- ☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
- ☐ PCA - HYDRomorphine Protocol Plan (Adult)(SUB)*

Laboratory

NOTE: If heparin infusion ordered, place orders below.(NOTE)*

- ☒ PTT
Time Study, T;N, q6h, Type: Blood, Nurse Collect
- NOTE: If not receiving heparin infusion, place orders below.(NOTE)*
- ☐ PTT
STAT, T;N, once, Type: Blood, Nurse Collect
- ☐ PTT
Time Study, T;N+360, q6h x 3 occurrence, Type: Blood, Nurse Collect
- ☐ PT/INR
Routine, T;N, qam, Type: Blood, Nurse Collect
- NOTE: Labs for the first 24 hours(NOTE)*
- ☒ Basic Metabolic Panel





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- STAT, T;N, once, Type: Blood, Nurse Collect*
- ☒ Amylase Level
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Lipase Level
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Ionized Calcium
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ PT/INR
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ CBC
STAT, T;N, once, Type: Blood, Nurse Collect
- ☒ Basic Metabolic Panel
Time Study, T;N+360, q6h x 3 occurrence, Type: Blood, Nurse Collect
- ☒ Amylase Level
Time Study, T;N+360, q6h x 3 occurrence, Type: Blood, Nurse Collect
- ☒ Lipase Level
Time Study, T;N+360, q6h x 3 occurrence, Type: Blood, Nurse Collect
- ☒ Ionized Calcium
Time Study, T;N+360, q6h x 3 occurrence, Type: Blood, Nurse Collect
- ☒ PT/INR
Time Study, T;N+360, q6h x 3 occurrence, Type: Blood, Nurse Collect
- ☒ Hct
Time Study, T;N+360, q6h x 3 occurrence, Type: Blood, Nurse Collect
- NOTE: AM Labs(NOTE)*
- ☒ Comprehensive Metabolic Panel
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ Amylase Level
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ Lipase Level
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ Phosphorus Level
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ Magnesium Level
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ CBC
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ PTT
Routine, T;N, qam, Type: Blood, Nurse Collect
- ☒ Amylase Fluid
Routine, T;N, qam, Type: Abdominal Fluid, Nurse Collect, Collection Comment: Collect from Rt JP drain

Diagnostic Tests

- ☒ EKG
*Start at: T;N, Priority: Routine, Reason: Other, specify, post-transplant, Transport: Portable
Comments: for renal transplantation*
- ☐ EKG
Start at: T+1;N, Priority: Routine, Reason: Other, specify, post-transplant, Transport: Portable
- ☒ Chest 1 VW
*T;N, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: reason: post transplant*





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- ☒ Chest 1 VW
T+1;N, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: post transplant

Consults/Notifications/Referrals

- ☒ Notify Physician For Vital Signs Of
Notify: Surgical Transplant Fellow, BP Systolic > 160, BP Diastolic > 90, BP Systolic < 110, Celsius Temp > 38.3, Heart Rate > 110, Heart Rate < 60, Oxygen Sat < 94, Urine Output < 20, If patient not on insulin drip, notify for Blood Glucose less than 60
- ☒ Notify Physician-Continuing
Notify: Transplant Surgical Resident, Notify For: All lab results obtained during initial 24 hours of post op period.
- ☒ Notify Physician-Continuing
Notify: Transplant Surgical Resident, Notify For: presence of indwelling catheter clots or inability to irrigate catheter
- ☒ Notify Physician-Continuing
Notify: Transplant Surgical Resident, Notify For: serum potassium less than 3mEq/L or greater than 5mEq/L, PTT greater than 60 seconds
- ☒ Physician Consult
Reason for Consult: Nephrology Management, Consult Transplant Nephrology Fellow
- ☒ Dietitian Consult/Nutrition Therapy
- ☐ Physical Therapy Initial Eval and Tx
- ☒ Medical Social Work Consult
Routine, Reason: Other, specify, clinical assessment and needs for discharge

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

