



Physician Orders PEDIATRIC: LEB Kidney Transplant Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Kidney Transplant Post Op Phase, When to Initiate: _____

LEB Kidney Transplant Post Op Phase

Admission/Transfer/Discharge

- Transfer Pt within current facility
Level of Care: Critical Care, To PICU

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
Routine, q1h(std)
- Daily Weights
Routine, qEve
- Foley Care
To gravity
- Irrigate
Foley, Foley, Irrigant: NS, Irrigation Volume: 30mL, q6h(std), PRN
- Drain Care
Empty Jackson-Pratt drain to bulb suction, measure output q1h and PRN
- SCD Apply
Apply To Lower Extremities
- Turn Cough Deep Breathe
q1h-Awake
- O2 Sat Monitoring NSG
q1h(std)
- Cardiopulmonary Monitor
Routine, Monitor Type: CP Monitor
- DC CP Monitor





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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 \geq 92%. Wean to room air.
- LEB Critical Care Respiratory Plan(SUB)*

Continuous Infusion

- +1 Hours** Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr
- +1 Hours** D5 1/2NS
1,000 mL, IV, Routine, mL/hr
- +1 Hours** D5 1/2 NS KCl 20 mEq/L
1,000 mL, IV, Routine, mL/hr

Replacement Fluids

- +1 Hours** 1/2NS
1,000 mL, IV, Routine, Replacement fluids, Replace UOP ml: _____ml q1h
- +1 Hours** 1/2NS
1,000 mL, IV, Routine, Replacement Fluids, Replace UOP 1/2ml: _____ml q1h

Medications

- +1 Hours** acetaminophen
 - 10 mg/kg, Liq, PO, q6h, PRN Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day (DEF)**
 - 10 mg/kg, Liq, NG, q6h, PRN Fever, Routine, Temperature greater than 38.5 degrees, Max Dose = 75 mg/kg/day up to 4g*
- +1 Hours** acetaminophen
10 mg/kg, Supp, PR, q6h, PRN Fever, Routine, Temperature greater than 38.5 degrees, Max Dose = 75 mg/kg/day up to 4g
- +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 greater than 20 kg*
- +1 Hours** famotidine
0.25 mg/kg, Injection, IV, q12h, Routine, Max Daily Dose = 40 mg/day
- +1 Hours** mycophenolate mofetil





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- 600 mg/m², Oral Susp, PO, bid, Routine, (1mL = 200mg), To be given at 0600 and 1800 (DEF)*
- 600 mg/m², Oral Susp, NG, bid, Routine, (1mL = 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, (1mL = 0.5mg), To be given at 0600 and 1800 (DEF)*
Comments: Draw level prior to administration of 0600 dose.
 - 0.1 mg/kg, Oral Susp, NG, bid, Routine, (1mL = 0.5 mg), To be given at 0600 and 1800
Comments: Draw level prior to administration of 0600 dose.
 - 0.5 mg, Cap, PO, bid, Routine, To be given at 0600 and 1800
Comments: Draw level prior to administration of 0600 dose.
 - 1 mg, Cap, PO, bid, Routine, To be given at 0600 and 1800
Comments: Draw level prior to administration of 0600 dose.
- +1 Hours** nystatin 100,000 units/mL oral suspension
5 mL, Oral Susp, PO, qid, Routine, Swish and Swallow
- +1 Hours** sulfamethoxazole-trimethoprim susp
5 mg/kg, Susp, PO, hs, Routine, (for 14 day), (1mL = 8mg of trimethoprim)
- +1 Hours** sulfamethoxazole-trimethoprim SS
80 mg, Tab, PO, hs, Routine, (for 14 day), Dose expressed as mg of trimethoprim
- +1 Hours** sulfamethoxazole-trimethoprim DS
160 mg, Tab, PO, hs, Routine, (for 14 day), Dose expressed as mg of trimethoprim
- +1 Hours** ganciclovir
5 mg/kg, Injection, IV, q12h, Routine, (for 7 day), (After completion must follow with Valganciclovir
- +1 Hours** valganciclovir
 - 450 mg, Tab, PO, QDay, Routine, To be given at 0800 (DEF)*
Comments: To be given at 0800
 - 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, (1mL = 60 mg), To be given at 0800
- LEB Renal Transplant Steroid Taper(SUB)*
- Anti-infectives**
 - +1 Hours** ceFAZolin
25 mg/kg, Ped Injectable, IV, q8h, Routine, (for 3 dose)
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





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- +1 Hours** aztreonam
30 mg/kg, Ped Injectable, IV, q8h, Routine, (for 2 day)

Laboratory

- FK506 Level
*Time Study, T;0500, q24h, Type: Blood
Comments: Draw prior to giving 6 AM Prograf dose*
- CBC
STAT, T;N, once, Type: Blood
- BMP
STAT, T;N, once, Type: Blood
- Phosphorus Level
STAT, T;N, once, Type: Blood
- Magnesium Level
STAT, T;N, once, Type: Blood
- CBC
Routine, T;N, qam, Type: Blood
- CMP
Routine, T;N, qam, Type: Blood
- Phosphorus Level
Routine, T;N, qam, Type: Blood
- Magnesium Level
Routine, T;N, qam, Type: Blood

Diagnostic Tests

- Chest 1 VW
*T+1;N, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: Post Op Kidney Transplant*
- US Kidney Transplanted W Dup Doppler
*T+1;N, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: Post Op Kidney Transplant*

Consults/Notifications/Referrals

- Notify Physician For Vital Signs Of
Notify: Transplant Surgery Fellow, Celsius Temp > 38.3, Heart Rate < 60, Urine Output < 1mL/kg/hr
- Consult MD Group
Reason for Consult: Manage post-transplant care, Pediatric Nephrology Service
- Consult MD Group
- Medical Social Work Consult
Routine, Reason: Assistance at Discharge





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- Dietitian Consult/Nutrition Therapy
Routine, Type of Consult: Nutrition Management
- Pharmacy Consult
Reason: Discharge Medication Planning

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

