Physician Orders PEDIATRIC: LEB Kidney Transplant Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/Po

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: Titrated to keep 02 sat => 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*

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<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