Physician Orders ADULT: Liver Transplant Re-Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: Liver Transplant Re-Admit Phase, When to Initiate: __________________________

Liver Transplant Re-Admit Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  ☐ T;N Admitting Physician: ______________________________________________________
  Reason for Visit: ________________________________________________________________
  Bed Type: Med-Surg Specific Unit: 10 Thomas (DEF)*
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

  ☐ T;N Admitting Physician: ______________________________________________________
  Reason for Visit: ________________________________________________________________
  Bed Type: Med-Surg Specific Unit: 10 East
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

  ☐ T;N Admitting Physician: ______________________________________________________
  Reason for Visit: ________________________________________________________________
  Bed Type: Critical Care Specific Unit: 7 East
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient
  ☐ T;N Attending Physician: ______________________________________________________
  Reason for Visit: ________________________________________________________________
  Bed Type: _______________________________ Specific Unit: __________________________
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services

Vital Signs
☐ Vital Signs
  Routine Monitor and Record T,P,R,BP, q8h(std)
☐ Vital Signs
  Monitor and Record T,P,R,BP, q4h(std)
☐ Vital Signs
  Monitor and Record T,P,R,BP, q1h(std)

Activity
☐ Out Of Bed
  Up As Tolerated
☐ Ambulate
tid
☐ Bedrest w/BRP
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Food/Nutrition

☐ NPO

*Instructions: NPO except for medications, Start at: T*

☐ NPO

*Start at: T;2359, Instructions: NPO except for medications*

☐ Clear Liquid Diet

*Start at: T;N, Adult (>18 years)*

☐ Regular Adult Diet

☐ Renal Diet Not On Dialysis

*Adult (>18 years)*

☐ Renal Diet On Dialysis

*Adult (>18 years)*

☐ Consistent Carbohydrate Diet

☐ T;N, Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;

*Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis*

☐ T;N, Caloric Level: 2000 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;

*Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis*

Patient Care

☑ VTE MEDICAL Prophylaxis Plan(SUB)*

☑ Daily Weights

*Routine, qam*

☑ Intake and Output

*Routine, q8h(std)*

☐ Whole Blood Glucose Nsg

*aachs*

*If patient NPO enter order below:(NOTE)*

☐ Whole Blood Glucose Nsg

*q4h(std)*

☑ IV Insert/Site Care

*Routine, q4day*

☑ Nursing Communication

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

☑ Nursing Communication

*T;N, Notify Liver Transplant Liaison Nurse of patient arrival*

Continuous Infusion

☐ D5 1/2NS
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1,000 mL, IV, Routine, 50 mL/hr

☐ Normal Saline
  1,000 mL, IV, Routine, 50 mL/hr

☐ 1/2NS
  1,000 mL, IV, Routine, 50 mL/hr

Medications

Immunosuppression Medications

☐ 1+ Hours Prograf
  0.5 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose. (DEF)*
    Comments: For organ transplant
  1 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant
  2 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant
  3 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant
  4 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant
  5 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant
  6 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant
  7 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant
  8 mg, Cap, PO, qam, STAT, To be given at 0600
    Draw level prior to administration of 0600 dose.
    Comments: For organ transplant

☐ 1+ Hours Prograf
  0.5 mg, Cap, PO, qpm, Routine, To be given at 1800 (DEF)*
    Comments: For organ transplant
  1 mg, Cap, PO, qpm, Routine, To be given at 1800
    Comments: For organ transplant
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- 2 mg, Cap, PO, qpm, Routine, To be given at 1800
  Comments: For organ transplant
- 3 mg, Cap, PO, qpm, Routine, To be given at 1800
  Comments: For organ transplant
- 4 mg, Cap, PO, qpm, Routine, To be given at 1800
  Comments: For organ transplant
- 5 mg, Cap, PO, qpm, Routine, To be given at 1800
  Comments: For organ transplant
- 6 mg, Cap, PO, qpm, Routine, To be given at 1800
  Comments: For organ transplant
- 7 mg, Cap, PO, qpm, Routine, To be given at 1800
  Comments: For organ transplant
- 8 mg, Cap, PO, qpm, Routine, To be given at 1800
  Comments: For organ transplant

+1 Hours Rapamune
- 1 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose. (DEF)*
- 2 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
- 3 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
- 4 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
- 5 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
- 6 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
- 7 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.
- 8 mg, Tab, PO, QDay, Routine, To be given at 0600, Draw level prior to administration of 0600 dose.

+1 Hours CellCept
- 1,000 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800 (DEF)*
- 500 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800
- 500 mg, Tab, PO, qid, Routine, To be given at 0600 and 1800

+1 Hours Myfortic
- 720 mg, EC Tablet, PO, bid, Routine, To be given at 0600 and 1800 (DEF)*
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☐ 360 mg, EC Tablet, PO, bid, Routine, To be given at 0600 and 1800
☐ 360 mg, EC Tablet, PO, qid, Routine, To be given at 0600, 1000, 1400 and 1800

Anti-infectives
☐ +1 Hours valganciclovir
   450 mg, Tab, PO, QDay, Routine, (for 30 day )
   Comments: CMV prophylaxis

☐ +1 Hours acyclovir
   400 mg, Tab, PO, bid, Routine, (for 30 day ), viral prophylaxis

Other Medications
☐ Transplant Insulin Sliding Scale Protocol Plan(SUB)*
☐ +1 Hours cloNIDine
   0.1 mg, Tab, PO, q4h, PRN Hypertension, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg

☐ +1 Hours torsemide
   ☐ 50 mg, Tab, PO, QDay, Routine (DEF)*
   ☐ 50 mg, Tab, PO, bid, Routine

☐ +1 Hours spironolactone
   ☐ 50 mg, Tab, PO, QDay, Routine (DEF)*
   ☐ 50 mg, Tab, PO, bid, Routine

☐ +1 Hours furosemide
   ☐ 40 mg, Tab, PO, QDay, Routine (DEF)*
   ☐ 40 mg, Tab, PO, bid, Routine

☐ +1 Hours famotidine
   ☐ 20 mg, Tab, PO, QDay, Routine (DEF)*
   ☐ 20 mg, Tab, PO, bid, Routine

☐ +1 Hours pantoprazole
   40 mg, DR Tablet, PO, QDay
   Comments: DO NOT CHEW,CUT, OR CRUSH

☐ +1 Hours magnesium oxide
   ☐ 400 mg, Tab, PO, wb/s, Routine (DEF)*
   ☐ 800 mg, Tab, PO, wb/s, Routine

☐ +1 Hours Multiple Vitamins with Minerals oral tablet
   1 tab, Tab, PO, ws

Laboratory
☐ CBC
   STAT, T;N, once, Type: Blood
☐ PT/INR
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- STAT, T;N, once, Type: Blood
  - PTT
  - CMP
  - Magnesium Level
  - Phosphorus Level
  - GGT
  - Alcohol Level
  - Blood Culture
    - Time Study, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood
  - UA
  - Urine Culture
  - Occult Blood, Stool

- CBC
  - Routine, T;N, qam, Type: Blood
- PT/INR
  - Routine, T;N, qam, Type: Blood
- CMP
  - Routine, T;N, qam, Type: Blood
- Magnesium Level
  - Routine, T;N, qam, Type: Blood
- Phosphorus Level
  - Routine, T;N, qam, Type: Blood
- Transplant ATP by Cylex
  - Routine, T+1;0400, Type: Blood
- FK506 Level
  - Routine, T;N, qam, Type: Blood, Collection Comment: Draw prior to 6AM Dose
- Rapamycin Level
  - Routine, T+1;0400, Type: Blood, Collection Comment: Draw prior to 6AM Dose (DEF)*
  - Routine, T;N, qam, Type: Blood, Collection Comment: Draw prior to 6AM Dose
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☐ Routine, T;N, MonThu, Type: Blood, Collection Comment: Draw prior to 6AM Dose

Diagnostic Tests
☐ Chest 2 VW
  T;N, Stat, Stretcher

Consults/Notifications/Referrals
☐ Notify Physician-Once
  Notify: Transplant Surgery Fellow/Resident, Notify For: upon arrival to unit
☐ Notify Physician For Vital Signs Of
  Notify: Surgical Resident or Fellow, BP Systolic > 180, BP Diastolic > 90, BP Systolic < 100, BP Diastolic < 60, Celsius Temp > 38.3, Heart Rate > 120, Heart Rate < 60, Oxygen Sat < 94, Urine Output < 400mL/8 hours, Blood Glucose < 60, Blood Glucose > 300
☐ Consult Clinical Pharmacist
  Reason: Transplant patient arrival, Special Instructions: Transplant Pharmacy Specialist
☐ Medical Social Work Consult
☐ Dietitian Consult/Nutrition Therapy
  Routine, Type of Consult: Other, please specify, Special Instructions: Nutrition Assessment
☐ Transplant Coordinator Consult
  Reason for Consult: Transplant patient arrival

Date ___________________________ Time ___________________________ Physician’s Signature ___________________________ MD Number ___________________________

*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