Physician Orders PEDIATRIC: LEB Liver Transplant Admit Plan

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

LEB Liver Transplant Admit Phase
Admission/Transfer/Discharge
- Patient Status Initial Inpatient
  T,N Admitting Physician:
  Reason for Visit:
  Bed Type: Specific Unit: Care Team: Anticipated LOS: 2 midnights or more
- Notify Physician-Once
  Notify For: of room number on arrival to unit

Vital Signs
- Vital Signs
  Monitor and Record T,P,R,BP, q4h(std)

Activity
- Activity As Tolerated
  Up Ad Lib

Food/Nutrition
- NPO
- Breastfeed
- LEB Formula Orders Plan(SUB)*
- Regular Pediatric Diet
- Clear Liquid Diet
  Start at: T,N

Patient Care
- Consent Signed For
  Procedure: Liver Transplant
- Advance Diet As Tolerated
  start clear liquids and advance to regular diet as tolerated
- Isolation Precautions
- Intake and Output
  Routine, q2h(std)
- Intake and Output
  Routine, q2h(std)
- Height
Physician Orders PEDIATRIC: LEB Liver Transplant Admit Plan

Upon admission

- Weight

Nursing Communication

- Notify blood bank of pending liver transplant

- Incentive Spirometry NSG
  - now, PRN

Continuous Infusion

- Sodium Chloride 0.9%
  - 1,000 mL, IV, Routine, mL/hr

- D5 1/2 NS
  - 1,000 mL, IV, Routine, mL/hr

- D5 1/2 NS KCl 20 mEq/L
  - 1,000 mL, IV, Routine, mL/hr

Medications

- +1 Hours methylPREDNISolone sodium succinate
  - 20 mg/kg, Ped Injectable, IV, N/A, Routine, Max dose= 1 gram
  - Comments: send with patient for administration in OR

- +1 Hours ampicillin-sulbactam
  - 50 mg/kg, Ped Injectable, IV, N/A, Routine, Dose expressed as mg of ampicillin
  - Comments: send with patient for administration in OR

- +1 Hours anti-thymocyte globulin (rabbit)
  - 1.5 mg/kg, Ped Injectable, IV, N/A, Routine, ( infuse over 6
  - Comments: Infuse over 6 hours via central venous access device, send with patient for administration in OR

Laboratory

- LEB Transfusion Less Than 4 Months of Age Plan(SUB)*

- LEB Transfusion 4 Months of Age or Greater Plan(SUB)*

- CBC
  - STAT, T;N, once, Type: Blood

- CMP
  - STAT, T;N, once, Type: Blood

- Phosphorous Level
  - STAT, T;N, once, Type: Blood

- Magnesium Level
  - STAT, T;N, once, Type: Blood

- PT/INR
Physician Orders PEDIATRIC: LEB Liver Transplant Admit Plan

- STAT, T;N, once, Type: Blood
  - PTT
  - GGT
  - Triglyceride
  - Cholesterol
  - Fibrinogen Level
  - Urinalysis w/Reflex Microscopic Exam
  - Urine C&S
  - Urine, Specimen Source: Urine

If possibility of pregnancy, order below:(NOTE)*
- Pregnancy Screen Serum

Diagnostic Tests
- Chest PA & Lateral
  - T;N, Reason for Exam: Other, Enter in Comments, Stat, Wheelchair
  - Comments: pre-op evaluation for liver transplant

Consults/Notifications/Referrals
- Notify Physician-Once
  - Notify: Anesthesia, Notify For: of patient arrival to room
- Notify Physician-Once
  - Notify: Transplant Surgery Fellow, Notify For: of patient arrival to room
- Transplant Coordinator Consult
  - Reason for Consult: to assist with patient management
- Pharmacy Consult
- Consult Medical Social Work
  - Routine, Reason: Assistance at Discharge
- Dietitian Consult/Nutrition Therapy
  - Type of Consult: Nutrition Management
- Pastoral Care Consult
  - Reason for Consult: Family Support
Physician Orders PEDIATRIC: LEB Liver Transplant Admit Plan

☐ Consult Child Life

__________________________  ____________________________  ____________________________  ____________________________
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