

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



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Upon admission

- Weight *Upon admission*
- 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 1/2NS *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*
- Phosphorus Level *STAT, T;N, once, Type: Blood*
- Magnesium Level *STAT, T;N, once, Type: Blood*
- PT/INR



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- PTT *STAT, T;N, once, Type: Blood*
- GGT *STAT, T;N, once, Type: Blood*
- Triglyceride *STAT, T;N, once, Type: Blood*
- Cholesterol *STAT, T;N, once, Type: Blood*
- Fibrinogen Level *STAT, T;N, once, Type: Blood*
- Urinalysis w/Reflex Microscopic Exam *STAT, T;N, once, Type: Urine*
- Urine C&S *STAT, T;N, Specimen Source: Urine*
- Pregnancy Screen Serum *STAT, T;N, once, Type: Blood*
 If possibility of pregnancy, order below:(NOTE)*

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



Attach patient label here

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Consult Child Life

| 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

