Physician Orders ADULT: Renal Transplant Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
  Phase: Renal Transplant Post Op Phase, When to Initiate:____________________

Renal Transplant Post Op Phase
Non Categorized
☐ Add To Problem List
Problem: S/P kidney transplant

☐ Add To Problem List

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

Vital Signs
☑ Vital Signs
  q15minutes x 4, then q30 minutes x 2, then q1h x2, then q4h
☐ Orthostatic Blood Pressure
  Routine, qam

Activity
☑ Out Of Bed
  Up To Chair, tid
☑ Ambulate
  T+1;N, as tolerated with assistance

Food/Nutrition
☑ Clear Liquid Diet
  ☐ Start at: T:N, Adult (>18 years) (DEF)*
  ☐ Start at: T:N, Adult (>18 years), ADA

☐ Renal Diet On Dialysis
  Adult (>18 years)

☐ Renal Diet Not On Dialysis
  Adult (>18 years)

☐ Regular Adult Diet

☐ NPO

☐ Consistent Carbohydrate Diet
  ☐ Caloric Level: 1800 Calorie (DEF)*
  ☐ Caloric Level: 2000 Calorie

Patient Care
☐ VTE Other SURGICAL Prophylaxis Plan(SUB)*
☑ Advance Diet As Tolerated
  Start clear liquids and advance to regular diet as tolerated.

☑ Whole Blood Glucose Nsg
  Routine, achs

☑ Daily Weights

☑ SCD Apply
  Apply To Lower Extremities

☑ Telemetry
  Routine, for 24 hours

☑ Indwelling Urinary Catheter Care
  q4h(std), Irrigate with 20mL sterile water, and PRN inspect for clots and irrigate with 20mL sterile
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- Continue Foley Per Protocol
  Reason: s/p Organ Transplant

- Bladder Scanner
  T+2, 0600, Begin after indwelling urinary catheter removal, post void with bladder scan x 2, after first void and then in 6 hours

- Intake and Output
  Routine, strict, q4hrs for 24hrs then q8h

- Dressing Care
  Routine, Action: Change, Location: Central Line dressing, Wednesday, change PRN for soiled, loosened and moist dressings

- Turn Cough Deep Breathe
  q2h (std)

- Incentive Spirometry NSG
  q2h-Awake, Instruct patient in use of incentive spirometer

- Instruct/Educate

- Nursing Communication
  Assess Dialysis access site and record q8h

- Transplant Organ Perfusion Date and Time

Respiratory Care

- Oxygen-Nasal Cannula
  Routine, 2L/min L/min, Special Instructions: wean to room air if SPO2 by nasal cannula remains greater than 94% for 4 hours

Continuous Infusion

- +1 Hours D5 1/2NS
  1,000 mL, IV, Routine, 30 mL/hr
  1/2 NS replacement fluid order below is active for 24 hours. If a longer duration is necessary, modify the duration details. (NOTE)*

Replacement Fluids

- +1 Hours 1/2NS
  1,000 mL, IV, Routine, (for 24 hr), mL/hr, Replace UOP q1h, see comments for rates
  Comments: Urine output per hour
  
<table>
<thead>
<tr>
<th>Urine output per hour</th>
<th>IV fluid per hour</th>
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</thead>
<tbody>
<tr>
<td>1-300 mL</td>
<td>replace 100% of urine output</td>
</tr>
<tr>
<td>301-500 mL</td>
<td>replace 80% of urine output</td>
</tr>
<tr>
<td>greater than 500 mL</td>
<td>replace 60% of urine output</td>
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</tbody>
</table>

- Nursing Communication
  Contact physician within 24 hours after initiation of 1/2 NS replacement fluid order to determine if order is necessary beyond 24 hours.

Medications

Immunosuppression Medications

- NOTE: If enrolled in research study, please check for research protocol and orders. (NOTE)*

- +1 Hours mycophenolate mofetil
  500 mg, Tab, PO, bid, Routine, To be given at 0600 and 1800

- +1 Days methylPREDNISolone sodium succinate
  250 mg, Injection, IV Push, once, Routine
  Comments: To be given on POD #1

- +2 Days methylPREDNISolone sodium succinate
  100 mg, Injection, IV Push, once, Routine
  Comments: To be given on POD #2

- +3 Days predniSONE
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50 mg, Tab, PO, once, Routine
Comments: To be given at 0700 on POD #3. Give with food

☐ +4 Days predniSONE
20 mg, Tab, PO, wb, Routine
Comments: To BEGIN at 0700 on POD #4. Give with food

Anti-infectives

☐ +1 Hours ceFAZolin
1 g, Injection, IV Push, q8h, Routine, (for 3 dose )
NOTE: If allergic to Penicillin/Cephalosporins: patient should have received Vancomycin pre-op, and since this medication has a long half-life, a second dose is NOT needed.(NOTE)*

☐ +1 Days valganciclovir
450 mg, Tab, PO, q48h, Routine
Comments: CMV prophylaxis. Give with food.

☐ +1 Hours nystatin 100,000 units/mL oral suspension
5 mL, Oral Susp, PO, pc, Routine
Comments: Swish and Swallow. For fungal prophylaxis

☐ +3 Days sulfamethoxazole-trimethoprim SS
80 mg, Tab, PO, q48h, Routine, Dose expressed as mg of trimethoprim
Comments: Give at bedtime for PCP prophylaxis

NOTE: If allergic to Sulfa place order below:(NOTE)*

☐ +3 Days dapsone
25 mg, Tab, PO, QDay, Routine

Other Medications

☐ +1 Days famotidine
20 mg, Tab, PO, hs, Routine

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

☐ +3 Days Multiple Vitamins with Minerals oral tablet
1 tab, Tab, PO, QDay, Routine

☐ +5 Days aspirin
81 mg, DR Tablet, PO, QDay, Routine

☐ +1 Hours docusate sodium
100 mg, Cap, PO, bid, Routine
Comments: Hold if stools are loose.

☐ +1 Hours cloNIcine
0.1 mg, Tab, PO, q4h, PRN Hypertension, Routine, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg
NOTE: If allergic to clonidine place order below:(NOTE)*

☐ +1 Hours hydrALAZINE
10 mg, Injection, IV Push, q4h, PRN Hypertension, Routine, PRN SBP greater than 160 mmHg or DBP greater than 90 mmHg

☐ Transplant Insulin Sliding Scale Protocol Plan(SUB)*
☐ PCA - MorPHINE Protocol Plan (Adult)(SUB)*
☐ PCA - HYDROmorphone Protocol Plan (Adult)(SUB)*

Laboratory

☐ BMP
Routine, T;N+360, once, Type: Blood, Nurse Collect

☐ Hct
Routine, T;N+360, once, Type: Blood, Nurse Collect

☐ T Cells CD3
Routine, T+2;N, once, Type: Blood, Nurse Collect

☐ Transplant ATP by Cylex
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- **Routine, T+2;N, once, Type: Blood, Nurse Collect**

**NOTE:** AM Labs(NOTE)*

- **CBC**
  - **Routine, T;N, qam, Type: Blood, Nurse Collect**

- **BMP**
  - **Routine, T;N, qam, Type: Blood, Nurse Collect**

- **Magnesium Level**
  - **Routine, T;N, qam, Type: Blood, Nurse Collect**

- **Phosphorus Level**
  - **Routine, T;N, qam, Type: Blood, Nurse Collect**

**NOTE:** Labs Every 3 Days(NOTE)*

- **Cmp**
  - **Time Study, T+2;N, q72h, Type: Blood, Nurse Collect**

- **PT/INR**
  - **Time Study, T+2;N, q72h, Type: Blood, Nurse Collect**

- **PTT**
  - **Time Study, T+2;N, q72h, Type: Blood, Nurse Collect**

**Diagnostic Tests**

- **Chest 1 VW**
  - **T+1,0800, Reason for Exam: Other, Enter in Comments, Routine, Portable**
  - **Comments:** Reason: Post Transplant

- **EKG**
  - **Start at:** T+1,0800, **Priority:** Routine, **Reason:** Other, specify, Post Transplant, **Transport:** Portable

**Consults/Notifications/Referrals**

- **Notify Physician For Vital Signs Of**
  - **Notify:** Surgical Transplant Resident, **BP Systolic > 160, BP Diastolic > 90, BP Systolic < 110, Celsius Temp > 38.3, Heart Rate > 100, Heart Rate < 60, Urine Output < 50mL/hr, PVR >150mL**

- **Notify Physician-Continuing**
  - **Notify:** Surgical Transplant Resident, **Notify For:** all lab results obtained during initial 24 hours of post op period

- **Notify Physician-Continuing**
  - **Notify:** Renal Transplant Fellow, **Notify For:** Other Blood Pressure Management medications

- **Dietitian Consult/Nutrition Therapy**
  - **Routine, Reason:** Other, specify, Psycho-social assessment

- **Medical Social Work Consult**
  - **Routine, Reason:** Other, specify, Psycho-social assessment

- **Diabetes Teaching Consult**
  - **diabetic education**

- **PT Initial Evaluation and Treatment**
  - **Routine**

<table>
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<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
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SUB - This component is a sub phase, see separate sheet
R-Required order