Physician Orders PED: LEB Kidney Transplant Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  
  T;N, Phase: LEB Kidney Transplant Admit Phase, When to initiate:

LEB Kidney 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
  
  T;N, Of room number on arrival to unit

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

Activity
- Activity As Tolerated
  
  T;N, Up Ad Lib

Food/Nutrition
- NPO
  
  Start at: T;N

- Breastfeed
  
  T;N

- LEB Formula Orders Plan(SUB)*

- Regular Pediatric Diet
  
  Start at: T;N

- Clear Liquid Diet
  
  Start at: T;N

Patient Care
- Consent Signed For
  
  T;N, Procedure: Kidney Transplant

- Advance Diet As Tolerated
  
  T;N, Start clear liquids and advance to regular diet as tolerated

- Isolation Precautions
  
  T;N

- Intake and Output
  
  T;N, Routine, q2h(std)

- Height
  
  T;N, upon admission
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- **Weight**
  
  T;N, Upon admission

- **Nursing Communication**
  
  T;N, Notify Blood Bank of pending kidney transplant

- **Incentive Spirometry NSG**
  
  T;N, 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 1/4 NS**
  
  1,000 mL, IV, Routine, mL/hr

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

- **D5 1/4 NS KCl 20 mEq/L**
  
  1,000 mL, IV, Routine, mL/hr

### Medications

- **+1 Hours methylPREDNISolone**
  
  15 mg/kg, Ped Injectable, IV, OnCall, Routine, Max dose = 1 gram
  
  Comments: send with patient for administration in OR

- **+1 Hours ceFAZolin**
  
  25 mg/kg, Ped Injectable, IV, OnCall, Routine, (for 14 day), Max dose = 1 gram

- **+1 Hours anti-thymocyte globulin (rabbit)**
  
  1.5 mg/kg, Ped Injectable, IV, OnCall, Routine

### Laboratory

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

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

- **Transplant Flow Cytometry Crossmatch**
  
  STAT, T;N, once, Type: Blood
  
  Comments: draw one 7mL red top tube & three 7mL yellow top ACD tubes for flow crossmatch

- **T & B Cell**
  
  STAT, T;N, once, Type: Blood
  
  Comments: draw one 10mL red top tube for T-cell & B-cell crossmatch

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

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

- **Phosphorus Level**
  
  STAT, T;N, once, Type: Blood

- **Magnesium Level**
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- STAT, T;N, once, Type: Blood
  - PT/INR
  - PTT
  - 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
    - If possibility of pregnancy, order below:(NOTE)*
  - Pregnancy Screen Serum
    - STAT, T;N, once, Type: Blood
    - If patient receiving peritoneal dialysis, order below:(NOTE)*
  - Cell Count & Diff Fluid
    - STAT, T;N, Type: Peritoneal Fluid, Nurse Collect
  - Body Fluid Culture and Gram Stain
    - STAT, T;N, Specimen Source: Peritoneal Fluid Peritoneum, Nurse Collect

**Diagnostic Tests: Include Reason for Exam**
- Chest PA & Lateral
  - T;N, Reason for Exam: Other, Enter in Comments, Stat, Wheelchair
  - Comments: Pre Op evaluation for kidney transplant

**Consults/Notifications/Referrals**
- Notify Physician-Once
  - T;N, Notify: Anesthesia, of patient arrival to room
- Notify Physician-Once
  - T;N, Notify: Transplant Surgery Fellow, of patient arrival to room
- Notify Physician-Once
  - T;N, Notify: Pediatric Nephrology Fellow, of patient arrival to room
- Transplant Coordinator Consult
  - T;N, Reason for Consult: To assist with patient management
- Pharmacy Consult
  - Start at: T;N
- Consult Medical Social Work
  - T;N, Routine, Reason: Assistance at Discharge
- Dietitian Consult/Nutrition Therapy
  - T;N, Type of Consult: Nutrition Management
- Pastoral Care Consult
  - T;N, Reason for Consult: Family Support
- Consult Child Life
  - T;N

*NOTE*
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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, separate sheet
R - Required order