

Physician Orders ADULT Liver Transplant Post Op Transfer Plan

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Admission/Transfer/Discharge

☐ Transfer Patient T;N

Bed Type: ☒ Med/Surg ☐ Critical Care ☐ Stepdown ☐ Telemetry; Specific Unit Location: **10 Thomas**
Bed Type: ☒ Med/Surg ☐ Critical Care ☐ Stepdown ☐ Telemetry; Specific Unit Location: **10 East**

Vital Signs

☐ Vital Signs T;N, Routine, q4hrs, For 24 hrs, then q8hrs

Activity

☐ Ambulate T;N, tid, with assistance as needed

☐ Out of Bed T;N, Up To Chair, as tolerated

Food/Nutrition

☐ NPO T;N, except for medications

☐ Clear Liquid Diet T;N, Age Group: (>18 years)

☐ Regular Adult Diet T;N

☐ Renal Diet Not On Dialysis T;N, Age Group: (>18 years)

☐ Renal Diet On Dialysis T;N, Age Group: (>18 years)

☐ **ADA Adult Diet 1800 Cal Plan**
☐ **ADA Adult Diet 2000 Cal Plan**

Patient Care

☐ Cough and Deep Breathe T;N, Routine, q2h- Awake

☐ Intake & Output Strict T;N, Routine, qshift

☐ Instruct/Educate T;N, Instruct: Patient and Family, Give organ specific Transplant Education Book to patient/family on arrival to unit

NOTE: If patient NPO enter one order below:
☐ Whole Blood Glucose Nsg T;N, q4h

☐ Whole Blood Glucose Nsg T;N, q6h

NOTE: If patient receiving diet enter order below:
☐ Whole Blood Glucose Nsg T;N, achs

Medications

NOTE: If enrolled in research study, please check for research protocol and orders.

Immunosuppression Medications

☐ mycophenolate mofetil (Cellcept) 1000 mg, Tab, PO, bid, Routine, T;N, To be given at 0600 and 1800

☐ mycophenolic acid (Myfortic) 720 mg, EC Tab, PO, bid, Routine, T;N, To be given at 0600 and 1800

☐ tacrolimus (Prograf) 0.5 mg, Cap, PO, qam, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant

☐ tacrolimus (Prograf) 1 mg, Cap, PO, qam, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant

☐ tacrolimus (Prograf) 2 mg, Cap, PO, qam, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant

☐ tacrolimus (Prograf) 3 mg, Cap, PO qam, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant

☐ tacrolimus (Prograf) 4 mg, Cap, PO, qam, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant


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| Immunosuppression Medications continued | | |
|--|--|---|
| [] | tacrolimus (Prograf) | 5 mg, Cap, PO, qam, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 6 mg, Cap, PO, qam, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 0.5 mg, Cap, PO, qpm, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 1 mg, Cap, PO, qpm, Routine, T;N, To be given at 0600 Draw level prior to administration of 0600 dose. Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 2 mg, Cap, PO, qpm, Routine, T;N, To be given at 1800, Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 3 mg, Cap, PO, qpm, Routine, T;N, To be given at 1800, Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 4 mg, Cap, PO, qpm, Routine, T;N, To be given at 1800, Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 5 mg, Cap, PO, qpm, Routine, T;N, To be given at 1800, Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 6 mg, Cap, PO, qpm, Routine, T;N, To be given at 1800, Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 7 mg, Cap, PO, qpm, Routine, T;N, To be given at 1800, Comments: For organ transplant |
| [] | tacrolimus (Prograf) | 8 mg, Cap, PO, qpm, Routine, T;N, To be given at 1800, Comments: For organ transplant |
| Anti-Infective Medications | | |
| [] | valganciclovir | 450 mg, Tab, PO, qDay, Routine, T;N (for 30 days), Comment: CMV prophylaxis |
| [] | valganciclovir | 450 mg, Tab, PO, QODay, Routine, T;N (for 30 days), Comment: CMV prophylaxis |
| [] | valganciclovir | 450 mg, Oral Susp, NG, QODay, Routine, T;N (for 30 days), Comment: CMV prophylaxis |
| [] | sulfamethoxazole-trimethoprim (Septra) | 80 mg, Tab, PO, qDay, Routine, T+3;N, (for 30 days) Dose expressed as mg of trimethoprim, Comment: Please give at bedtime. PCP prophylaxis |
| [] | sulfamethoxazole-trimethoprim (Septra) | 80 mg, Tab, PO, QODay, Routine, T+3;N, (for 30 days) Dose expressed as mg of trimethoprim, Comment: Please give at bedtime. PCP prophylaxis |
| NOTE: If allergic to Sulfa place order below: | | |
| [] | dapsone | 25 mg, Tab, PO, Qday, Routine, T+3;N |
| Other Medications | | |
| [] | Transplant Sliding Scale Insulin Protocol | |
| [] | acetaminophen-oxycodone 5/325 | 2 tab, Tab, PO, q6h, PRN Pain, Severe (8-10), Routine, T;N, May give 1 tab for Mild (1-3) to Moderate (4-7) pain. |
| [] | calcium (as carbonate)-vitamin D 500 mg-200 intl units oral tablet | 500 mg, Tab, PO, hs, Routine, T+3;N, Comment: Hold if serum calcium greater than 9.5 mg/dL |
| [] | Multiple Vitamins with Minerals oral tablet | 1 tab, Tab, PO, Qday, Routine, T+3;N |
| [] | famotidine | 20 mg, Tab, PO, bid, Routine, T;N |
| [] | esomeprazole | 40 mg, Cap, PO, Qday, Routine, T; N |
| [] | esomeprazole | 40 mg, Cap, PO, bid, Routine, T; N |
| [] | magnesium oxide | 400 mg, Tab, PO, wb/s, Routine, T;N |
| [] | clonidine | 0.1 mg, Tab, PO, q4h, PRN Hypertension, Routine, T;N, PRN SBP greater than 180 mmHg or DBP greater than 90 mmHg |



attach patient label here

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| Laboratory | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | FK506 Level (tacrolimus level) | Routine, T;N, qam, Blood, Nurse Collect, Comment: Draw level prior to administration of 0600 dose. |
| <input type="checkbox"/> | Rapamycin Level | T+1; 0400, qam, Blood, Comment: Draw level prior to administration of 0600 dose. |
| <input type="checkbox"/> | Rapamycin Level | Routine, T;N, MonThu, Blood, Comment: Draw level prior to administration of 0600 dose. |
| Consults/Notifications | | |
| <input type="checkbox"/> | Notify Physician For Vital Signs Of | T;N, Who: 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/ 8hrs, Blood Glucose < 60 , Blood Glucose > 200 |
| <input type="checkbox"/> | Physical Therapy Initial Eval & Tx | T;N, Routine |

Date

Time

Physician's Signature

MD Number