Physician Orders ADULT: Renal Transplant Admit Plan

Initiate Orders Phase
Admission/Transfer/Discharge

☐ Patient Status Initial Inpatient
  ☐ T:N, Admitting Physician: ________________________________
  Reason for Visit: _______________________________________
  Bed Type: Med-Surg Specific Unit: 10 East (DEF)*
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

☐ T:N, Admitting Physician: ________________________________
  Reason for Visit: _______________________________________
  Bed Type: Med-Surg Specific Unit: 10 Thomas
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

Care Sets/Protocols/PowerPlans
  ☑ Initiate Powerplan Phase
    Phase: Renal Transplant Admit Phase, When to initiate: _______________________ 

Renal Transplant Admit Phase
Vital Signs
  ☑ Vital Signs Per Unit Protocol
    Monitor and Record T,P,R,BP, include orthostatic blood pressure with vital signs

Activity
  ☑ Out Of Bed
    Up As Tolerated
  ☐ Bedrest w/BRP

Food/Nutrition
  ☑ NPO after midnight
    NPO except for medications.
  ☐ NPO after midnight
  ☐ NPO
    Instructions: NPO except for medications
  ☐ NPO
  ☐ Renal Diet On Dialysis
    Adult (>18 years)
  ☐ Renal Diet Not On Dialysis
    Adult (>18 years)
  ☐ Consistent Carbohydrate Diet
    ☑ Caloric Level: 1800 Calorie (DEF)*
    ☐ Caloric Level: 2000 Calorie

Patient Care
  ☑ VTE MEDICAL Prophylaxis Plan(SUB)*
  ☑ Consent Signed For
    Procedure: Kidney Transplant
  ☑ Height
    upon admission
  ☑ Weight
    upon admission
  If patient is NPO, enter order below:(NOTE)*
  ☐ Whole Blood Glucose Nsg
    q4h(std)
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If patient is receiving diet, enter order below:(NOTE)*

- Whole Blood Glucose Nsg
- Instruct/Educate
  - Instruct: Patient, Method: Demonstrate, Topic: Use of Incentive Spirometer
- SCD Apply
- Nursing Communication
  - Complete initial/admission blood draw orders prior to patient leaving floor for CXR
- Nursing Communication
  - Assess dialysis access site and record
- Nursing Communication
  - If transplant surgery is canceled, call physician for diet order.
- Nursing Communication
  - Notify Transplants Research Coordinator of patient arrival.

For CAPD patients enter order below:(NOTE)*

- Peritoneal Dialysis Catheter Capping
  - Empty peritoneal fluid and cap off catheter immediately upon arrival. Collect peritoneal fluid for Body Fluid Profile if ordered.

Continuous Infusion
- D5 1/2NS
  - 1,000 mL, IV, 40 mL/hr

Medications

- Transplant Pre Op/Intra Op Medications Plan(SUB)*
- Transplant Insulin Sliding Scale Protocol Plan(SUB)*
- +1 Hours clonNIDine
  - 0.1 mg, Tab, PO, q4h, PRN Hypertension, Routine
  - Comments: For systolic BP greater than 160 mmHg or diastolic BP greater than 90 mmHg
  - 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

Laboratory

- Type and Crossmatch PRBC
  - STAT, T:N, 2 units, Type: Blood
- Transfuse PRBC's - Not Actively Bleeding
  - STAT, T:N
- Transfuse PRBC's - Actively Bleeding
  - STAT, T:N
- Hold PRBC
  - STAT, T:N, Reason: On Hold for OR
  - NOTE: If patient on warfarin, enter order for FFP below:(NOTE)*
- Plasma Transfuse
  - STAT, T:N
- Hold Plasma
  - STAT, T:N, Reason: On Hold for OR
- CBC
  - STAT, T:N, once, Type: Blood
- CBC w/o Diff
  - Routine, T+1:0400, once, Type: Blood
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☐ CMP  STAT, T;N, once, Type: Blood
☐ CMP  Routine, T+1;0400, once, Type: Blood
☐ BMP  Routine, T+1;0400, once, Type: Blood
☐ PT/INR  STAT, T;N, once, Type: Blood
☐ PTT  STAT, T;N, once, Type: Blood
☐ Magnesium Level  STAT, T;N, once, Type: Blood
☐ Magnesium Level  Routine, T+1;0400, once, Type: Blood
☐ Phosphorus Level  STAT, T;N, once, Type: Blood
☐ Phosphorus Level  Routine, T+1;0400, once, Type: Blood
☐ Ferritin Level  STAT, T;N, once, Type: Blood
☐ CMV IgG Antibody  STAT, T;N, once, Type: Blood
☐ EBV VCA IgG Antibody  STAT, T;N, once, Type: Blood

NOTE: Select either Transplant Recipient or Donor HLA & FXM Workup Plan (NOTE)*
☐ Transplant Recipient HLA & FXM Workup Plan (SUB)*
☐ Transplant Donor HLA & FXM Workup Plan (SUB)*

NOTE: If patient is diabetic, enter orders below: (NOTE)*
☐ Hemoglobin A1C  STAT, T;N, once, Type: Blood
☐ C-Peptide  STAT, T;N, once, Type: Blood

NOTE: If CAPD patient, enter order below: (NOTE)*
☐ Body Fluid Profile  STAT, T;N, once, Type: Peritoneal Fluid, Nurse Collect

NOTE: If pregnancy is possible and no results available, place order below: (NOTE)*
☐ Pregnancy Screen Serum  STAT, T;N, once, Type: Blood

Diagnostic Tests
☐ EKG  Start at: T;N, Priority: Stat, Reason: Other, specify, Preop eval for transplant
☐ Chest 1 View  T;N, Stat, Portable

Consults/Notifications/Referrals
☐ Notify Physician - Once
  Notify For: upon arrival to unit
☐ Notify Physician - Once
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Notify: Surgery Transplant Fellow, Notify For: upon arrival to unit.

☑ Notify Resident-Once
   Notify: Surgery Transplant Resident on call, Notify For: upon arrival to unit

☑ Notify Physician For Vital Signs Of
   Notify: Surgery Transplant Resident, BP Systolic > 160, BP Diastolic > 90, BP Systolic < 110, Celsius Temp > 38.3, Heart Rate > 100, Heart Rate < 60, Oxygen Sat < 94, or INR > 1.5

☑ Notify Physician-Continuing
   Notify: Surgery Transplant Fellow, Notify For: Blood Glucose <60 or greater than 200mg/dL if patient does not have sliding scale insulin ordered.

☑ Notify Physician-Continuing
   Notify: Transplant Nephrology Fellow, Notify For: Systolic BP >160mmHg or diastolic BP >90mmHg or for serum potassium greater than 5.3mEq/L or for Hemodialysis patient.

☑ Physician Consult
   Reason for Consult: Transplant Nephrology for nephrology management

☑ Consult Clinical Pharmacist
   Reason: Transplant patient arrival, Special Instructions: Consult Transplant Pharmacy Specialist

☑ Dietitian Consult/Nutrition Therapy

☑ Transplant Coordinator Consult
   Reason for Consult: Transplant patient arrival

_________  ___________  ___________________________  ________
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, see separate sheet
R-Required order