Methodist Healthcare

(place patient identification sticker here)

Physician's Orders

RENAL TRANSPLANT RECIPIENT

Admission Orders – Adult Care Set Height:_____ cm Weight_____ kg

Date & Time	PHYSICIAN'S ORDERS & DIET
	• **Bullets or numbers (1,2,3,etc.) indicate to enter standard orders unless marked out**
	[ ] **Boxes to be checked only if needed**
	Allergies: [ ] Latex allergy [ ] No known allergy [ ] Other: _____
	[ ] Medication allergy(s) _____
	1. Admit to Transplant Service: Dr. _____ as outpatient.
	2. Diagnosis: kidney transplant
	3. Diet: NPO except for meds
	4. Record weight, height, and routine vital signs
	5. Check and record access site and status
	6. Consent for KIDNEY TRANSPLANTATION and biopsy on chart
	7. **Notifications/Consults on Patient Arrival**
	• Notify Phlebotomy
	• Notify Surgery Transplant Fellow
	• Notify Surgery Transplant Resident
	• Notify Transplant Clinical Pharmacy Specialist between 6AM and 7PM
	• Notify Transplant Nephrology Fellow
	• If hemodialysis patient or K+ > 5.3 mEq/L; notify Renal Transplant Fellow for management of hyperkalemia or dialysis
	STAT Diagnostic Tests
	• **Assure blood draw occurs prior to pt leaving floor for CXR**
	8. Type and Cross 2 units PRBCs
	9. If pt on Warfarin: Give 2 units of Fresh Frozen Plasma
	10. CBC with differential
	11. CMP
	12. PT and INR
	13. PTT
	14. Magnesium
	15. Phosphate
	16. [ ] C peptide, HgA1c (order for Diabetic patients only)
	17. Lipid profile
	18. CMV IgG Ab
	19. EBV-VCA IgG Ab
	20. Iron Profile
	21. Serum pregnancy test for females < 50 years old
	22. Transplant Immunology
	• **Transplant HLA Crossmatch:** Draw one (10 mL) red top tube for HLA. ATTACH Transplant HLA label (PINK) in transport bag.
	[ ] **Transplant Flow Crossmatch STAT TO LAB:** Draw one (7 mL) red top and three (7 mL) yellow tops for ACD (acid citrate dextrose) solution.
	23. Chest X-ray: Diagnosis: preop evaluation for renal transplant
	24. 12 lead EKG: Diagnosis: preop evaluation for renal transplant
	25. In AM lab draw: BMP and CBC

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	26. Send CAPD fluid for fluid cell count and differential	
	MEDICATIONS	
	Hypertension management	
	27. Clonidine 0.1 mg PO every 4 hours PRN for systolic BP > 160 mmHg or diastolic BP > 90 mmHg	
	and notify renal transplant fellow.	
	28. Reorder home blood pressure medications: _____	
	_____	
	_____	
	TREATMENTS	
	29. Instruct patient on use of incentive spirometer.	
	30. TED stockings (thigh-high) and SCD sleeves (thigh-high).	
	31. If CAPD: empty peritoneal fluid/cap off catheter immediately on arrival.	
	32. **BLOOD SUGAR MANAGEMENT**	
	Accuchecks:	
	[ ] AC and HS (default, if on hospital meal schedule), **OR**	
	[ ] Q6h if patient is NOT diabetic and NPO, on TPN or on continuous tube feedings	
	(may change to AC and HS once patient on diet / intermittent feeds), **OR**	
	[ ] Q4h if patient IS diabetic and NPO, on TPN or on continuous tube feedings	
	(may change to AC and HS once patient on diet / intermittent feeds)	
	YES [ ] NO [ ] Transplant sliding scale insulin dosing: _____	
	Accucheck Range mg/dL	**Action necessary**
	0-70	Give patient 25 mL of D50W IV and **call the Physician**
	71-160	No insulin required
	161-180	Inject 2 units of Regular insulin Subcutaneous
	181-200	Inject 4 units of Regular insulin Subcutaneous
	201-240	Inject 6 units of Regular insulin Subcutaneous
	241-280	Inject 8 units of Regular insulin Subcutaneous
	281-320	Inject 10 units of Regular insulin Subcutaneous
	321-360	Inject 10 units of Regular insulin IV
	361-400	Inject 12 units of Regular insulin IV
	> 400	Inject 14 units of Regular insulin IV and **call the Physician**
	Notify surgical transplant resident or fellow for:	
	33. Temperature > 38.3 degrees Celsius	
	34. Systolic BP > 160 mmHg or < 110 mmHg	
	35. Diastolic BP > 90 mmHg	
	36. Heart rate > 100 beats per minute or < 60 beats per minute	
	37. INR > 1.5	

_____ _____ _____

Physician's Signature | Physician's Printed Name | Physician's ID Number

_____ _____

RN/LPN | Unit Secretary