



Physician Orders ADULT: Liver OR Liver and Kidney Transplant Admit

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: Liver or Liver Kidney Transp Admit Phase, When to Initiate:

Liver or Liver Kidney Transp Admit Phase

Non Categorized

- Initiate Powerplan Phase
Phase: Liver Transplant Admit Phase, When to Initiate:

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
Monitor and Record T,P,R,BP, q4h(std) (DEF)\*
Monitor and Record T,P,R,BP, q1h(std)

Activity

- Out Of Bed
Up As Tolerated
Out Of Bed
Up As Tolerated, With Assistance
Bedrest w/BRP
Bedrest

Food/Nutrition

- NPO
Instructions: NPO except for medications, Start at: T
NPO
Start at: T;2359, Instructions: NPO except for medications

Patient Care

- VTE MEDICAL Prophylaxis Plan(SUB)\*
Consent Signed For
T;N, Procedure: liver transplant
Height
Upon admission
Weight
Upon admission
If patient is NPO enter order below:(NOTE)\*
Whole Blood Glucose Nsg





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q4h

If patient receiving diet enter order below:(NOTE)\*

- Whole Blood Glucose Nsg  
achs
- Instruct/Educate  
*Instruct: Patient, Method: Demonstrate, Topic: on use of incentive spirometer*
- SCD Apply  
*Apply To Lower Extremities*
- Nursing Communication  
*T;N, Pre-Transplant evaluation workup to chart*
- Nursing Communication  
*T;N, Complete initial/admission blood draw orders prior to patient leaving floor for CXR.*
- Nursing Communication  
*T;N, If transplant surgery is canceled, call physician for diet order*
- Nursing Communication  
*T;N, Notify Transplant Research Coordinator of patient arrival*
- Nursing Communication  
*T;N, Notify Blood Bank of Pending Liver Transplant*

**Medications**

- Transplant Pre Op/Intra Op Medications Plan(SUB)\*
- Transplant Insulin Sliding Scale Protocol Plan(SUB)\*

**Laboratory**

- Type and Crossmatch PRBC  
*STAT, T;N, 10 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*
- Plasma Transfuse  
*STAT, T;N, unit(s): 10*
- Hold Plasma  
*STAT, T;N, Reason: On Hold for OR*
- Platelets Transfuse  
*STAT, T;N, Dose(s): 2*
- Hold Platelets  
*STAT, T;N, Reason: On Hold for OR*
- CBC





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- STAT, T;N, once, Type: Blood*
- CMP                      *STAT, T;N, once, Type: Blood*
- Magnesium Level                      *STAT, T;N, once, Type: Blood*
- Phosphorus Level                      *STAT, T;N, once, Type: Blood*
- PT/INR                      *STAT, T;N, once, Type: Blood*
- PTT                      *STAT, T;N, once, Type: Blood*
- FIB Level                      *STAT, T;N, once, Type: Blood*
- CMV IgG Antibody                      *STAT, T;N, once, Type: Blood*
- Alcohol Level                      *STAT, T;N, once, Type: Blood*
- UA                      *Routine, T;N, once, Type: Urine, Nurse Collect*
- Culture, Urine                      *Routine, T;N, Specimen Source: Urine, Nurse Collect*
- NOTE: For Patients with indication of HCV for transplant, place order below:(NOTE)\*
- HCV RNA Quantitation by PCR                      *STAT, T;N, once, Type: Blood*
- NOTE: If pregnancy is possible and no results available, place order below:(NOTE)\*
- Pregnancy Screen Serum                      *STAT, T;N, once, Type: Blood*

**Diagnostic Tests**

- Chest 2VW Frontal & Lat                      *T;N, Reason for Exam: Pre Op, Stat, Stretcher*
- Chest PA                      *T;N, Reason for Exam: Pre Op, Stat, Portable*
- EKG                      *Start at: T;N, Priority: Stat, Reason: Other, specify, Preop eval for transplant*

**Consults/Notifications/Referrals**

- Notify Resident-Once                      *Notify: Surgery Transplant Resident on call, Notify For: upon arrival to unit*
- Notify Resident-Once                      *Notify: Liver Transplant Fellow, Notify For: upon arrival to unit*
- Notify Physician For Vital Signs Of





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*Notify: Surgery Transplant Resident or Fellow, BP Systolic > 160, BP Diastolic > 90, BP Systolic < 90, Celsius Temp > 38.3, Heart Rate > 100, Heart Rate < 60, Oxygen Sat < 94*

- Notify Physician-Continuing  
*Notify: Surgery Transplant Resident or Fellow, Notify For: Blood glucose less than 60 or greater than 200 mg/dL if patient does not have sliding scale insulin ordered*
- Consult Clinical Pharmacist  
*Reason: Transplant patient arrival, Special Instructions: Transplant Pharmacy Specialist*
- Dietitian Consult/Nutrition Therapy
- Transplant Coordinator Consult  
*Reason for Consult: Transplant patient arrival*

Date	Time	Physician's Signature	MD Number
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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
- SUB - This component is a sub phase, see separate sheet
- R-Required order

