Physician Orders ADULT: LEB Fecal Microbiota Transplant Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  T;N, Phase: LEB Fecal Microbiota Transplant Phase, When to Initiate:______________________________

LEB Fecal Microbiota Transplant Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Outpatient
  T;N Attending Physician: ____________________________________
  Reason for Visit:___________________________________________
  Bed Type: __________________ Specific Unit: __________________
  Outpatient Status/Service: OP-Ambulatory Surgery
☐ Notify Physician-Once
  T;N, of room number on arrival to unit.

Food/Nutrition
☐ NPO
  ☐ Start at: T;23:59, after midnight (DEF)*
  ☐ Start at: T;N

Patient Care
☐ Consent Signed For
  T;N, Procedure: Fecal Microbiota Transplant, Utilize specific Consent for Fecal Microbiota
  Transplantation (FMT) located under Clinical and System Policies on MOLLI.
☐ NGT Insert
  T;N, for Fecal Microbiota Transplant procedure if not already in place. Placement must be
  confirmed by x-ray.
☐ IV Insert/Site Care
  T;N, for Fecal Microbiota Transplant procedure if not already in place.

Nursing Communication
☐ Nursing Communication
  T;N, Discontinue antibiotics at midnight the night before the procedure.
☐ Nursing Communication
  T;N, If NGT is placed, enter order for KUB stat to confirm placement before procedure

Continuous Infusion
☐ Sodium Chloride 0.9%
  1,000 mL, IV, Routine, (for 24 hr ), TKO
  Comments: To Keep Vein Open: Do not infuse more than one bag or 1000 mL.
☐ Dextrose 5% in Water
  1,000 mL, IV, Routine, (for 24 hr ), TKO
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Comments: To Keep Vein Open: Do not infuse more than one bag or 1000 mL.

☐ Sodium Chloride 0.45%
   1,000 mL, IV, Routine, (for 24 hr ), TKO
   Comments: To Keep Vein Open: Do not infuse more than one bag or 1000 mL.

Medications
If Fecal Microbiota Transplant is delivered via lower route, order drug below to be given post procedure(NOTE)*

☐ loperamide
   0.5 mg/kg, Liq, PO, bid, Routine, (for 2 dose )
   Comments: To be given post-procedure

☐ polyethylene glycol 3350 with electrolytes
   25 mL/kg, Oral Soln, PO, q1h, Routine, (for 4 dose )
   Comments: To be given for 4 doses or until rectal effluent is clear. To be given the night before procedure.

If Fecal Microbiota Transplant is delivered via nasogastric tube, order pantoprazole below.(NOTE)*

☐ pantoprazole
   1 mg/kg, Injection, IV Push, N/A, Routine
   Comments: Administer the evening before the procedure at 20:00. Max dose: 40 mg

☐ pantoprazole
   1 mg/kg, Injection, IV Push, N/A, Routine
   Comments: Administer the morning of the procedure at 06:30. Max dose: 40 mg

Laboratory

☐ Electrolytes
   Routine, T;N, once, Type: Blood

☐ Fecal Microbiota 250 mL Instillation Product
   Routine, FMT Delivery Mode Colonoscopy

☐ Fecal Microbiota 250 mL Instillation Product
   Routine, FMT Delivery Mode Lower Delivery Enema

☐ Fecal Microbiota 30 mL Instillation Product
   Routine, FMT Delivery Mode NGT Tube

☐ Fecal Microbiota 30 mL Instillation Product
   Routine, FMT Delivery Mode Nasal Duodenal Tube

☐ Fecal Microbiota 30 mL Instillation Product
   Routine, FMT Delivery Mode Upper Delivery EGD

☐ Instill Fecal Microbiota
   Routine, FMT Delivery Mode Colonoscopy (DEF)*
   Routine, FMT Delivery Mode Lower Delivery Enema
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- **Routine, FMT Delivery Mode NGT Tube**
- **Routine, FMT Delivery Mode Nasal Duodenal Tube**
- **Routine, FMT Delivery Mode Upper Delivery EGD**

**Consults/Notifications/Referrals**

- **GI Lab Request To Schedule**
  - **T+1, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with anesthesia. (DEF)**
  - **T+1, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without anesthesia**
  - **T;N, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with anesthesia**
  - **T;N, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without anesthesia**

- **GI Lab Request To Schedule**
  - **T+1, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema (DEF)**
  - **T;N, Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema**

- **GI Lab Request To Schedule**
  - **T+1, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia (DEF)**
  - **T+1, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia**
  - **T;N, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia**
  - **T;N, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia**

- **GI Lab Request To Schedule**
  - **T+1, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT (DEF)**
  - **T;N, Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT**

- **Infection Control Consult**
  - **T;N, Reason for Consult: Fecal Microbiota Transplant**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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**Report Legend:**
- **DEF** - This order sentence is the default for the selected order
- **GOAL** - This component is a goal
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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 separated sheet
R-Required order