



Physician Orders ADULT: Transplant Pre Op/Intra Op Medications Plan

Transplant Pre Op/Intra Op Medications Plan

Non Categorized

- Initiate Powerplan Phase
T;N, Phase: Transplant Pre Op/Intra Op Medications Plan, When to Initiate: _____

Patient Care

- Nursing Communication
T;N, Antibiotic to be administered in OR holding within 1 hour prior to surgical incision.
- Nursing Communication
T;N, Floor nurse to notify pharmacy when patient called to OR.

Medications

Anti-infectives: Kidney and/or Pancreas

- +1 Hours** ampicillin-sulbactam
3 g, IV Piggyback, IV Piggyback, N/A
Comments: Administer within 1 hour prior to incision in OR
NOTE: If patient is allergic to penicillin order vancomycin below:(NOTE)*
- +1 Hours** vancomycin
1 g, IV Piggyback, IV Piggyback, N/A, (infuse over 1 hr)
Comments: Administer within 2 hours prior to incision in OR

Antiinfectives for Liver Transplant

- +1 Hours** ampicillin-sulbactam
3 g, IV Piggyback, IV Piggyback, N/A
Comments: Administer within 1 hour prior to incision in OR
NOTE: If patient is allergic to penicillin place BOTH orders below:(NOTE)*
- +1 Hours** clindamycin
600 mg, IV Piggyback, IV Piggyback, N/A
Comments: Administer within 1 hour prior to incision in OR
- +1 Hours** Azactam
2 g, IV Piggyback, IV Piggyback, N/A
Comments: Administer within 1 hour prior to incision in OR

Immunosuppression Medications

- +1 Hours** Thymoglobulin
1.5 mg/kg, IV Piggyback, Central IV, N/A
Comments: Pharmacy please do not mix until requested from OR. Initiate before allograft perfusion. Administer over 6hrs. May round up to nearest 25 mg.
- +1 Hours** acetaminophen
650 mg, Liq, NG, N/A
Comments: Please give 30 min prior to starting thymoglobulin infusion.
- +1 Hours** diphenhydrAMINE
50 mg, Injection, IV Push, N/A
Comments: Please give 30 min prior to starting thymoglobulin infusion.
- +1 Hours** methylPREDNISolone





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500 mg, Injection, IV Push, N/A

Comments: Initiate before allograft perfusion. If Thymoglobulin ordered, give 30 minutes to 1 hour prior to thymoglobulin infusion.

Peptic Ulcer Prophylaxis

- +1 Hours** famotidine
20 mg, Tab, PO, N/A

Comments: for one dose in OR holding

Hepatitis B Prophylaxis

NOTE: If Hepatitis B Prophylaxis needed place order below:(NOTE)*

- hepatitis B immune globulin injectable solution
9,360 IntUnits, Injection, IV Piggyback, N/A, (infuse over 6 hr)

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

