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