Physician Orders ADULT: Living Donor Hepatectomy Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  Phase: Living Donor Hepatectomy Phase, When to Initiate: ____________________________
- Initiate Powerplan Phase
  Phase: Mechanically Ventilated Patients Phase, When to Initiate: ____________________________

Living Donor Hepatectomy Phase
Non Categorized
- Add To Problem List
  Liver Donor
- Add To Problem List

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
- Patient Status Initial Outpatient
  T;N Attending Physician: ________________________________
  Reason for Visit: ________________________________________________
  Bed Type: ___________________ Specific Unit: ___________________
  Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services
- Notify Physician-Once
  Notify For: of room number on arrival to unit

Vital Signs
- Vital Signs
  q15min, For 4 times, then q30 minutes x2, then q1h.

Activity
- Bedrest
  Routine

Food/Nutrition
- NPO
  Instructions: NPO except for medications

Patient Care
- VTE Other SURGICAL Prophylaxis Plan(SUB)*
- Daily Weights
  Routine, qam
- Intake and Output
  Routine, q1h(std)
- Cough and Deep Breathe
  Routine, q1h-Awake
- Incentive Spirometry NSG
  Routine, q1h-Awake
- O2 Sat Continuous Monitoring NSG
  Routine
- Nasogastric Tube
  Suction Strength: Low Intermittent, Clamp for medications as tolerated
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☐ Dressing Care
   - Routine, Action: Change, Location: Central Line, Wednesday, and PRN for soiled, loosened and moist dressings

☐ Indwelling Urinary Catheter Care
   - q-shift, PRN

☐ Continue Foley Per Protocol
   - Reason: s/p Organ Transplant

☐ Indwelling Urinary Catheter Remove
   - Routine, D/C foley POD 1

☐ SCD Apply
   - Apply to Lower Extremities

☐ Whole Blood Glucose Nsg
   - Routine, q4h(std)

Respiratory Care

☐ ISTAT Blood Gases (RT Collect)
   - Stat once

☐ ISTAT Blood Gases (RT Collect)
   - Routine q4h(std) For 24 hr

☐ RT Communication
   - PRN, Special Instructions: Once patient is extubated, discontinue ABG order

Continuous Infusion

☐ D5 1/2NS
   - 1,000 mL, IV, 100 mL/hr

Medications

If enrolled in research study, please check for research protocol and orders.(NOTE)*

Anti-infectives

☐ +1 Hours ampicillin-sulbactam
   - 1.5 g, Injection, IV Piggyback, q6h, (for 24 hr )
     - Comments: Coordinate first dose with antibiotics given in surgery.
   If allergic to Penicillin/Cephalosporins place both orders below:(NOTE)*

☐ +1 Hours clindamycin
   - 600 mg, IV Piggyback, IV Piggyback, q8h, (for 24 hr )
     - Comments: Coordinate first dose with antibiotics given in surgery.

☐ +1 Hours aztreonam
   - 1 g, IV Piggyback, IV Piggyback, q8h, (for 24 hr )
     - Comments: Coordinate first dose with antibiotics given in surgery.

Other Medications

☐ +1 Hours pantoprazole
   - 40 mg, Injection, IV Push, QDay, Routine

☐ +1 Hours pantoprazole
   - 40 mg, DR Tablet, PO, QDay, Routine
   - Comments: DO NOT CHEW,CUT, OR CRUSH

☐ +1 Hours phytonadione
   - 10 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 3 dose )
     - Comments: Begin first dose immediately post-op arrival to ICU

☐ +1 Hours cloNIDine
   - 0.1 mg, Tab, PO, q4h, PRN Hypertension
     - Comments: PRN SBP greater than 180 mmHg or DPB greater than 90 mmHg

Laboratory

☐ CBC
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☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ CMP
☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ Magnesium Level
☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ Phosphorus Level
☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ Calcium Ionized
☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ PT/INR
☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ PTT
☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ Fibrinogen Level
☑ STAT, T;N, once, Type: Blood, Nurse Collect
☑ CBC
☑ Time Study, T+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
☑ AST
☑ Time Study, T+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
☑ Potassium Level
☑ Time Study, T+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
☑ Glucose Level
☑ Time Study, T+240, q4h x 5 occurrence, Type: Blood, Nurse Collect
☑ PT/INR
☑ Time Study, T+240, q4h x 5 occurrence, Type: Blood, Nurse Collect

NOTE: AM Labs(NOTE)*

☑ CBC
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
☑ CMP
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
☑ Magnesium Level
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
☑ Phosphorus Level
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
☑ PT/INR
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect

PTT
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect
☑ Routine, T+1;N, qam x 5 day, Type: Blood, Nurse Collect

Diagnostic Tests
☑ Chest 1 VW
☑ T;N, Reason For Exam Other, Enter in Comments, Stat, Portable
☑ Comments: Living Donor
☑ Chest 1 VW
☑ T+1:0400, Reason For Exam Other, Enter in Comments, Routine, Portable
☑ Comments: Living Donor
☑ US Abd/Retroper Dup Art In/Vein Out Comp
☑ T+1;N, Reason For Exam Other, Enter in Comments, Routine, Stretcher
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Comments: Living Donor

Consults/Notifications/Referrals

☑️ Notify Physician-Continuing
  Notify: Dr. James D. Eason, Notify For: Vital Signs of, BP Systolic>180, BP Diastolic >90, BP Systolic <100, BP Diastolic <60, Celsius Temp > 38.3, HR >120, HR <60, O2 Sat <94, Urine Output < 20mL/hr, Blood Glucose <60, Blood Glucose >200, CVP <2 or >12

☑️ Dietitian Consult/Nutrition Therapy
  Type of Consult: Other, please specify, Special Instructions: Nutrition Assessment and Recommendations

☑️ Nursing Communication
  Notify Transplant Research Coordinator of patient arrival to ICU

☑️ Medical Social Work Consult
  Reason: Other, specify, Post Living Donor

☐ Physical Therapy Initial Eval and Tx
  Routine

☑️ Independent Living Donor Advocate (ILDA) Consult
  post living donor

Mechanically Ventilated Patients Phase

Non Categorized

R Mechanically Ventilated Pt (Vent Bundle) Care Track
  T,N

Patient Care

☑️ Elevate Head Of Bed
  30 degrees or greater if systolic blood pressure is greater than 95 mmHg

☑️ Reposition ETT (Nsg)
  QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

☑️ ETT Subglottic Suction
  ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)*
  ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
  ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
  ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
  ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
  ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.

☐ Mouth Care
  Routine, q2h(std)

☑️ Nursing Communication
  Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr

☑️ Nursing Communication
  If SAS goal not met in 6 hours, call MD for further orders

☑️ Nursing Communication
  If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msecs and HOLD haloperidol

☑️ Nursing Communication
  Once SAS goal is met initially, reassess and document SAS score q2hrs

☑️ Nursing Communication
  If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process

☑️ Nursing Communication
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Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated.

Respiratory Care

- Mechanical Ventilation
- Reposition ETT (Nsg) QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

Medications

- +1 Hours docusate 100 mg, Liq, NG, bid, Routine
  Comments: HOLD for diarrhea

- +1 Hours famotidine 20 mg, Tab, NG, bid, Routine
  Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

- +1 Hours famotidine 20 mg, Injection, IV Push, bid, Routine
  Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

- +1 Hours pantoprazole 40 mg, Granule, NG, QDay, Routine

- +1 Hours pantoprazole 40 mg, Injection, IV Push, QDay, Routine

- +1 Hours Chlorhexidine For Mouthcare 0.12% Liq 15 mL, Liq, Mucous Membrane, bid, Routine
  Comments: For mouthcare at 0800 and 2000.

- VTE MEDICAL Prophylaxis Plan(SUB)*
- VTE SURGICAL Prophylaxis Plan(SUB)*
- Sequential Compression Device Apply T,N, Apply to Lower Extremities

Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended(NOTE)*

- Sedation Goal per Riker Scale
  - Goal: 3 (Sedated) (DEF)*
  - Goal: 4 (Calm/Cooperative)

- Propofol Orders Plan(SUB)*

- +1 Hours LORazepam
  1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine
  Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.

- +1 Hours midazolam
  1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine
  Comments: To maintain SAS goal. If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.

- +1 Hours midazolam 1mg/mL/NS 50 mL PreMix
  50 mg / 50 mL, IV, Routine, titrate
  Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr

- +1 Hours dexmedetomidine infusion (ICU Sedation) (IVS)*
  Sodium Chloride 0.9%
  100 mL, IV, (for 72 hr ). Titrate
  Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1
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mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.

dexmedetomidine (additive)
400 mcg

Pain Management
Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)*

☐ +1 Hours morphine
2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours HYDROmorphine
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours morphine
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine

☐ +1 Hours HYDROmorphine
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)

☐ +1 Hours fentaNYL 10 mcg/mL in NS infusion
2,500 mcg / 250 mL, IV, Routine, Titrate
Comments: Concentration 10 mcg/mL
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr

Refractory Agitation
Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*

☐ +1 Hours haloperidol
2 mg, Injection, IV Push, q1h, PRN Agitation, Routine
Comments: Cardiac monitor required. *If Qtc greater than 500 msec, hold haldoperidol. *If SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.

Sedation Vacation Daily
☐ Sedation Vacation qam, see Order Comment:
Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrated to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrated to SAS goal (document on the nursing flow sheet)

☑ Ventilator Weaning Trial Medical by RT

Consults/Notifications/Referrals
☑ Notify Physician-Continuing
Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol

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
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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 separate sheet
R- Required order