Physician Orders ADULT: Living Donor Transp Nephrectomy Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase, When to Initiate: _____________________________
  T;N, Phase: Living Donor Transp Nephr Post Op Phase

Living Donor Transp Nephr Post Op Phase
Admission/Transfer/Discharge
- Patient Status Initial Inpatient
  T;N Admitting Physician: ______________________________________________
  Reason for Visit: ____________________________________________________________________
  [ ] Med-Surg, Unit 10 East (DEF)*
  [ ] Med-Surg, Unit 10 Thomas
  Care Team: ____________________________ Anticipated LOS: midnights or more
- Patient Status Change
  T;N, Bed Type: Med-Surg, 10 East

Vital Signs
- Vital Signs
  T;N, q4h(std) (DEF)*
  T;N, q8h(std)

Activity
- Out Of Bed
  T;N, Up To Chair, as tolerated

Food/Nutrition
- NPO
  Start at: T;N, Instructions: NPO except for medications

Patient Care
- VTE Other SURGICAL Prophylaxis Plan(SUB)*
- Daily Weights
  T;N
- Intake and Output
  T;N, Routine, q8h(std)
- Turn Cough Deep Breathe
  T;N, q2h(std)
- Incentive Spirometry NSG
  T;N, q1h-Awake, Instruct patient in use of incentive spirometry
- SCD Apply
  T;N, Apply To Lower Extremities
- Indwelling Urinary Catheter Care
  T;N, q8h(std)
- Indwelling Urinary Catheter Remove
  T+1:0600, Routine

Continuous Infusion
- +1 Hours D5 1/2NS
  1,000 mL, IV, Routine, 100 mL/hr
Physician Orders ADULT: Living Donor Transp Nephrectomy Post Op Plan

Medications
☑️ +1 Hours docusate
   100 mg, Cap, PO, bid, Routine
   Comments: Hold if stools are loose.
☐ +1 Hours acetaminophen-oxycODONE 325 mg-5 mg oral tablet
   2 tab, Tab, PO, q4h, PRN Pain, Severe (8-10)
   Comments: May give 1 tab for Moderate (4-7) pain. Do not exceed max
daily dose of acetaminophen 4000 mg

Laboratory
☑️ CBC
   Routine, T;N, qam, Type: Blood
☑️ BMP
   Routine, T;N, qam, Type: Blood

Consults/Notifications/Referrals
☐ Notify Physician-Once
   T;N, of room number on arrival to unit
☑️ Notify Physician For Vital Signs Of
   T;N, Notify: Surgical Transplant Resident, BP Systolic > 170, BP Diastolic >
   110, BP Systolic < 95, BP Diastolic < 55, Celsius Temp > 38.3, Heart Rate > 110,
   Heart Rate < 60, Resp Rate > 24/min, Resp Rate < 12/min, Oxygen Sat < 94,
   Urine Output < 250mL/8h
☑️ Dietitian Consult/Nutrition Therapy
   T;N
☐ Medical Social Work Consult
   T;N, Reason: Other, specify, Psychosocial Assessment
☑️ Independent Living Donor Advocate (ILDA) Consult
   T;N

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