



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





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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
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***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

