Physician Orders PEDIATRIC: LEB Heart Transplant Evaluation Plan

Initiate Order Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase

Phase: LEB Heart Transplant Evaluation Phase, When to Initiate:___________________

LEB Heart Transplant Evaluation Phase
Admission/Transfer/Discharge

☐ Patient Status Initial Inpatient

Admitting Physician: ____________________________________________
Reason for Visit: ________________________________________________
Bed Type: ___________________________ Specific Unit:__________________
Care Team: ___________________________ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient

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

Respiratory Care

☐ PFT-Pulmonary Function Test

Routine, T;N

Laboratory

☐ PRA Screen Heart Transplant

Routine, T;N, Type: Blood, Nurse Collect
Comments: Call Transplant Coordinator to Pick up, sent to MSTF

☐ HLA Typing Heart Transplant

Routine, T;N, Type: Blood, Nurse Collect
Comments: Call Transplant Coordinator to Pick up, sent to MSTF

☐ Isohemagglutinins

Routine, T;N, Type: Blood
Comments: if <24 months at the time of listing

☐ Type and Screen <4 months(DAT included)

Routine, T;N, Type: Blood

☐ Type and Crossmatch Pediatric >4 months

Routine, T;N, Type: Blood

☐ CBC with Diff

Routine, T;N, Type: Blood

☐ Sickle Cell Screen

Routine, T;N, Type: Blood
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**Comments: if >3 months**

- [ ] Brain Natriuretic Peptide  
  *Routine, T;N, Type: Blood*
- [ ] Comprehensive Metabolic Panel  
  *Routine, T;N, Type: Blood*
- [ ] Magnesium Level  
  *Routine, T;N, Type: Blood*
- [ ] Phosphorus Level  
  *Routine, T;N, Type: Blood*
- [ ] Troponin-I  
  *Routine, T;N, Type: Blood*
- [ ] Vitamin D 25 Hydroxy Level  
  *Routine, T;N, Type: Blood*
- [ ] Lactic Acid Level  
  *Routine, T;N, Type: Blood*
- [ ] Amylase Level  
  *Routine, T;N, Type: Blood*
- [ ] Lipase Level  
  *Routine, T;N, Type: Blood*
- [ ] Lipid Profile  
  *Routine, T;N, Type: Blood*
- [ ] Uric Acid Level  
  *Routine, T;N, Type: Blood*
- [ ] CK  
  *Routine, T;N, Type: Blood*
- [ ] Bilirubin Direct  
  *Routine, T;N, Type: Blood*
- [ ] Prealbumin  
  *Routine, T;N, Type: Blood*
- [ ] T4 Free  
  *Routine, T;N, Type: Blood*
- [ ] TSH  
  *Routine, T;N, Type: Blood*
- [ ] Cystatin C  
  *Routine, T;N, Type: Blood*
- [ ] C-Reactive Protein  
  *Routine, T;N, Type: Blood*
- [ ] PT/INR
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- PTT  
  *Routine, T;N, Type: Blood*

- LD  
  *Routine, T;N, Type: Blood*

- Toxoplasma IgG Antibody  
  *Routine, T;N, Type: Blood*

- Toxoplasma IgM Antibody  
  *Routine, T;N, Type: Blood*

- Rubella IgG Antibody  
  *Routine, T;N, Type: Blood*

- Cytomegalovirus by PCR Quantitative Plasma  
  *Routine, T;N, Type: Blood*

- CMV IgG Antibody  
  *Routine, T;N, Type: Blood*

- CMV IgM Antibody  
  *Routine, T;N, Type: Blood*

- Herpes Simplex Virus Antibody IgG 1&2  
  *Routine, T;N, Type: Blood*

- RPR Screen w/Reflex to Titer  
  *Routine, T;N, Type: Blood*

- Quantiferon Gold, TB, LBT  
  *Routine, T;N, Type: Blood*

- Hepatitis Profile (A,B & C)  
  *Routine, T;N, Type: Blood*

- HIV Ab/Ag Screen  
  *Routine, T;N, Type: Blood*

- EBV Profile  
  *Routine, T;N, Type: Blood*

- Epstein-Barr Virus by PCR Quantitative  
  *Routine, T;N, Type: Blood*

- Adenovirus DNA Quant RT PCR  
  *Routine, T;N, Type: Blood*

- Varicella Antibody Screen  
  *Routine, T;N, Type: Blood*

- Rubeola Antibody (IgG)  
  *Routine, T;N, Type: Blood*

- Mumps IgG Antibody
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- **Protein C**
  - Routine, T;N, Type: Blood

- **Protein S**
  - Routine, T;N, Type: Blood

- **Factor V Leiden (G1691A) mutation by PCR**
  - Routine, T;N, Type: Blood

- **Antithrombin III Level**
  - Routine, T;N, Type: Blood

  NOTE: If patient is Female 10 years old or greater and has not had a hysterectomy, place Pregnancy Screening order below(NOTE)*

- **Pregnancy Screen Urine**
  - Routine, T;N, Type: Urine, Nurse Collect

- **Urinalysis w/Reflex Microscopic Exam**
  - Routine, T;N, Type: Urine, Nurse Collect

  NOTE: Labs for Cardiomyopathy Patients(NOTE)*

- **Pyruvate**
  - Routine, T;N, Type: Blood

- **Aldolase**
  - Routine, T;N, Type: Blood

- **Organic Acid by GC Urine**
  - Routine, T;N, Type: Urine, Nurse Collect

- **Amino Acid Screen Urine**
  - Routine, T;N, Type: Urine, Nurse Collect

- **Acylcarnitine Profile**
  - Routine, T;N, Type: Blood

  NOTE: If Liver Dysfunction present collect(NOTE)*

- **Fibrinogen Level**
  - Routine, T;N, Type: Blood

- **D-Dimer Quantitative**
  - Routine, T;N, Type: Blood

**Diagnostic Tests**

- **US Head Neonatal/Echoencephalogram**
  - T;N, Routine

  Comments: If <12 months

- **US Renal**
  - T;N, Routine

- **US Ext Upper Ven Doppler W Compress Bil**
  - T;N, Routine
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Comments: Internal Jugular, Subclavian, Innominate

☐ US Ext Lower Ven Doppler W Compress Bil
  T;N, Routine
  Comments: Femoral Veins

☐ Carotid Ultrasound Bil
  T;N, Routine

☐ US Ext Lower Dup Art/Art Bypass Graft Bi
  T;N, Routine
  Comments: Common Femoral Arteries

☐ CT Brain/Head WO Cont
  T;N, Routine

☐ CT Abdomen W Cont
  T;N, Routine

☐ CT Thorax W Cont
  T;N, Routine

☐ Panorex
  T;N, Routine

☐ Chest 2VW Frontal & Lat
  T;N, Routine

☐ Echocardiogram Pediatric (0-18 yrs)
  Start at: T;N, Reason: Congenital Heart Disease

☐ EKG
  Start at: T+1;0700, Priority: Routine
  Comments: EKG in AM

☐ Pediatric Stress Test
  Start at: T;N, Priority: Routine

☐ Cardiac Cath Request
  Routine, T;N

Consults/Notifications/Referrals

☐ Consult MD Group
  Group: ULPS Cardiovascular Surg, Reason for Consult: Heart Transplant Evaluation

☐ Consult MD Group
  Group: ULPS Nephrology, Reason for Consult: Heart Transplant Evaluation

☐ Consult MD Group
  Group: St. Jude Hematology, Reason for Consult: Heart Transplant Evaluation

☐ Consult MD Group
  Group: ULPS Pulmonology, Reason for Consult: Heart Transplant Evaluation

☐ Consult MD Group
  Group: ULPS Neurology, Reason for Consult: Heart Transplant Evaluation
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☐ Consult MD Group
  Group: ULPS Genetics, Reason for Consult: Heart Transplant Evaluation

☐ Consult MD Group
  Group: ULPS ID, Reason for Consult: Heart Transplant Evaluation

☐ Consult MD Group
  Group: Le Bonheur Palliative Physicians’ Group, Reason for Consult: Heart Transplant Evaluation

☐ Medical Social Work Consult
  Routine

☐ Medical Social Work Consult
  Reason: Financial Assistance, Special Instructions: Consult financial coordinator at Transplant Institute

☐ Case Management Consult
  Routine

☐ Pastoral Care Consult

☐ Consult Clinical Dietitian

☐ Physical Therapy Ped Eval & Tx
  Routine,

☐ Consult Child Life

________________________________________  ______________________________________  ___________________________
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