



Physician Orders ADULT: End Stage Liver Disease Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: *End Stage Liver Disease Phase, When to Initiate:* _____

End Stage Liver Disease Phase

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 OP-OBSERVATION Services

- ☐ Notify Physician-Once

Notify: physician, Notify For: of room number upon arrival to unit

Vital Signs

- ☐ Vital Signs

Monitor and Record T,P,R,BP, q4h(std)

- ☐ Vital Signs Per Unit Protocol

Monitor and Record T,P,R,BP

Activity

- ☐ Bedrest

- ☐ Bedrest w/BRP

- ☐ Out Of Bed

Food/Nutrition

- ☐ Renal Diet Not On Dialysis

Sodium Restriction: 2 gm

- ☐ Renal Diet Not On Dialysis

Fluid: 1500 cc's

- ☐ Renal Diet Not On Dialysis

Potassium Level: 2 gm (52 meq), 1.7 g/kg per day of high biological value protein

- ☐ Renal Diet On Dialysis

Sodium Restriction: 2 gm

- ☐ Renal Diet On Dialysis

Fluid: 1500 cc's

- ☐ Renal Diet On Dialysis





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Potassium Level: 2 gm (52 meq), 1.7 g/kg per day of high biological value protein

- ☐ Diet Sodium Control
Level: 2 gm
Comments: Sodium Restriction
- ☐ Consistent Carbohydrate Diet
Caloric Level: 1800 Calorie
- ☐ Regular Adult Diet
- ☐ NPO
- ☐ Clear Liquid Diet
Start at: T;N

Patient Care

- ☐ Intake and Output
Routine, Strict
- ☐ Daily Weights
qam
- ☐ Bedside Glucose Nsg
achs
- ☐ Telemetry
- ☐ INT Insert/Site Care
Routine, q4day

Medications

- ☐ lactulose
30 mL, Syrup, PO, tid, Routine
- ☐ lactulose
30 mL, Syrup, PO, tid, PRN Other, specify in Comment, Routine
Comments: Titrate to 3 Bowel Movements
- ☐ lactulose
30 mL, Syrup, PO, qid, Routine

Laboratory

- ☐ CBC
Routine, T;N, once, Type: Blood
- ☐ CBC
Routine, T+1;0400, qam, Type: Blood
- ☐ CMP
Routine, T;N, once, Type: Blood
- ☐ CMP
Routine, T+1;0400, qam, Type: Blood
- ☐ PT/INR
Routine, T;N, once, Type: Blood





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- ☐ PTT
Routine, T;N, once, Type: Blood
- ☐ Hepatic Panel
Routine, T;N, once, Type: Blood
- ☐ Ammonia Level
Routine, T;N, once, Type: Blood

Consults/Notifications/Referrals

- ☐ Consult Medical Social Work
- ☐ Consult Clinical Dietitian
- ☐ Consult MD

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

