Physician Orders ADULT: Fecal Microbiota Plan

Initiate Orders Phase
Non Categorized
R  Powerplan Open

Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: Fecal Microbiota Phase, When to Initiate:________________________
☐ Initiate Powerplan Phase
  Phase: Product Phase, When to Initiate:________________________

Product Phase
Laboratory
  Product ordered must match procedure ordered.(NOTE)*
  ☐ Fecal Microbiota 250 mL Instillation Product
    Routine, FMT Delivery Mode Colonoscopy
  ☐ Fecal Microbiota 250 mL Instillation Product
    Routine, FMT Delivery Mode Lower Delivery Enema
  ☐ Fecal Microbiota 30 mL Instillation Product
    Routine, FMT Delivery Mode Nasal Duodenal Tube
  ☐ Fecal Microbiota 30 mL Instillation Product
    Routine, FMT Delivery Mode NGT Tube
  ☐ Fecal Microbiota 30 mL Instillation Product
    Routine, FMT Delivery Mode Upper Delivery EGD

Consults/Notifications/Referrals
☐ GI Lab Request To Schedule
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with anesthesia, T+1;0800 (DEF)*
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without anesthesia, T+1;0800
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy with anesthesia
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Colonoscopy without anesthesia
  ☐ GI Lab Request To Schedule
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema, T+1;0800 (DEF)*
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For lower delivery Enema
  ☐ GI Lab Request To Schedule
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia, T+1;0800 (DEF)*
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia, T+1;0800
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD with anesthesia
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☐ Procedure: Fecal Microbiota Transplant (FMT) For upper delivery EGD without anesthesia
☐ GI Lab Request To Schedule
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT, T+1:0800 (DEF)*
  ☐ Procedure: Fecal Microbiota Transplant (FMT) For upper delivery via NGT
☐ Infection Control Consult
  Reason for Consult: Fecal Microbiota Transplant

Fecal Microbiota Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Outpatient
  T;N Attending Physician: ________________________________
  Reason for Visit: ______________________________________
  Bed Type: __________________ Specific Unit: __________________
  Outpatient Status/Service: OP-Ambulatory Surgery
☐ Notify Physician-Once
  Notify For: of room number on arrival to unit.

Food/Nutrition
☐ NPO
  Start at: T;23:59, after midnight

Patient Care
☐ Fecal Microbiota Transplantation Consent
  T;N, Procedure: Fecal Microbiota Transplantation, Utilize specific Consent for Fecal Microbiota Transplantation (FMT) located under Clinical and System Policies on MOLLI.
☐ NGT Insert
  for Fecal Microbiota Transplant procedure if not already in place. Placement must be confirmed by x-ray.
☐ IV Insert/Site Care
  for Fecal Microbiota Transplant procedure if not already in place.

Nursing Communication
☐ Nursing Communication
  Discontinue antibiotics at midnight the night before the procedure.
☐ Nursing Communication
  If NGT is placed, enter order for KUB stat to confirm placement before procedure.

Continuous Infusion
☐ Sodium Chloride 0.9%
  1,000 mL, IV, (for 1 dose), 20 mL/hr
  Comments: To keep vein open; infuse 1000mL only.
☐ Dextrose 5% in Water
  1,000 mL, IV, (for 1 dose), 20 mL/hr
  Comments: To keep vein open; infuse 1000mL only.
☐ NaCl 0.45%
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1,000 mL, IV, (for 1 dose), 20 mL/hr
Comments: To keep vein open; infuse 1000mL only.

Medications
If fecal microbiota transplant is delivered via lower route, select both loperamide orders below:(NOTE)*

☐ +1 Hours loperamide
   4 mg, Cap, PO, N/A
   Comments: Administer the morning of surgery at 0630

☐ +1 Hours loperamide
   4 mg, Cap, PO, N/A
   Comments: Administer the night before surgery at 2000

☐ +1 Hours MoviPrep
   2,000 mL, Oral Soln, PO, N/A, Routine
   Comments: Give 240 mL (8 oz every 15 minutes) until 1 L is consumed. Repeat Complete remaining 1 L after 90 minutes. Follow with 32 oz clear liquid.

If fecal microbiota transplant is delivered via nasogastric tube, select both pantoprazole orders below(NOTE)*

☐ +1 Hours pantoprazole
   40 mg, DR Tablet, PO, N/A
   Comments: Administer the morning of surgery at 0630

☐ +1 Hours pantoprazole
   40 mg, DR Tablet, PO, N/A
   Comments: Administer the night before surgery at 2000

Laboratory
☐ Instill Fecal Microbiota
   ☐ Routine, FMT Delivery Mode Colonoscopy (DEF)*
   ☐ Routine, FMT Delivery Mode Lower Delivery Enema
   ☐ Routine, FMT Delivery Mode Nasal Duodenal Tube
   ☐ Routine, FMT Delivery Mode NGT Tube
   ☐ Routine, FMT Delivery Mode Upper Delivery EGD

*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
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SUB - This component is a sub phase, see separate sheet
R-Required order