# Physician’s Orders

## TRANSPLANT NEPHRECTOMY (s/p KIDNEY TRANSPLANT)

### ADMISSION ORDERS – Adult Care Set

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>PHYSICIAN’S ORDERS &amp; DIET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Bullets or numbers (1, 2, 3, etc.) indicate to enter standard orders unless marked out</td>
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<tr>
<td></td>
<td>[ ] Boxes to be checked only if needed</td>
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</tbody>
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- Allergies: [ ] Latex allergy [ ] No known allergy [ ] Other: ________________________
- Admit to Outpatient Surgery for Dr: ___________________________________________________
- (Dialysis Patients to be scheduled on a non-dialysis day; CAPD Patients should come to Out-Patient Surgery after emptying the CAPD)
- Diagnosis: ______________________________________________________________________
- Notifications upon arrival:
  1. Notify Surgery Transplant Resident of arrival on admission and for surgical consent for Nephrectomy if not previously obtained
  2. Notify Surgery Transplant Fellow
  3. Place recent Out Pt labs, CXR, EKG and other reports in chart
- Diagnostic Tests (Do not draw following tests if test results on file within last 7 days)
  4. CBC With Differential
  5. CMP
  6. Phosphorous
  7. Magnesium
  8. UA and C&S (repeat only if OP Lab > 30 days)
  9. Pregnancy Test for females < 50 years old
  10. PT and INR
  11. PTT
  12. Serum K drawn on day of surgery; if >5.3 mEq/L notify Anesthesia for management of hyperkalemia
- Blood Bank
  13. Type and Cross for 2 units PRBC’s
- Medications
  14. Pre-op per anesthestia
  15. Antibiotic
     [ ] Cefazolin (Ancef) 1 gram IV on induction OR
     [ ] If patient is Penicillin/cephalosporin allergic, then give Vancomycin 1 gram IV over 1 hour X 1 dose
  16. Assure patient has had anti-hypertensive medications before surgery
- Treatments
  17. Vital Signs, I&O on admission and per routine
  18. SCD and TED hose (thigh high)
  19. If needed, empty CAPD fluid
- Diet
  20. NPO except for meds after midnight OR
- Activity:
  21. Activity Ad Lib

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### Physician’s Signature: ____________________  Physician’s Printed Name: ____________________  Physician’s ID Number: ____________________

### Physician’s Pager: ____________________  RN/LPN: ____________________  Unit Secretary: ____________________

Unapproved abbreviations – U, IU, QD, QOD, MS, MSO4, MgSO4, doses without leading zeros, doses with trailing zeros, AU, AD, AS, AL, OS, OD, OU, ug.