

## General

### Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

( ) Admit to Inpatient

Diagnosis:  
Admitting Physician:  
Level of Care:  
Patient Condition:  
Bed request comments:  
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.  
Pre-op

## Nursing

### Vitals

Vital signs - T/P/R/BP      Routine, Per unit protocol, Starting S, Pre-op

### Nursing

Height and weight      Routine, Once, Starting S, Pre-op

Place/Maintain sequential compression device continuous      Routine, Continuous, Starting S  
Upon arrival and in OR for prophylaxis for deep vein thrombosis, Pre-op

### Notify

Notify transplant liver surgery service      Routine, Once  
Transplant Liver Surgery Service upon patient arrival to unit at phone number \*\*\*\*, Pre-op

Notify transplant hepatology service      Routine, Once  
Transplant Hepatology Service upon patient arrival to unit at phone number \*\*\*\*, Pre-op

Notify transplant coordinator on-call      Routine, Once  
Transplant Coordinator On-Call upon patient arrival at \*\*\*, Pre-op

### Diet

NPO      Diet effective now, Starting S  
NPO: Except meds  
Pre-Operative fasting options:  
Give only specifically ordered medications, Pre-op

### Informed Consent

Complete consent for      Routine, Once, Starting S  
Procedure: Orthotopic Liver Transplant  
Diagnosis/Condition:  
Physician:  
Pre-op

## IV Fluids

### Peripheral IV Access

Initiate and maintain IV

Routine, Once

Insert peripheral IV

10 mL, intravenous, every 12 hours scheduled

sodium chloride 0.9 % flush

sodium chloride 0.9 % flush

10 mL, intravenous, PRN, line care

#### IV Fluids (Single Response)

( ) dextrose 5%-0.225% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV dextrose 5% + 0.225% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.
( ) dextrose 5%-0.45% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV dextrose 5% + 0.45% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.
( ) dextrose 5%-0.9% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV dextrose 5% + 0.9% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.
( ) sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.
( ) sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride with 75 mEq sodium bicarbonate mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour

## Medications

#### PreOp Antifungals (Single Response)

Select one of the following antifungals:

( ) nystatin (MYCOSTATIN) suspension: for Lab MELD LESS THAN or EQUAL to 21

Select this option for patients with Lab MELD LESS THAN or EQUAL to 21

nystatin (MYCOSTATIN) 100,000 unit/mL suspension

5 mL, oral, once, For 1 Doses, Pre-op  
For patients with Lab MEDS LESS than or EQUAL to 21;  
Swish and swallow on-call to OR.  
Type of Therapy: New Anti-Infective Order  
Reason of Therapy: Surgical Prophylaxis

( ) fluconazole (DIFLUCAN) tablet: for patients with hospital stay GREATER THAN 48 hours or Lab MELD GREATER THAN 21

Select this option for patients in hospital GREATER THAN 48 hours or with Lab MELD GREATER THAN 21

fluconazole (DIFLUCAN) tablet

400 mg, oral, once, For 1 Doses, Pre-op  
If in hospital GREATER THAN 48 hours or Lab MELD GREATER THAN 21; On-call to OR with sip of water  
Type of Therapy: New Anti-Infective Order  
Reason of Therapy: Surgical Prophylaxis

( ) voriconazole (VFEND) tablet: if patient in ICU or Lab MELD GREATER THAN or EQUAL to 30

Select this option for ICU patients or patients with Lab MELD GREATER THAN or EQUAL to 30

voriconazole (VFEND) tablet

200 mg, oral, once, For 1 Doses, Pre-op  
If patient is in ICU or Lab MELD GREATER THAN or EQUAL to 30; On-Call to OR with sip of water.  
Type of Therapy: New Anti-Infective Order  
Reason of Therapy: Surgical Prophylaxis

## PreOp Antibiotics (Single Response)

Select one of the following antibiotics:

( ) ampicillin-sulbactam (UNASYN) IV: for Lab MELD LESS THAN or EQUAL to 25 (Single Response)

Select this option for patients with Lab MELD LESS THAN or EQUAL to 25

( ) ampicillin-sulbactam (UNASYN) IV

3 g, intravenous, once, For 1 Doses, Pre-op  
Administer 1 hour PRIOR to skin incision; to be dispensed in Dunn OR and administered by Anesthesia.  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Surgical Prophylaxis

( ) piperacillin-tazobactam (ZOSYN) IV: for ICU patients or patients with Lab MELD GREATER THAN 25

Select this option for ICU patients or patients with Lab MELD GREATER THAN 25.

[ ] piperacillin-tazobactam (ZOSYN) IV

3.375 g, intravenous, once, For 1 Doses, Pre-op  
Administer 1 hour prior to skin incision; to be dispensed in Dunn OR and administered by Anesthesia.  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Surgical Prophylaxis

( ) IMIpenem-cilastatin (PRIMAXIN) IV or ERTApenem (INVANZ) IV - for Penicillin Allergic patients (Single Response)

Select one of the following below for Penicillin Allergic patients.

( ) meropenem (MERREM) IV

500 mg, intravenous, once, For 1 Doses, Pre-op  
Administer 1 hour prior to skin incision; to be dispensed in Dunn OR and administered by Anesthesia.  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Surgical Prophylaxis

( ) ertapenem (INVanz) IV

1 g, intravenous, once, For 1 Doses, Pre-op  
Administer 1 hour PRIOR to skin incision; To be dispensed in Dunn OR and administered by Anesthesia.  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Surgical Prophylaxis

( ) levofloxacin (LEVAQUIN) IV solution - for Penicillin Allergic Patients

500 mg, intravenous, once, For 1 Doses, Pre-op  
Administer 1 hour prior to skin incision; to be dispensed in Dunn OR and administered by Anesthesia.  
Reason for Therapy:

## Section 1: Hepatitis B Prophylaxis

[ ] hepatitis B immune globulin (HEPAGAM B) IVPB 10,000 Units

10,000 Units, intravenous, for 3 Hours, once, For 1 Doses, Pre-op  
Decrease the rate to 60 mL/hr or LESS if the patient gets uncomfortable, if the patient has infusion related adverse events, or if concern about the infusion speed exists.

## Section 2: Premedications

[X] diphenhydRAME (BENADRYL) tablet

25 mg, oral, once, For 1 Doses, Pre-op  
With sip of water on call to OR

[X] acetaminophen (TYLENOL) tablet

650 mg, oral, once, For 1 Doses, Pre-op  
With sip of water on call to OR

## Other Medications

[X] methylPREDNISolone sodium succinate (Solu-MEDROL) injection

500 mg, intravenous, once, For 1 Doses, Pre-op  
To be given in the anhepatic state; to be administered by the anesthesiologist in the OR.

## Labs

## Labs Upon Arrival

[X] Basic metabolic panel	Once For 1 Occurrences, Pre-op
[X] Magnesium level	Once, Pre-op
[X] Phosphorus level	Once, Pre-op
[X] LDH	Once, Pre-op
[X] Ionized calcium	Once, Pre-op
[X] Hepatic function panel	Once, Pre-op
[X] GGT	Once, Pre-op
[X] CBC with platelet and differential	Once, Pre-op
[X] Partial thromboplastin time	Once, Pre-op
[X] Prothrombin time with INR	Once, Pre-op
[X] Fibrinogen	Once, Pre-op
[X] Cytomegalovirus by PCR	Once Specimen Source: Pre-op
[ ] Hepatitis B Virus DNA, Quantitative, Real-Time PCR	Once, Pre-op
[ ] Hepatitis C virus quantitative by PCR	Once, Pre-op

## Laboratory - HLA (Single Response)

( ) HLA antibody testing - pre transplant	Once, Pre-op
( ) HLA deceased donor	Once, Pre-op

## Microbiology

[X] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
[X] Blood culture x 2	<b>"And" Linked Panel</b>
[X] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used., Pre-op
[X] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used., Pre-op

## Cardiology

## Imaging

### X-Ray

[X] Chest 1 View Portable	STAT, 1 time imaging For 1 Occurrences, Pre-op
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## Other Studies

### Other Diagnostic Studies

[X] ECG Pre/Post Op	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op
[ ] If patient has ACID or PPM, interrogate ACID/PPM	Routine, Once For 1 Occurrences, Pre-op

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Blood Products

### Lab Draw

Type and screen Once, Pre-op

### Blood Products

#### Red Blood Cells

Prepare RBC Routine  
Transfusion Indications:  
Transfusion date:  
Blood Products

Transfuse RBC Routine  
Transfusion duration per unit (hrs):  
Pre-op

#### Platelets

Prepare platelet pheresis Routine  
Transfusion Indications:  
Transfusion date:  
Blood Products

Transfuse platelets Routine  
Transfusion duration per unit (hrs):  
Pre-op

#### Fresh Frozen Plasma

Prepare fresh frozen plasma Routine  
Transfusion Indications:  
Transfusion date:  
Blood Products

Transfuse fresh frozen plasma Routine  
Transfusion duration per unit (hrs):  
Pre-op

#### Cryoprecipitate

Prepare cryoprecipitate Routine  
Transfusion Indications:  
Transfusion date:  
Blood Products

Transfuse cryoprecipitate Routine  
Transfusion duration per unit (hrs):  
Pre-op

### IV Fluid for Blood Transfusion

sodium chloride 0.9 % infusion 250 mL, intravenous, at 30 mL/hr, continuous, Pre-op  
Administer with blood

### Medications

acetaminophen (TYLENOL) tablet oral, once, For 1 Doses, Pre-op  
 diphenhydRAME (BENADRYL) tablet 25 mg, oral, once, For 1 Doses, Pre-op  
 diphenhydRAME (BENADRYL) injection 25 mg, intravenous, once, For 1 Doses, Pre-op  
 hydrocortisone sodium succinate (PF) (Solu-CORTEF) injection intravenous, once, For 1 Doses, Pre-op  
 furosemide (LASIX) injection intravenous, once, For 1 Doses, Pre-op  
 furosemide (LASIX) tablet oral, once, For 1 Doses, Pre-op

## Additional Orders