

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

Other

Case Request

Case request operating room

Scheduling/ADT, Scheduling/ADT

Other

Nursing

Vitals

Vital signs - T/P/R/BP

STAT, Per unit protocol, Starting S  
On arrival and then routine, Pre-op

Other

Activity

Activity as tolerated

Routine, Until discontinued, Starting S  
Specify: Activity as tolerated  
if (answer = Up in chair)  
Additional modifier:  
if (answer = Other activity (specify))  
Other:  
Pre-op

Other

Nursing

Height and weight

STAT, Once, Starting S  
On Arrival and document in EPIC, 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

Other

**Notify**

Notify Transplant Pulmonary Service upon patient arrival to unit      Routine, Until discontinued, Starting S, Pre-op

Notify Transplant Coordinator On-Call at 713-441-5451 upon patient arrival to unit      Routine, Until discontinued, Starting S, Pre-op

Other

**Diet**

NPO      Diet effective now, Starting S  
NPO: Except meds  
Pre-Operative fasting options:  
    if (answer = Other)  
    Specify:  
Give only specifically ordered medications, Pre-op

Other

**Consent**

Complete consent for      Routine, Once For 1 Occurrences  
Procedure: for right single lung transplantation  
Diagnosis/Condition:  
Physician: Surgeon  
for right single lung transplantation, Pre-op

Complete consent for      Routine, Once For 1 Occurrences  
Procedure: for left single lung transplantation  
Diagnosis/Condition:  
Physician: Surgeon  
for left single lung transplantation, Pre-op

Complete consent for      Routine, Once For 1 Occurrences  
Procedure: for bilateral lung transplantation  
Diagnosis/Condition:  
Physician: Surgeon  
for bilateral lung transplantation, Pre-op

Complete consent for      Routine, Once For 1 Occurrences  
Procedure: bronchoscopy  
Diagnosis/Condition:  
Physician: Surgeon  
bronchoscopy, Pre-op

Other

**Medications**

**Preoperative Immunosuppressants**

Immunosuppressants #1: methylPREDNISolone IVPB (Single Response)

<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection - For weight LESS than 55 kg or age GREATER 65 years old	250 mg, intravenous, once, For 1 Doses, Pre-op For weight LESS than 55 kg or age GREATER than 65 years old. Preoperative upon arrival to unit.
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection - For weight GREATER than 55 kg or age LESS than 65 years old	500 mg, intravenous, once, For 1 Doses, Pre-op For weight GREATER than 55 kg and age LESS than 65 years old. Preoperative upon arrival to unit.

Immunosuppressants #2: mycophenolate (CELLCEPT) IVPB (Single Response)

<input type="checkbox"/> mycophenolate (CELLCEPT) capsule/tablet	1,000 mg, oral, once, For 1 Doses, Pre-op Upon arrival to unit.
<input type="checkbox"/> mycophenolate (CELLCEPT) in dextrose 5% IVPB	1,000 mg, intravenous, for 2 Hours, once, For 1 Doses, Pre-op Upon arrival to unit.

Other

**Induction Therapy**

<input type="checkbox"/> basiliximab (SIMULECT) in sodium chloride 0.9 % 50 mL IVPB	20 mg, intravenous, for 30 Minutes, on call to O.R., For 1 Doses, Pre-op This medication is to administered by Anesthesia. Administered in operating room / preop area and NOT the ICU. To be given UPON visualization for donor. Transplant coordinator to notify FOR pharmacy.
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Other

**Preoperative Antifungals**

<input type="checkbox"/> micafungin (MYCAMINE) IVPB (RESTRICTED)	100 mg, intravenous, once, For 1 Doses, Pre-op Micafungin is to be given upon arrival to the unit RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? if (answer = I am ordering on behalf of an approved provider) Name of Approved Provider: if (answer = NO) HM Policy Alert: if (answer = Formulary policy override (pharmacist use only)) Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent: Type of Therapy: New Anti-Infective Order if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:
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Reason for Therapy: Surgical Prophylaxis  
if (answer = Other)  
Specify:  
if (answer = Bacterial Infection Suspected)  
Indication:  
if (answer = Other)  
Specify:  
if (answer = Bacterial Infection Documented)  
Indication:  
if (answer = Other)  
Specify:

Other

### Preoperative Antibiotics

#### Gram Positive Coverage Antibiotics (Single Response)

vancomycin (VANCOGIN) IV - Administer 1 hour PRIOR to skin incision.

15 mg/kg, intravenous, every 12 hours, For 7 Days, Pre-op  
Administer 1 hour PRIOR to skin incision.

Reason for Therapy: Surgical Prophylaxis  
if (answer = Other)  
Specify:  
if (answer = Bacterial Infection Suspected)  
Indication:  
if (answer = Other)  
Specify:  
if (answer = Bacterial Infection Documented)  
Indication:  
if (answer = Other)  
Specify:

linezolid in dextrose 5% (ZYVOX) IVPB - For Known/Suspected Allergies  
or Suspected Drug-Resistant Organism to Vancomycin

600 mg, intravenous, for 60 Minutes, every 12 hours, For 7 Days, Pre-op

Reason for Therapy: Surgical Prophylaxis  
if (answer = Other)  
Specify:  
if (answer = Bacterial Infection Suspected)  
Indication:  
if (answer = Other)  
Specify:  
if (answer = Bacterial Infection Documented)  
Indication:  
if (answer = Other)  
Specify:

#### Gram Negative Coverage Antibiotics (Single Response)

Select ONE of the following:

<p>( ) piperacillin-tazobactam (ZOSYN) IV</p>	<p>3.375 g, intravenous, every 6 hours, For 7 Days, Pre-op  Reason for Therapy: Surgical Prophylaxis  if (answer = Other)  Specify:  if (answer = Bacterial Infection Suspected)  Indication:  if (answer = Other)  Specify:  if (answer = Bacterial Infection Documented)  Indication:  if (answer = Other)  Specify:</p>
<p>( ) ceFEPime (MAXIPIME) IV</p>	<p>2 g, intravenous, every 8 hours, For 7 Days, Post-op  Reason for Therapy: Surgical Prophylaxis  if (answer = Other)  Specify:  if (answer = Bacterial Infection Suspected)  Indication:  if (answer = Other)  Specify:  if (answer = Bacterial Infection Documented)  Indication:  if (answer = Other)  Specify:</p>
<p>( ) meropenem (MERREM) IV</p>	<p>500 mg, intravenous, every 6 hours, For 7 Days, Pre-op  Reason for Therapy: Surgical Prophylaxis  if (answer = Other)  Specify:  if (answer = Bacterial Infection Suspected)  Indication:  if (answer = Other)  Specify:  if (answer = Bacterial Infection Documented)  Indication:  if (answer = Other)  Specify:</p>

<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours, For 7 Days, Pre-op For Known or Suspected Penicillin Allergy Reason for Therapy: Surgical Prophylaxis if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:
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Other

**Intraoperative: methylPREDNISolone IVPB (Single Response)**

<input type="checkbox"/> Single Lung (Single Response)	
<input type="checkbox"/> For Weight LESS than 55 kg or age GREATER 65 years old - methylPREDNISolone sodium succinate (Solu-MEDROL) injection	250 mg, intravenous, on call to O.R., For 1 Doses For Weight LESS than 55 kg or age GREATER than 65 years old. Single Lung PRIOR to opening of Pulmonary Artery Clamp. To be administered by the Anesthesiologist.
<input type="checkbox"/> For weight GREATER than 55 kg and age LESS than 65 years old - methylPREDNISolone sodium succinate (Solu-MEDROL) injection	500 mg, intravenous, on call to O.R., For 1 Doses For weight GREATER than 55 kg and age LESS than 65 years old. Single Lung PRIOR to opening of Pulmonary Artery Clamp. To be administered by the Anesthesiologist.
<input type="checkbox"/> Bilateral Lung (Single Response)	
<input type="checkbox"/> For Weight LESS than 55 kg or age GREATER than 65 years old - methylPREDNISolone sodium succinate (Solu-MEDROL) injection	250 mg, intravenous, on call to O.R., For 2 Doses, Pre-op For Weight LESS than 55 kg or age GREATER than 65 years old. Bilateral Lung PRIOR to opening of Pulmonary Artery Clamp. To be administered by the Anesthesiologist.
<input type="checkbox"/> For Weight GREATER than 55 kg and age LESS than 65 years old - methylPREDNISolone sodium succinate (Solu-MEDROL) injection	500 mg, intravenous, on call to O.R., For 2 Doses, Pre-op For Weight GREATER than 55 kg and age LESS than 65 years old. Bilateral Lung PRIOR to opening of Pulmonary Artery Clamp. To be administered by the Anesthesiologist.

Other

**Labs**

**Laboratory STAT**

<input type="checkbox"/> Type and screen	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Fibrinogen	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Platelet function analysis	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences, Pre-op

<input type="checkbox"/>	Ionized calcium	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	Magnesium level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	Phosphorus level	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	LDH	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	GGT	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	West Nile virus antibody IgM, serum	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site: Pre-op
<input type="checkbox"/>	Cytomegalovirus Ab, IgG	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	hCG qualitative, serum screen	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	Other	

#### HLA Testing (Single Response)

<input type="checkbox"/>	HLA deceased donor	STAT For 1 Occurrences Deceased Donor Crossmatch #1 - Recipient Collect 5 Yellow Top (10ml); 2 Red Top (10ml) HLA Allogeneic Crossmatch (XMHLA, PXMHL, PXMHL2) HLA Auto Crossmatch (AXMHL) Single Antigen Bead (SAB) Perform C1q? Yes  Donor OPTN (UNOS ID): ***, Pre-op
<input type="checkbox"/>	Other	

#### Baseline Serology - HMM

<input type="checkbox"/>	HIV Ag/Ab combination	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HIV quantitative, PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HBV, quantitative PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Hepatitis C quantitative, PCR	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Other	

#### Baseline Serology - HMM

<input type="checkbox"/>	HIV Ag/Ab combination	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HIV-1 RNA, qualitative TMA	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HBV, quantitative PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Hepatitis C quantitative, PCR	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Other	

**Baseline Serology - HMSL/HMW**

<input type="checkbox"/>	Rapid HIV 1 & 2	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HIV quantitative, PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HBV, quantitative PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Hepatitis C quantitative, PCR	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Other	

**Baseline Serology - HMSL/HMW**

<input type="checkbox"/>	Rapid HIV 1 & 2	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HIV-1 RNA, qualitative TMA	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HBV, quantitative PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op



<input type="checkbox"/> Hepatitis C quantitative, PCR	Once Perform regardless recipient HCV status, Pre-op
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<input type="checkbox"/> Other	
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**Baseline Serology - HMSTJ, HMTW, HMSJ, HMWB**

<input type="checkbox"/> HIV 1, 2 antibody	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> HIV quantitative, PCR	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> HBV, quantitative PCR	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op
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<input type="checkbox"/> Hepatitis C quantitative, PCR	Once Perform regardless recipient HCV status, Pre-op
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<input type="checkbox"/> Other	
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**Baseline Serology - HMSTJ, HMTW, HMSJ, HMWB**

<input type="checkbox"/> HIV 1, 2 antibody	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> HIV-1 RNA, qualitative TMA	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> HBV, quantitative PCR	Once Perform on HBV negative recipient, Pre-op
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<input type="checkbox"/> Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op
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<input type="checkbox"/> Hepatitis C quantitative, PCR	Once Perform regardless recipient HCV status, Pre-op
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<input type="checkbox"/> Other	
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**Blood Products**

<input type="checkbox"/> Red Blood Cells	
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<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: if (answer = Other (Specify)) Other indication: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> Platelet pheresis	
<input type="checkbox"/> Prepare platelet pheresis	Routine Transfusion Indications: Perioperative if (answer = Other (Specify)) Other indication: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse platelet pheresis	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> Fresh Frozen Plasma	
<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Perioperative if (answer = Other (Specify)) Other indication: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> Cryoprecipitate	
<input type="checkbox"/> Prepare cryoprecipitate	Routine Transfusion Indications: if (answer = Other (Specify)) Other indication: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> All blood products must be irradiated and leukocyte reduced.	Routine, Until discontinued, Starting S, Pre-op
<input type="checkbox"/> If recipient is negative, blood products must be CMV negative.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Other	

## Cardiology

### Cardiology

<input type="checkbox"/> ECG 12 lead	STAT, Once For 1 Occurrences Clinical Indications: Pre-Op Clearance if (answer = Other:) Other: Interpreting Physician: AM, Pre-op
<input type="checkbox"/> CV pacemaker defib or ilr interrogation	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> Other	

## Imaging

### Diagnostic X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1 on arrival to unit, Pre-op
<input type="checkbox"/> Other	

## Respiratory

### Respiratory

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: if (answer = Other (Specify)) Specify O2 %: if (answer = Simple Face Mask) Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: if (answer = Other (Specify)) Specify O2 %: if (answer = High Flow Nasal Cannula (HFNC)) Rate in liters per minute: Rate in liters per minute: if (answer = Other (Specify)) Specify lpm: O2 %: if (answer = Other (Specify)) Specify O2 %: O2 %: if (answer = Other (Specify)) Specify O2 %: if (answer = Non-rebreather mask) Rate in liters per minute: if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or
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(answer = Trach Collar)  
O2 %:  
if (answer = Other (Specify))  
Specify O2 %:  
if (answer = Venturi Mask)  
FiO2:  
if (answer = Other (Specify))  
Specify O2 %:  
if (answer = Other (Specify))  
Specify:  
Rate in liters per minute: 2 Lpm  
Rate in tenths of a liter per minute:  
O2 %:  
if (answer = Other (Specify))  
Specify O2 %:  
Titrate to keep O2 Sat Above: 92%  
if (answer = Other (Specify))  
Specify titration to keep O2 Sat (%) Above:  
Indications for O2 therapy: Hypoxemia  
if (answer = Other)  
Specify:  
Titrate to maintain oxygen saturation greater than 92%; wean to room air, Pre-op

Other

## Consults

For Physician Consult orders use sidebar

### Pharmacy Consult

Pharmacy consult to manage dose adjustments for renal function

Routine, Until discontinued, Starting S  
Adjust dose for:

Other