

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> FK506 level STAT, Status: Future, Expires: S+366, Clinic Collect, Please draw ONE time ONLY before the FIRST infusion.	Once	S	1 treatment
<input type="checkbox"/> Comprehensive metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect, Please draw before the FIRST infusion of each month.	Every visit	S	Until discont'd
<input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect, Please draw before the FIRST and SECOND infusion of each month.	Every visit	S	Until discont'd
<input type="checkbox"/> Magnesium level STAT, Status: Future, Expires: S+366, Clinic Collect, Please draw before the FIRST and SECOND infusion of each month.	Every visit	S	Until discont'd
<input type="checkbox"/> CK total and CKMB STAT, Status: Future, Expires: S+366, Clinic Collect, Please draw before the FIRST and SECOND infusion of each month.	Every visit	S	Until discont'd
<input type="checkbox"/> Basic metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect, Please draw before the SECOND infusion of each month.	Every visit	S	Until discont'd

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	Every visit	S	Until discont'd
<input type="checkbox"/> Nursing communication: Maintain IV access Details	Every visit	S	Until discont'd
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol RN is to monitor Vital Signs every 15 minutes for the first hour, and then hourly per unit protocol through the completion of each infusion.	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, Starting S, For 10 Doses	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	Every visit	S	Until discont'd
<input type="checkbox"/> Discontinue IV Details	Every visit	S	Until discont'd
<input type="checkbox"/> Questions For any questions about the orders, please call Transplant Coordinator 713-441-5451.	Every visit	S	Until discont'd

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes before infusion.	Every visit	S	Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes before infusion.	Every visit	S	Until discont'd

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> immune globulin (GAMUNEX-C) 10 % solution 1 g/kg (Adjusted) 1 g/kg, intravenous, once, Starting H+30 Minutes, For 1 Doses Max dose = 70 grams. Initial Rate: 75 mL per hour. Increase as tolerated to max of 150 mL per hour. The patient is not tolerating the infusion if they develop headache, flushing, itching, rash, nausea & vomiting, muscle pain, tachycardia (heart rate >100 BPM), a temperature elevation of 1.8 degrees Fahrenheit, hypotension (SBP < 90 mmHg), hypertension (SBP > 180 mmHg), chills, problems breathing, or chest tightness.	Every 2 weeks	S	Until S+180