

Location: _____

Enhanced Recovery After Surgery Orders (ERAS)

ERAS Pain Management (Required)

Select for Opioid-Naïve Patients (Non-PCA Pain Management)

acetaminophen (TYLENOL) tablet Dose: 500 mg Route: oral Frequency: 4 times daily Frequency Limit: 11 Days

Phase of Care: Post-op

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Discontinue POD#10

gabapentin (NEURONTIN) capsule Dose: 100 mg Route: oral Frequency: 3 times daily Frequency Limit: 11 Days

Phase of Care: Post-op

Admin Instructions:

Discontinue POD#10

PRN Oral for Moderate Pain (Pain Score 4-6) (Required)

traMADol (ULTRAM) tablet Dose: 50 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

oxyCODone (ROXICODONE) immediate release tablet Dose: 5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

PRN Oral for Severe Pain (Pain Score 7-10) (Required)

oxyCODone (ROXICODONE) immediate release tablet Dose: 10 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

hydromorPHONE (DILAUDID) tablet Dose: 2 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

Select for Opioid-Tolerant Patients (PCA Pain Management)

hydromorPHONE (DILAUDID) 15 mg/30 mL PCA Dose: .5 Route: intravenous Frequency: continuous

Admin Instructions:

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA Dose: 50 Route: intravenous Frequency: continuous

Admin Instructions:

Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

Sign: _____

Printed Name: _____

Date/Time: _____

PCA Medications

hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive Dose: 1 Route:
intravenous **Frequency:** continuous

Admin Instructions:

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA Dose: 50 Route: intravenous Frequency: continuous

Admin Instructions:

Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

General

Common Present on Admission Diagnosis

- Acidosis Frequency: Once Phase of Care: Post-op Priority: Routine**
- Acute Post-Hemorrhagic Anemia Frequency: Once Phase of Care: Post-op Priority: Routine**
- Acute Renal Failure Frequency: Once Phase of Care: Post-op Priority: Routine**
- Acute Respiratory Failure Frequency: Once Phase of Care: Post-op Priority: Routine**
- Acute Thromboembolism of Deep Veins of Lower Extremities Frequency: Once Phase of Care: Post-op Priority: Routine**
- Anemia Frequency: Once Phase of Care: Post-op Priority: Routine**
- Bacteremia Frequency: Once Phase of Care: Post-op Priority: Routine**
- Bipolar disorder, unspecified Frequency: Once Phase of Care: Post-op Priority: Routine**
- Cardiac Arrest Frequency: Once Phase of Care: Post-op Priority: Routine**
- Cardiac Dysrhythmia Frequency: Once Phase of Care: Post-op Priority: Routine**
- Cardiogenic Shock Frequency: Once Phase of Care: Post-op Priority: Routine**
- Decubitus Ulcer Frequency: Once Phase of Care: Post-op Priority: Routine**
- Dementia in Conditions Classified Elsewhere Frequency: Once Phase of Care: Post-op Priority: Routine**
- Disorder of Liver Frequency: Once Phase of Care: Post-op Priority: Routine**
- Electrolyte and Fluid Disorder Frequency: Once Phase of Care: Post-op Priority: Routine**
- Intestinal Infection due to Clostridium Difficile Frequency: Once Phase of Care: Post-op Priority: Routine**
- Methicillin Resistant Staphylococcus Aureus Infection Frequency: Once Phase of Care: Post-op Priority: Routine**
- Obstructive Chronic Bronchitis with Exacerbation Frequency: Once Phase of Care: Post-op Priority: Routine**
- Other Alteration of Consciousness Frequency: Once Phase of Care: Post-op Priority: Routine**
- Other and Unspecified Coagulation Defects Frequency: Once Phase of Care: Post-op Priority: Routine**
- Other Pulmonary Embolism and Infarction Frequency: Once Phase of Care: Post-op Priority: Routine**
- Phlebitis and Thrombophlebitis Frequency: Once Phase of Care: Post-op Priority: Routine**
- Protein-calorie Malnutrition Frequency: Once Phase of Care: Post-op Priority: Routine**
- Psychosis, unspecified psychosis type Frequency: Once Phase of Care: Post-op Priority: Routine**
- Schizophrenia Disorder Frequency: Once Phase of Care: Post-op Priority: Routine**
- Sepsis Frequency: Once Phase of Care: Post-op Priority: Routine**
- Septic Shock Frequency: Once Phase of Care: Post-op Priority: Routine**

Sign: _____ Printed Name: _____ Date/Time: _____

- Septicemia** Frequency: Once Phase of Care: Post-op Priority: Routine
- Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled** Frequency: Once Phase of Care: Post-op Priority: Routine
- Urinary Tract Infection, Site Not Specified** Frequency: Once Phase of Care: Post-op Priority: Routine

Elective Outpatient, Observation, or Admission

- Elective outpatient procedure: Discharge following routine recovery** Frequency: Continuous Phase of Care: PACU & Post-op Priority: Routine
- Outpatient observation services under general supervision** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine

Question(s):

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

- Outpatient in a bed - extended recovery** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine

Question(s):

Admitting Physician:

Bed request comments:

- Admit to Inpatient** Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op Priority: Routine

Question(s):

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.

Admission or Observation**Patient has active outpatient status order on file**

- Admit to Inpatient** Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op Priority: Routine

Question(s):

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.

- Outpatient observation services under general supervision** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine

Routine

Question(s):

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

- Outpatient in a bed - extended recovery** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine

Question(s):

Admitting Physician:

Bed request comments:

- Transfer patient** Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Level of Care:

Bed request comments:

- Return to previous bed** Frequency: Until discontinued Phase of Care: Scheduling/ADT Priority: Routine

Admission**Patient has active status order on file**

Sign: _____ Printed Name: _____ Date/Time: _____

Admit to inpatient Frequency: Once **Ordering Quantity:** 1 **Phase of Care:** PACU & Post-op **Priority:** Routine

Question(s):

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.

Transfer patient Frequency: Once **Phase of Care:** Scheduling/ADT **Priority:** Routine

Question(s):

Level of Care:

Bed request comments:

Return to previous bed Frequency: Until discontinued **Phase of Care:** Scheduling/ADT **Priority:** Routine

Transfer

Patient has active inpatient status order on file

Transfer patient Frequency: Once **Phase of Care:** Scheduling/ADT **Priority:** Routine

Question(s):

Level of Care:

Bed request comments:

Return to previous bed Frequency: Until discontinued **Phase of Care:** Scheduling/ADT **Priority:** Routine

Code Status

@CERMSGREFRESHOPT(674511:21703,,,1)@

Code Status

DNR and Modified Code orders should be placed by the responsible physician.

Full code Frequency: Continuous **Priority:** Routine

Question(s):

Code Status decision reached by:

DNR (Do Not Resuscitate) (Required)

DNR (Do Not Resuscitate) Frequency: Continuous **Priority:** Routine

Question(s):

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Consult to Palliative Care Service

Consult to Palliative Care Service Frequency: Once **Priority:** Routine

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

Consult to Social Work Frequency: Once **Priority:** Routine

Question(s):

Reason for Consult:

Reason for Consult?

Sign: _____ Printed Name: _____ Date/Time: _____

Modified Code Frequency: Continuous **Priority:** Routine

Question(s):

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

Modified Code restrictions:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Frequency: Continuous -
Treatment Restrictions **Phase of Care:** Post-op **Priority:** Routine

Question(s):

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Process Instructions:

Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

Isolation

Airborne isolation status

Airborne isolation status Frequency: Continuous **Priority:** Routine

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.
Frequency: Once **Priority:** Routine

Contact isolation status Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Droplet isolation status Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Enteric isolation status Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Precautions

Aspiration precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Fall precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Increased observation level needed:

Latex precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Seizure precautions Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Increased observation level needed:

Nursing**Vitals**

Vital signs - T/P/R/BP Frequency: Per unit protocol **Phase of Care:** Post-op **Priority:** Routine

Orthostatic vital signs Frequency: Every shift **Phase of Care:** Post-op **Priority:** Routine

Activity

Activity as tolerated Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Specify: Activity as tolerated

Activity as tolerated - out of bed Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Specify: Out of bed Activity as tolerated

Sign: _____ Printed Name: _____ Date/Time: _____

Ambulate Frequency: 3 times daily Phase of Care: Post-op Priority: Routine

Question(s):

Specify:

Nursing

Telemetry

Telemetry monitoring Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

Question(s):

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

Telemetry additional setup information Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

Question(s):

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

Head of bed 30 degrees Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: 30 Degrees

Question(s):

Head of bed: 30 degrees

Daily weights Frequency: Daily Phase of Care: Post-op Priority: Routine Comments: With same scale and manner

Strict intake and output Frequency: Every hour Frequency Limit: 12 Hours Phase of Care: Post-op Priority: Routine

Strict intake and output Frequency: Every 8 hours Phase of Care: Post-op Priority: Routine Comments: Every hour for first 12 hours, and then every 8 hours.

CVP monitoring Frequency: Every hour Frequency Limit: 24 Hours Phase of Care: Post-op Priority: Routine Comments: Record.

Limb precautions: No Venipuncture or blood pressure to arm with Hemodialysis access Frequency: Continuous Phase of Care: Post-op Priority: Routine Comments: To arm with Hemodialysis Access. Place sign at bedside.

Question(s):

Precaution: No venipuncture No blood pressure

Location:

Nasogastric tube maintenance Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: To low intermittent suction, may clamp tube for medications

Question(s):

Tube Care Orders:

Oral Gastric tube maintenance Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: To low intermittent suction, may clamp tube for medications

Question(s):

Drainage:

Intervention:

Foley catheter care Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: To bedside drainage; catheter care every shift. May irrigate Foley as needed with no more than 50 milliliters sterile water.

Question(s):

Orders: Maintain

Drain care Frequency: Every 8 hours Phase of Care: Post-op Priority: Routine Comments: Record drain output every 8 hours as needed.

Question(s):

Drain 1:

Drain 2:

Drain 3:

Drain 4:

All Drains:

Drain care Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Jackson-Pratt or Penrose; Wound and drain assessment every 12 hours and as needed.

Question(s):

Type of drain: Jackson Pratt

Specify location: Right Side

Drain 1:

Drain 2:

Drain 3:

Drain 4:

All Drains:

Ok to use central line Frequency: Until discontinued **Priority:** Routine

Question(s):Device: Central Line

Ok to use dialysis access Frequency: Until discontinued **Priority:** Routine

Question(s):Device: Dialysis Access

Bladder scan Frequency: Once **Phase of Care:** Post-op **Priority:** Routine **Comments:** When Foley discontinued perform bladder scan after each void for the first 24 hours; then daily after the first void every morning. Record residual volumes

Bedside glucose Frequency: Now then every 1 hour **Frequency Limit:** 24 Hours **Phase of Care:** Post-op **Priority:** Routine **Specimen Type:** Blood **Comments:** every 1 hour for first 24 hours. Do not give sliding scale insulin more often than every 4 hours. Notify physician for blood glucose less than 70 and greater than 180.

Bedside glucose Frequency: Every 2 hours **Frequency Limit:** 24 Occurrences **Start Date:** S+1 **Phase of Care:** Post-op **Priority:** Routine **Specimen Type:** Blood **Comments:** every 2 hours, at 24-48 hours. Do not give sliding scale insulin more often than every 4 hours. Notify physician for blood glucose less than 70 and more than 180.

Place/Maintain sequential compression device continuous Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine **Comments:** Discontinue when ambulating 3 times daily

Question(s):

Side: Bilateral

Select Sleeve(s):

Encourage deep breathing and coughing Frequency: Every 2 hours while awake **Phase of Care:** Post-op **Priority:** Routine

Notify

Notify Physician: Nephrologist of patient location 1 hour after arrival with results of post-operative labs, vital signs, CVP and intake and outputs; Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Nephrologist of patient location 1 hour after arrival with results of post-operative labs, vital signs, CVP and intake and outputs;

Notify Physician: Nephrologist with results of post op 6 hour STAT creatinine result Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Nephrologist with results of post op 6 hour STAT creatinine result

Physician communication order - Nephrologist Frequency: Once **Phase of Care:** Post-op **Priority:** Routine **Comments:** If Nicardipine drip is initiated

Notify Physician: Endocrinologist Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Transplant Surgeon and Endocrine For any glucose reading less than 80 mg/dl OR two (2) consecutive glucose readings greater than 150 mg/dl

Notify Physician Transplant Surgeon if any insulin administered within first 48 hours post-op Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Transplant Surgeon if any insulin administered within first 48 hours post-op

Notify Physician: Transplant Surgeon for: Foley Care - If no return on irrigation, large clots seen in Foley, or leakage around the catheter Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Transplant Surgeon for: Foley Care - If no return on irrigation, large clots seen in Foley, or leakage around the catheter

Notify Research Coordinator: If patient is on research study (please check for orders) Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine

Sign: _____ Printed Name: _____ Date/Time: _____

Notify Physician for vitals: Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine **Comments:** Urine output less than 30 mL per hour; CVP less than 8mmHg or greater than 15mmHg

Question(s):

Temperature greater than: 100 100.5
 Systolic BP greater than: 180 160
 Systolic BP less than: 100 90
 Diastolic BP greater than: 100
 Diastolic BP less than: 60 50
 MAP less than: 60 60.000
 Heart rate greater than (BPM): 110 100
 Heart rate less than (BPM): 60
 Respiratory rate greater than: 25
 Respiratory rate less than: 10 8
 SpO2 less than: 92
 Temperature less than:

Diet

NPO Frequency: Diet effective now **Phase of Care:** Post-op **Priority:** Routine

Question(s):

NPO: Except meds
 Pre-Operative fasting options:

Process Instructions:

An NPO order without explicit exceptions means nothing can be given orally to the patient.

IV Fluids**IV Fluids**

sodium chloride 0.45 % infusion Dose: 75 mL/hr **Route:** intravenous **Frequency:** continuous

Admin Instructions:

Replace urine output with 0.5 mL IV fluid per mL of urine output.
 Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion Dose: 75 mL/hr **Route:** intravenous

Frequency: continuous**Admin Instructions:**

Replace urine output with 0.5 mL IV fluid per mL of urine output.
 Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

PostOperative Medications**Restricted Medication**

No NSAIDs EXcluding aspirin Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** STAT

Question(s):

Reason for "No" order: transplant patient

Steroid Taper

methyLPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 250 mg **Route:** intravenous **Frequency:** once

Frequency Limit: 1 Occurrences **Start Date:** S+1 **Start Time:** 1200 **Phase of Care:** Post-op

Admin Instructions:

Give POD #1

methyLPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 125 mg **Route:** intravenous **Frequency:** once

Frequency Limit: 1 Occurrences **Start Date:** S+2 **Start Time:** 1200 **Phase of Care:** Post-op

Admin Instructions:

Give POD #2

predniSONE (DELTASONE) tablet Dose: 30 mg **Route:** oral **Frequency:** daily **Start Date:** S+3 **Phase of Care:** Post-op

Admin Instructions:

Give starting POD #3

Product Admin Instructions:

Give with food or snacks.

Infectious Disease Prophylaxis

Sign: _____ Printed Name: _____ Date/Time: _____

fluconazole (DIFLUCAN) tablet - Starting on PostOp Day 1 Dose: 200 mg Route: oral Frequency: daily Frequency Limit: 30 Days Start Date: S+1 Phase of Care: Post-op

Question(s):

Indication: Medical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Starting on PostOp Day 1. May give via feeding tube.

Product Admin Instructions:

May cause QTc prolongation.

 CMV Prophylaxis

Low Risk - acyclovir (ZOVIRAX) capsule - Starting PostOp Day 1 Dose: 400 mg Route: oral Frequency: daily Start Date: S+1 Start Time: 0900 Phase of Care: Post-op

Question(s):

Indication: Medical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Moderate Risk - valganciclovir (VALCYTE) tablet - Starting on PostOp Day 3 Dose: 900 mg Route: oral Frequency: daily Start Date: S+3 Phase of Care: Post-op

Question(s):

Indication: Medical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Starting on PostOp Day 3

Product Admin Instructions:

Do not crush. Administer with food.

High Risk - letermovir (PREVYMIS) AND acyclovir (ZOVIRAX)

letermovir (PREVYMIS) tablet (RESTRICTED) Dose: 480 mg Route: oral Frequency: daily Start Date: S+1 Start Time: 0900

Question(s):

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?

This medication is restricted is to inpatient use for patients in whom adequate transitions of care have been satisfied prior to first administered dose regarding medication acquisition in the outpatient setting:

This medication should be initiated between transplant day 0 and transplant day +28. Is this order scheduled to start between day 0 and day +28?

Admin Instructions:

Start on POD #1

acyclovir (ZOVIRAX) capsule Dose: 400 mg Route: oral Frequency: daily Start Date: S+1 Start Time: 0900

Question(s):

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

Admin Instructions:

Start on POD #1

 PJP Prophylaxis

sulfamethoxazole-trimethoprim (BACTRIM SS) 400-80 mg per tablet - Starting PostOp Day 3 Dose: 1 tablet

Route: oral Frequency: daily Start Date: S+3 Phase of Care: Post-op

Question(s):

Indication: Medical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Starting on PostOp Day 3

For Sulfa Allergy patients - atovaquone (MEPRON) suspension

atovaquone (MEPRON) suspension Dose: 1500 mg Route: oral Frequency: daily Start Date: S+3 Start Time: 0900 Phase of Care: Post-op

Admin Instructions:

Start POD #3

Anticoagulation

Heparin Continuous Infusion (Required)

Sign: _____ Printed Name: _____ Date/Time: _____

HEParin 25,000 unit/500 mL (50 unit/mL) Dose: 300 Units/hr Route: intravenous Frequency: continuous Frequency

Limit: 24 Hours Start Date: S Phase of Care: Post-op

Question(s):

Indication: Other

Specify Indication: post-pancreas transplant

Therapeutic Monitoring Target: PTT - Other

Specify Target: flat rate heparin drip per transplant surgery

Admin Instructions:

Started Day of Surgery - to begin immediately post-op unless directed otherwise by surgeon

HEParin 25,000 unit/500 mL (50 unit/mL) Dose: 400 Units/hr Route: intravenous Frequency: continuous Phase of

Care: Post-op

Question(s):

Indication: Other

Specify Indication: post-pancreas transplant

Therapeutic Monitoring Target: PTT - Other

Specify Target: flat rate heparin drip per transplant surgery

Admin Instructions:

Started Post-operative Day 1 and continues to Post-operative Day 5.

aspirin (ECOTRIN) enteric coated tablet Dose: 81 mg Route: oral Frequency: daily Start Date: S+3 Phase of Care: Post-op

Stress Ulcer Prophylaxis (Required)

pantoprazole (PROTONIX) EC tablet Dose: 40 mg Route: oral Frequency: daily Phase of Care: Post-op

Question(s):

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Admin Instructions:

If nasogastric tube is placed.

pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection Dose: 40 mg Route: intravenous

Frequency: daily Phase of Care: Post-op

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Admin Instructions:

If nasogastric tube is placed.

Maintenance Immunosuppression (Required)

mycophenolate (CELLCEPT) capsule/tablet Dose: 500 mg Route: oral Frequency: 2 times daily at 0600, 1800 (TIME

CRITICAL) Phase of Care: Post-op

Admin Instructions:

For Thymoglobulin patients. Give on an empty stomach.

Product Admin Instructions:

Give on empty stomach.

Antiemetics - HMM, HMSJ, HMW, HMSTC, HMTW Only

ondansetron (ZOFTRAN) IV or Oral (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN

PRN Reasons: nausea

vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN)

Sign: _____ Printed Name: _____ Date/Time: _____

promethazine (PHENERGAN) 12.5 mg IV Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:

nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

promethazine (PHENERGAN) intramuscular injection Dose: 12.5 mg Route: intramuscular Frequency: every 6

hours PRN PRN Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

metoclopramide (REGLAN) injection Dose: 5 mg Route: intravenous Frequency: 3 times daily Phase of Care: Post-op
Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Admin Instructions:

Given for Gastric Motility

Antiemetics - HMSL, HMWB Only

ondansetron (ZOFTRAN) IV or Oral (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN

PRN Reasons: nausea
vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN) IV or Oral or Rectal

promethazine (PHENERGAN) injection Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:

nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Sign: _____ Printed Name: _____ Date/Time: _____

metoclopramide (REGLAN) injection Dose: 5 mg Route: intravenous Frequency: 3 times daily Phase of Care: Post-op

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Admin Instructions:

Given for Gastric Motility

Antiemetics - HMSTJ Only

ondansetron (ZOFTRAN) IV or Oral (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN

PRN Reasons: nausea

vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN) IVPB or Oral or Rectal

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB Dose: 12.5 mg Route: intravenous

Frequency: every 6 hours PRN Minimum Infusion Duration: 30.000 Minutes PRN Reasons: nausea

vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:

nausea

vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

metoclopramide (REGLAN) injection Dose: 5 mg Route: intravenous Frequency: 3 times daily Phase of Care: Post-op

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Admin Instructions:

Given for Gastric Motility.

Itching

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching

Bowel Care

docusate sodium (COLACE) capsule Dose: 100 mg Route: oral Frequency: 2 times daily Phase of Care: Post-op PRN

Reasons: constipation

docusate (COLACE) 50 mg/5 mL liquid Dose: 100 mg Route: Nasogastric Frequency: 2 times daily Phase of Care: Post-

op

Admin Instructions:

Until Nasogastric tube discontinued. Hold for loose stools.

docusate (COLACE) 50 mg/5 mL liquid Dose: 100 mg Route: feeding tube Frequency: 2 times daily Phase of Care: Post-

op

Admin Instructions:

May give via feeding tube.

bisacodyl (DULCOLAX) EC tablet Dose: 10 mg Route: oral Frequency: nightly Phase of Care: Post-op PRN Reasons:

constipation

Sign: _____ Printed Name: _____ Date/Time: _____

polyethylene glycol (MIRALAX) packet 17 gram Dose: 17 g Route: oral Frequency: daily Phase of Care: Post-op

Product Admin Instructions:

Mix in 4-8oz of water.

Insomnia: Ramelteon For Patients GREATER than 70 years old

ramelteon (ROZEREM) tablet Dose: 8 mg Route: oral Frequency: nightly PRN PRN Reasons: sleep

Labs**Laboratory STAT Upon Arrival**

Basic metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hemoglobin and hematocrit Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Ionized calcium Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Deliver specimen immediately to the Core Laboratory.

Amylase Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Lipase Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Lab 6, 12, and 18 Hours after Arrival

Creatinine level Frequency: Every 6 hours Frequency Limit: 3 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 6, 12, and 18 hours Post-Op

Hemoglobin and hematocrit Frequency: Every 6 hours Frequency Limit: 3 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 6, 12, and 18 hours Post-Op

Prothrombin time with INR Frequency: Every 6 hours Frequency Limit: 3 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 6, 12, and 18 hours Post-Op

Partial thromboplastin time Frequency: Every 6 hours Frequency Limit: 3 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 6, 12, and 18 hours Post-Op

Primary Ordering Comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Lab POD#1 at 05:00

CBC with platelet and differential Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Comprehensive metabolic panel Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Magnesium level Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Phosphorus level Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Amylase Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Amylase level, body fluid Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Body fluid Comments: At 5 AM

Question(s):

Specimen Source:

Lipase Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Sign: _____ Printed Name: _____ Date/Time: _____

C-peptide Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Insulin, random Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Proinsulin Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: At 5 AM

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

Lab x 3 at 17:00 start POD #1

Hemoglobin and hematocrit Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Start Time: 1700 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: DRAW AT 1700 FOR 3 DAYS

Prothrombin time with INR Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Start Time: 1700 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: DRAW AT 1700 FOR 3 DAYS

Partial thromboplastin time Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Start Time: 1700 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: DRAW AT 1700 FOR 3 DAYS

Primary Ordering Comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Lab x 3d at 05:00 start POD#2

CBC with platelet and differential Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Basic metabolic panel Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Magnesium level Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Phosphorus level Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Amylase level, body fluid Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Body fluid

Question(s):

Specimen Source:

Amylase Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Lipase Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+2 Start Time: 0500 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Cardiology

Cardiology

ECG 12 lead Frequency: Once Frequency Limit: 1 Occurrences Start Date: S+2 Phase of Care: Post-op Priority: Routine Maximum Quantity: 6 Comments: Upon arrival

Question(s):

Clinical Indications: ○ Post-Op Surgery

Interpreting Physician:

Imaging

Diagnostic X-Ray

Sign: _____ Printed Name: _____ Date/Time: _____

Chest 1 Vw Portable Frequency: 1 time imaging Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Diagnostic US

US Pancreas Frequency: 1 time imaging Phase of Care: Post-op Priority: STAT Comments: Please use 203.5 mHz transducer to assess flow to and from pancreas transplant and comment on resistive indices.

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

NPO 8 hours before exam.

Respiratory**Respiratory Therapy**

Oxygen therapy Frequency: Continuous Phase of Care: Post-op Priority: Routine

Question(s):

Initial Device: Nasal Cannula

Titrate FiO2 to keep O2 Sat Above: 90%

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

Incentive spirometry instructions Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority:

Routine Comments: Once extubated

Question(s):

Frequency of use: Every 2 hours

Consults

For Physician Consult orders use sidebar

Consults

Consult to Nutrition Services Frequency: Once Phase of Care: Post-op Priority: Routine Comments: Registered

Dietition for nutrition assessment

Question(s):

Reason For Consult? MD order Diet Consult

Purpose/Topic:

Reason for Consult?

Consult to Social Work Frequency: Once Phase of Care: Post-op Priority: Routine Comments: Kidney Transplant Social

Work Consult

Question(s):

Reason for Consult: Other Specify

Specify: Kidney Transplant

Reason for Consult?

Consult PT eval and treat Frequency: Once Phase of Care: Post-op Priority: Routine Comments: Evaluate and treat for ambulation when patient is awake and following commands

Question(s):

Reasons for referral to Physical Therapy (mark all applicable):

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

Physician Consult

Sign: _____ Printed Name: _____ Date/Time: _____

Consult Diabetes/Endocrinology Frequency: Once Phase of Care: Post-op Priority: Routine

Question(s):

Reason for Consult? Post Transplant Glucose Monitoring

Patient/Clinical information communicated? Secure text

Patient/clinical information communicated? Secure text

Provider Group:

To Provider:

Provider Group:

Additional Orders