

Location: _____

Links
Terlipressin for Hepatorenal Syndrome-Acute Kidney Injury Protocol (\\epic-nas.et0922.epichosted.com\static\OrderSets\Terlipressin for Hepatorenal Syndrome Protocol.pdf)

Medications**Terlipressin (TERLIVAZ) (Required)**

- terlipressin (TERLIVAZ) IV syringe** 0.85 mg, intravenous, every 6 hours scheduled, 12, Occurrences
 Terlipressin (Terlivaz®) is restricted to a transplant nephrologist, hepatologist, or liver transplant surgeons. Are you an approved provider or ordering on behalf of one?
 Terlipressin (Terlivaz®) is restricted to the treatment of hepato-renal syndrome (HRS) Type 1 (i.e. HRS-AKI). Do you attest that this restriction has been met and that other potential causes of AKI have been ruled out?
 Terlipressin (Terlivaz®) is restricted to use only in patients with the absence of circulatory overload, pulmonary edema, or worsening of respiratory symptoms. Do you attest that the patient meets these criteria?
 Terlipressin (Terlivaz®) is restricted to use only in pts w/ the absence of ongoing signs/symptoms of coronary, peripheral, or mesenteric ischemia, and/or moderate to severe peripheral arterial disease. Do you attest that the pt meets these criteria?
 Terlipressin (Terlivaz®) is restricted to use only in pts no history of severe cardiovascular conditions (significant obstructive CAD, MI within 90 days, CHF), cerebrovascular (stroke within 90 days). Do you attest that the pt meets these criteria?
 Terlipressin (Terlivaz®) is restricted to use only in Main 4, IMU or ICU setting with continuous pulse oximetry monitoring. Do you attest that the patient is being treated in an approved care setting?
 Terlipressin (Terlivaz®) is restricted to patients w/ a MELD <=25 regardless of transplant listing status, SCr <5 mg/dL (not on renal replacement therapy), SpO₂>90% (w/o supp oxygen), ACLF grade 1 or 2. Do you attest that the pt meets these criteria?
 Administer over 2 minutes

 terlipressin (TERLIVAZ) bolus and infusion

- terlipressin (TERLIVAZ) IV syringe** 0.85 mg, intravenous, once, 1, Occurrences
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 Administer over 2 minutes

- terlipressin (TERLIVAZ) infusion** 1.7 mg, intravenous, continuous, 2, Days
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 Albumin 25%

- albumin human 25 % bottle** 25 g, every 6 hours, 1, Days
 Indication:

- albumin human 25 % bottle** 12.5 g, intravenous, every 8 hours, 13, Days
 Indication:

Nursing

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

Nursing

 Telemetry **Telemetry monitoring** Continuous, 48, Hours, Routine

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 Continuous, 48, Hours, Routine

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

 Pulse oximetry Continuous, Routine

Current FIO2 or Room Air:

 Intake and output Every shift, Routine **Vital signs - T/P/R/BP** Per unit protocol, Routine **Notify Physicians PO2 <90% or if patient requires supplemental oxygen** Until discontinued, Routine, If sPO2 <90% or if patient requires supplemental oxygen.

Labs

Labs

 Comprehensive metabolic panel AM draw repeats, 3, Occurrences, Routine, Blood, 3

Consults

Consults

 Pharmacy consult for terlipressin Until discontinued, Routine

Terlipressin is restricted to HMM: Is this patient located at HMM where a transplant nephrologist, hepatologist, or liver transplant surgeon may initiate a liver transplant evaluation and/or terlipressin therapy?

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 Consult Transplant Once, RoutineReason for Consult? Liver transplant evaluation

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

 Consult Nephrology/Hyperten Once, RoutineReason for Consult? Hepatorenal Syndrome

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Hepatology Once, Routine
Reason for Consult? Liver transplant evaluation
Provider Group:
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group: