

Liver Transplant Ultrasound Guided Paracentesis [2095]

General

Nursing

Nursing

- | | |
|--|---|
| <input type="checkbox"/> Nursing communication | Routine, Until discontinued, Starting S
Indication: ***, MELD Less than 20, Please verify INR: ***,
Platelet Count:*** |
| <input type="checkbox"/> Nursing communication | Routine, Until discontinued, Starting S
Indication: ***, MELD Greater than 20, Please verify INR: ***,
Platelet Count:*** |

Consent

- | | |
|--|--|
| <input checked="" type="checkbox"/> Complete consent for | Routine, Once, Starting S
Procedure: Ultrasound guided paracentesis to include risk for
bleeding and infection
Diagnosis/Condition:
Physician:
Ultrasound guided paracentesis to include risk for bleeding
and infection |
|--|--|

IV Fluids

IV Fluids (Single Response)

- | | |
|---|--|
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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

Immunosuppressants

- | | |
|---|---|
| <input type="checkbox"/> methylPREDNISolone sodium succinate
(Solu-MEDROL) injection | 40 mg, intravenous, once, For 1 Doses, Pre-op
On call to OR. |
|---|---|

PreOp Antifungals (Single Response)

Select one of the following antifungals:

- | | |
|---|---|
| <input type="checkbox"/> 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 | |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 | |

<input type="checkbox"/> 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	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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-cilastin (PRIMAXIN) IV or ERTApenam (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

<input type="checkbox"/> 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.
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Section 2: Premedications

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, once, For 1 Doses, Pre-op With sip of water on call to OR
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once, For 1 Doses, Pre-op With sip of water on call to OR

Other Medications

<input checked="" type="checkbox"/> 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.
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Labs

Diagnostic Labs

<input checked="" type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> Gram stain only	Once, Ascitic fluid Inject fluid directly into blood culture bottles immediately.
<input checked="" type="checkbox"/> Cell count and differential, body fluid	Once For 1 Occurrences Specimen Source:
<input checked="" type="checkbox"/> Protein, misc fluid	Once For 1 Occurrences Specimen Source:
<input checked="" type="checkbox"/> Albumin level	Once For 1 Occurrences
<input checked="" type="checkbox"/> LDH, misc fluid	Once For 1 Occurrences Specimen Source:
<input checked="" type="checkbox"/> Amylase level	Once For 1 Occurrences
<input checked="" type="checkbox"/> Lipase level, misc fluid	Once For 1 Occurrences Specimen Source:
<input checked="" type="checkbox"/> Cytology (non-gynecological) request	A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.

Cardiology

Imaging

Diagnostics US

<input type="checkbox"/> Abdominal paracentesis by Radiology - Ascites: diagnostic	
<input type="checkbox"/> US Abdominal Paracentesis Imaging	Routine, 1 time imaging For 1
<input type="checkbox"/> Amylase, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Glucose, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Lactate dehydrogenase, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.

<input type="checkbox"/> Protein, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Body fluid cell count with differential	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Albumin, fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Creatinine, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Triglycerides, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Bilirubin, direct, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Bilirubin, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> pH, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Lipase, body fluid	Once Specimen Source: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Flow cytometry evaluation	Once Panel: Specimen Type: Reason for evaluation: Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> AFB stain	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> AFB culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Aerobic culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Anaerobic culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Gram stain only	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Mycoplasma pneumoniae by PCR	Once Specimen Source: Aspirate Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Fungus culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Fungus smear	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area.
<input type="checkbox"/> Cytology (non-gynecological) request	A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.
<input type="checkbox"/> Abdominal paracentesis by Radiology - Ascites: therapeutic (MELD Less than 20)	
<input type="checkbox"/> US Abdominal Paracentesis Imaging	Routine, 1 time imaging For 1
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Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders