

## 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.

<input type="checkbox"/> Admit to Inpatient	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
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## Nursing

### Vitals

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol, Starting S, Pre-op
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### Nursing

<input checked="" type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Place warming blanket on patient with body temperature of 38 degrees, if temperature is > 38 degrees hold the warming blanket for 1 hour and re-check body temperature. If temperature is < 37.5, resume warming., Post-op
<input checked="" type="checkbox"/> Height and weight	Routine, Once, Starting S, Pre-op
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Starting S Upon arrival and in OR for prophylaxis for deep vein thrombosis, Pre-op

### Notify

<input checked="" type="checkbox"/> Notify transplant liver surgery service	Routine, Once Transplant Liver Surgery Service upon patient arrival to unit at phone number ****, Pre-op
<input checked="" type="checkbox"/> Notify transplant hepatology service	Routine, Once Transplant Hepatology Service upon patient arrival to unit at phone number ****, Pre-op
<input checked="" type="checkbox"/> Notify transplant coordinator on-call	Routine, Once Transplant Coordinator On-Call upon patient arrival at ***, Pre-op

### Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: Give only specifically ordered medications, Pre-op
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### Informed Consent

<input checked="" type="checkbox"/> Complete consent for	Routine, Once, Starting S Procedure: Orthotopic Liver Transplant Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? Pre-op
<input type="checkbox"/> Complete consent for kidney transplant if patient receiving simultaneous liver and kidney transplant	Routine, Once Procedure: Liver and Kidney transplant Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

## Perfusion

### Cell Saver

<input type="checkbox"/> Cell saver	Routine, Until discontinued, Starting S
<input type="checkbox"/> Platelet sequestration	Routine, Until discontinued, Starting S

### Cell Saver Medications

<input type="checkbox"/> sodium chloride 0.9 % bolus	1,000 mL, perfusion, for 15 Minutes, PRN, Cell Saver, Intra-op
<input type="checkbox"/> anticoagulant citrate dextrose (ACD) irrigation	1,000 mL, perfusion, PRN, Cell Saver, Intra-op
<input type="checkbox"/> sodium chloride 0.9 % 1,000 mL with HEParin (porcine) 5,000 Units cell saver perfusion	1,000 mL, perfusion, PRN, Heparinized saline for cell saver, Intra-op

## IV Fluids

### Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

### IV Fluids (Single Response)

<input type="checkbox"/> dextrose 5%-0.225% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV dextrose 5% + 0.225% 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"/> dextrose 5%-0.45% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV dextrose 5% + 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"/> dextrose 5%-0.9% sodium chloride infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV dextrose 5% + 0.9% 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 % 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.

- ( ) 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

### PreOp Antifungals (Single Response)

Select one of the following antifungals:

- ( ) 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

- 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.  
 Reason of Therapy: Surgical Prophylaxis

- ( ) 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

- 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  
 Reason for 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

- 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.  
 Reason for 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.  
 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.

- 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.  
 Reason for Therapy: Surgical Prophylaxis

- ( ) IMpenem-cilastin (PRIMAXIN) IV or ERTapenem (INVANZ) IV - for Penicillin Allergic patients (Single Response)

Select one of the following below for Penicillin Allergic patients.

<input type="checkbox"/> 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. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> 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. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> 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

### COVID-19 Qualitative PCR

<input type="checkbox"/> COVID-19 qualitative PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Please select a reason for ordering, if applicable. Pre-op
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### Labs Upon Arrival

<input checked="" type="checkbox"/> Basic metabolic panel	Once For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Magnesium level	Once, Pre-op
<input checked="" type="checkbox"/> Phosphorus level	Once, Pre-op
<input checked="" type="checkbox"/> LDH	Once, Pre-op
<input checked="" type="checkbox"/> Ionized calcium	Once, Pre-op
<input checked="" type="checkbox"/> Hepatic function panel	Once, Pre-op
<input checked="" type="checkbox"/> GGT	Once, Pre-op
<input checked="" type="checkbox"/> CBC with platelet and differential	Once, Pre-op
<input checked="" type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input checked="" type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input checked="" type="checkbox"/> Fibrinogen	Once, Pre-op
<input checked="" type="checkbox"/> Cytomegalovirus by PCR	Once Specimen Source: Pre-op
<input type="checkbox"/> Hepatitis B virus (HBV), quantitative PCR	Once, Pre-op
<input type="checkbox"/> Hepatitis B surface antibody	Once, Pre-op
<input type="checkbox"/> Hepatitis C virus (HCV), quantitative PCR	Once, Pre-op
<input checked="" type="checkbox"/> Epstein-Barr virus early antigen antibody, IgG	Once For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Epstein-Barr virus VCA, IgM	Once For 1 Occurrences, Pre-op

## Laboratory - HLA (Single Response)

<input type="checkbox"/> HLA antibody testing - pre transplant	Once, Pre-op
<input type="checkbox"/> HLA deceased donor	Once, Pre-op

## Microbiology

<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op
<input checked="" type="checkbox"/> Blood culture x 2	<b>"And" Linked Panel</b>
<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., Pre-op
<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., Pre-op

## Cardiology

## Imaging

<input checked="" type="checkbox"/> X-Ray	
<input checked="" type="checkbox"/> Chest 1 View Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, Pre-op

## Other Studies

### Other Diagnostic Studies

<input checked="" type="checkbox"/> ECG Pre/Post Op	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op
<input type="checkbox"/> If patient has ACID or PPM, interrogate ACID/PPM	Routine, Once For 1 Occurrences, Pre-op

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Blood Products

### Lab Draw

<input checked="" type="checkbox"/> Type and screen	
<input checked="" type="checkbox"/> Type and screen	Once, Pre-op
<input checked="" type="checkbox"/> ABO and Rh confirmation	Once, Blood Bank Confirmation

### Blood Products

<input type="checkbox"/> Red Blood Cells	
<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Transfusion date: Blood Products

<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Platelets	
<input type="checkbox"/> Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse platelet pheresis	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Fresh Frozen Plasma	
<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Cryoprecipitate	
<input type="checkbox"/> Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Blood Products
<input type="checkbox"/> Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op
<input type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood

## Additional Orders