

Enhanced Recovery After Surgery Orders (ERAS)

ERAS Pain Management (Single Response) (Selection Required)

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

<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours, Post-op
<input type="checkbox"/>	gabapentin (NEURONTIN) capsule	100 mg, oral, every 8 hours, Post-op
<input type="checkbox"/>	PRN Oral for Moderate Pain (Pain Score 4-6) (Single Response) (Selection Required)	
<input type="checkbox"/>	traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
<input type="checkbox"/>	oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
<input type="checkbox"/>	PRN Oral for Severe Pain (Pain Score 7-10) (Single Response) (Selection Required)	
<input type="checkbox"/>	oxyCODone (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
<input type="checkbox"/>	hydromorPHONE (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op

() Select for Opioid-Tolerant Patients (PCA Pain Management) (Single Response)

<input type="checkbox"/>	hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous 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.
<input type="checkbox"/>	fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: Not Ordered Basal Rate: 0 mcg/hr Four Hour Dose Limit: 150 mcg intravenous, continuous **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.

() Select for Opioid-Tolerant Patients (PCA Pain Management) (Single Response)

() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout Interval: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous 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	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: Not Ordered Basal Rate: 0 mcg/hr Four Hour Dose Limit: 150 mcg intravenous, continuous **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

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

<input type="checkbox"/> Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
<input type="checkbox"/> Urinary Tract Infection, Site Not Specified	Post-op

Elective Outpatient, Observation, or Admission (Single Response)

<input type="checkbox"/> Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<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. PACU & Post-op

Admission or Observation (Single Response)
Patient has active outpatient status order on file

<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. PACU & Post-op
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Admission (Single Response)
Patient has active status order on file

<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. PACU & Post-op
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<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Transfer (Single Response)

Patient has active inpatient status order on file

<input type="checkbox"/> Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Code Status

@CERMSG(674511:):@

Code Status (Single Response)

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

<input type="checkbox"/> Full code	Code Status decision reached by: Post-op
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	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? Post-op
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Post-op
<input type="checkbox"/> Modified Code	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: Post-op

<input type="checkbox"/> Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))	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: Post-op
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Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

<input type="checkbox"/> Aspiration precautions	Post-op
<input type="checkbox"/> Fall precautions	Increased observation level needed: Post-op
<input type="checkbox"/> Latex precautions	Post-op

Seizure precautions

Increased observation level needed:
Post-op

Nursing

Vitals

Vital signs - T/P/R/BP

Routine, Per unit protocol, Post-op

Activity

Activity as tolerated

Routine, Until discontinued, Starting S
Specify: Activity as tolerated
Post-op

Activity as tolerated - out of bed

Routine, Until discontinued, Starting S
Specify: Out of bed, Activity as tolerated
Post-op

Ambulate

Routine, 3 times daily
Specify:
Post-op

Nursing

Telemetry

"And" Linked Panel

Telemetry monitoring

Routine, Continuous
Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
(Telemetry Box)
Reason for telemetry:
Can be off of Telemetry for tests and baths? Yes
Post-op

Telemetry Additional Setup Information

Routine, Continuous
High Heart Rate (BPM): 120
Low Heart Rate(BPM): 50
High PVC's (per minute): 10
High SBP(mmHg): 175
Low SBP(mmHg): 100
High DBP(mmHg): 95
Low DBP(mmHg): 40
Low Mean BP: 60
High Mean BP: 120
Low SPO2(%): 94
Post-op

Head of bed 30 degrees

Routine, Until discontinued, Starting S
Head of bed: 30 degrees
30 Degrees, Post-op

Daily weights

Routine, Daily
With same scale and manner, Post-op

Strict intake and output

Routine, Every hour For 12 Hours, Post-op

Strict intake and output

Routine, Every 8 hours
Every hour for first 12 hours, and then every 8 hours. ,
Post-op

CVP monitoring

Routine, Every hour For 24 Hours
Record., Post-op

Limb precautions: No Venipuncture or blood pressure to arm with Hemodialysis access

Location:
Precaution: No venipuncture, No blood pressure
To arm with Hemodialysis Access. Place sign at bedside. ,
Post-op

Nasogastric tube maintenance

Routine, Until discontinued, Starting S
Tube Care Orders:
To low intermittent suction, may clamp tube for medications,
Post-op

<input type="checkbox"/> Oral Gastric tube maintenance	Routine, Until discontinued, Starting S Drainage: Intervention: To low intermittent suction, may clamp tube for medications, Post-op
<input checked="" type="checkbox"/> Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain To bedside drainage; catheter care every shift. May irrigate Foley as needed with no more than 50 milliliters sterile water., Post-op
<input type="checkbox"/> Drain care	Routine, Every 8 hours Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Record drain output every 8 hours as needed., Post-op
<input checked="" type="checkbox"/> Drain care	Routine, Until discontinued, Starting S Type of drain: Jackson Pratt Specify location: Right Side Drain Number: Drainage/Suction: Jackson-Pratt or Penrose; Wound and drain assessment every 12 hours and as needed., Post-op
<input type="checkbox"/> Bladder scan	Routine, Once 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, Post-op
<input checked="" type="checkbox"/> Bedside glucose	Routine, Now then every 1 hour For 24 Hours 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., Post-op
<input type="checkbox"/> Bedside glucose	Routine, Every 2 hours, Starting S+1 with First Occurrence As Scheduled For 24 Occurrences 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., Post-op
<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous Discontinue when ambulating 3 times daily, Post-op
<input checked="" type="checkbox"/> Encourage deep breathing and coughing	Routine, Every 2 hours while awake, Post-op
Notify	
<input checked="" type="checkbox"/> Notify Physician: Nephrologist of patient location 1 hour after arrival with results of post-operative labs, vital signs, CVP and intake and outputs;	Routine, Until discontinued, Starting S, Nephrologist of patient location 1 hour after arrival with results of post-operative labs, vital signs, CVP and intake and outputs; Post-op
<input checked="" type="checkbox"/> Notify Physician: Nephrologist with results of post op 6 hour STAT creatinine result	Routine, Until discontinued, Starting S, Nephrologist with results of post op 6 hour STAT creatinine result, Post-op
<input checked="" type="checkbox"/> Physician communication order - Nephrologist	Routine, Once If Nicardipine drip is initiated, Post-op
<input checked="" type="checkbox"/> Notify Physician: Endocrinologist	Routine, Until discontinued, Starting S, Transplant Surgeon and Endocrine For any glucose reading less than 80 mg/dl OR two (2) consecutive glucose readings greater than 150 mg/dl Post-op
<input checked="" type="checkbox"/> Notify Physician Transplant Surgeon if any insulin administered within first 48 hours post-op	Routine, Until discontinued, Starting S, Transplant Surgeon if any insulin administered within first 48 hours post-op, Post-op
<input checked="" type="checkbox"/> Notify Physician: Transplant Surgeon for: Foley Care - If no return on irrigation, large clots seen in Foley, or leakage around the catheter	Routine, Until discontinued, Starting S, Transplant Surgeon for: Foley Care - If no return on irrigation, large clots seen in Foley, or leakage around the catheter Post-op

[X] Notify Research Coordinator: If patient is on research study (please check for orders)	Routine, Until discontinued, Starting S, Post-op
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100 Temperature less than: Systolic BP greater than: 180 Systolic BP less than: 100 Diastolic BP greater than: 100 Diastolic BP less than: 60 MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 10 SpO2 less than: 92
Diet	
[X] NPO	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: Post-op

IV Fluids

IV Fluids (Single Response)

() 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

PostOperative Medications

Restricted Medication

[X] No NSAIDs EXcluding aspirin	STAT, Until discontinued, Starting S Reason for "No" order: transplant patient Post-op
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Steroid Taper

[X] methylPREDNISolone sodium succinate (Solu-MEDROL) injection	250 mg, intravenous, once, S+1 at 9:00 AM, For 1 Doses, Post-op Give POD #1
[X] methylPREDNISolone sodium succinate (Solu-MEDROL) injection	125 mg, intravenous, once, S+2 at 9:00 AM, For 1 Doses, Post-op Give POD #2
[X] predniSONE (DELTASONE) tablet	30 mg, oral, daily, Starting S+3, Post-op Give starting POD #3

Infectious Disease Prophylaxis

[X] fluconazole (DIFLUCAN) tablet - Starting on PostOp Day 1	200 mg, oral, daily, Starting S+1, Post-op Starting on PostOp Day 1. May give via feeding tube. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
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<input checked="" type="checkbox"/> valGANCiclovir (VALCYTE) tablet - Starting on PostOp Day 3	450 mg, oral, daily, Starting S+3, Post-op Starting on PostOp Day 3 Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input checked="" type="checkbox"/> sulfamethoxazole-trimethoprim (BACTRIM SS) 400-80 mg per tablet - Starting PostOp Day 3	1 tablet, oral, daily, Starting S+3, Post-op Starting on PostOp Day 3 Reason for Therapy: Medical Prophylaxis

Anticoagulation

<input checked="" type="checkbox"/> Heparin Continuous Infusion (Selection Required)	"And" Linked Panel
<input checked="" type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL)	300 Units/hr, intravenous, continuous, Starting S, Post-op Started Day of Surgery - to begin immediately post-op unless directed otherwise by surgeon Indication: Other Specify Indication: post-pancreas transplant Therapeutic Monitoring Target: PTT - Other Specify Target: flat rate heparin drip per transplant surgery
<input checked="" type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL)	400 Units/hr, intravenous, continuous, Starting H+24 Hours, Post-op Started Post-operative Day 1 and continues to Post-operative Day 5. Indication: Other Specify Indication: post-pancreas transplant Therapeutic Monitoring Target: PTT - Other Specify Target: flat rate heparin drip per transplant surgery
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+3, Post-op

Stress Ulcer Prophylaxis (Single Response) (Selection Required)

<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily, Post-op If nasogastric tube is placed. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily, Post-op If nasogastric tube is placed. 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:

Maintenance Immunosuppression (Selection Required)

<input checked="" type="checkbox"/> mycophenolate (CELLCEPT) capsule/tablet	500 mg, oral, 2 times daily at 0600, 1800 (TIME CRITICAL), Post-op For Thymoglobulin patients. Give on an empty stomach.
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Antiemetics and Gastric Motility

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op 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.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
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Antiemetics and Gastric Motility

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op 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.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
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Antiemetics and Gastric Motility (Single Response)

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op 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.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
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Itching (Single Response)

<input checked="" type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
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Bowel Care

<input checked="" type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, Post-op
<input type="checkbox"/> docusate (COLACE) 50 mg/5 mL liquid	100 mg, Nasogastric, 2 times daily, Post-op Until Nasogastric tube discontinued. Hold for loose stools.

<input type="checkbox"/> docusate (COLACE) 50 mg/5 mL liquid	100 mg, feeding tube, 2 times daily May give via feeding tube.
<input checked="" type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, nightly, Post-op
Insomnia: Ramelteon For Patients GREATER than 70 years old	
<input checked="" type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Labs

Laboratory STAT Upon Arrival

<input checked="" type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Hemoglobin and hematocrit	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Ionized calcium	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Amylase	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Lipase	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences, Post-op
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences, Post-op

Lab 6, 12, and 18 Hours after Arrival

<input checked="" type="checkbox"/> Creatinine level	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op, Post-op
<input checked="" type="checkbox"/> Hemoglobin and hematocrit	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op Post-op
<input checked="" type="checkbox"/> Prothrombin time with INR	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op Post-op
<input checked="" type="checkbox"/> Partial thromboplastin time	Every 6 hours For 3 Occurrences At 6, 12, and 18 hours Post-Op Post-op

Lab POD#1 at 05:00

<input checked="" type="checkbox"/> CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences At 5 AM, Post-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Magnesium level	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Phosphorus level	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Amylase	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input type="checkbox"/> Amylase level, body fluid	AM draw, Starting S+1 For 1 Occurrences, Body fluid Specimen Source: At 5 AM, Post-op
<input checked="" type="checkbox"/> Lipase	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> C-peptide	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Insulin, random	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op
<input checked="" type="checkbox"/> Proinsulin	AM draw, Starting S+1 For 1 Occurrences At 5 AM Post-op

Lab x 3 at 17:00 start POD #1

[X] Hemoglobin and hematocrit	AM draw repeats, Starting S+1 at 5:00 PM For 3 Days DRAW AT 1700 FOR 3 DAYS , Post-op
[X] Prothrombin time with INR	AM draw repeats, Starting S+1 at 5:00 PM For 3 Days DRAW AT 1700 FOR 3 DAYS , Post-op
[X] Partial thromboplastin time	AM draw repeats, Starting S+1 at 5:00 PM For 3 Days DRAW AT 1700 FOR 3 DAYS, Post-op

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

[X] CBC with platelet and differential	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
[X] Basic metabolic panel	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
[X] Magnesium level	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
[X] Phosphorus level	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
[X] Amylase level, body fluid	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Body fluid Specimen Source: Post-op
[X] Amylase	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
[X] Lipase	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
[X] Prothrombin time with INR	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op
[X] Partial thromboplastin time	AM draw repeats, Starting S+2 at 5:00 AM For 3 Days, Post-op

Cardiology**Cardiology**

[X] ECG 12 lead	Routine, Once, Starting S+2 For 1 Occurrences Clinical Indications: Post-Op Surgery Interpreting Physician: Upon arrival, Post-op
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Imaging**Diagnostic X-Ray**

[X] Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences, Post-op
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Diagnostic US

[X] US Pancreas	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Please use 203.5 mHz transducer to assess flow to and from pancreas transplant and comment on resistive indices., Post-op
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Respiratory**Respiratory Therapy**

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Post-op
<input checked="" type="checkbox"/> Incentive spirometry	Routine, Every 2 hours Once extubated, Post-op

Consults

For Physician Consult orders use sidebar

Consults

<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? MD order Diet Consult Post-op, Registered Dietition for nutrition assessment
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Other Specify Specify: Kidney Transplant Post-op, Kidney Transplant Social Work Consult
<input type="checkbox"/> Consult PT eval and treat	Special Instructions: Weight Bearing Status: Post-op, Evaluate and treat for ambulation when patient is awake and following commands