

Terlipressin (TERLIVAZ) Order Set [260]

Terlipressin should only be used in patients with HRS Type1 (i.e. HRS-AKI), defined as

Presence of cirrhosis with ascites

Increase in sCr of = 0.3 mg/dL in 48 hours OR by >= 50% in 3 months

No response/improvement with 1 g/kg/day of albumin x 48 hours

No shock, recent nephrotoxic medications or parenchymal kidney disease (i.e. no proteinuria, hematuria or obstruction)

Medications

Terlipressin (TERLIVAZ) (Selection Required)

terlipressin (TERLIVAZ) IV syringe

0.85 mg, intravenous, every 6 hours scheduled, For 12 Doses

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 CONTRAINDICATED in pts w/ cardiac, peripheral or mesenteric ischemia or w/ SpO2<90% (or requiring supp oxygen) and for use only in patients with SCr <5 mg/dL (WITHOUT dialysis). Do you attest the patient meets the criteria?

Terlipressin (Terlivaz®) is restricted to use only in an 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®) may impact transplant candidacy and should NOT be used in patients with MELD >20. Do you attest that the patient has a MELD score <=20 and that transplant eligibility has been considered in the risk vs benefit assessment?

Albumin 25%

albumin human 25 % bottle

25 g, intravenous, at 50 mL/hr, every 6 hours

Indication:

albumin human 25 % bottle

12.5 g, intravenous, at 50 mL/hr, every 8 hours, Starting H+24 Hours

Indication:

Nursing

Nursing

Telemetry

"And" Linked Panel

Telemetry monitoring

Routine, Continuous For 5 Days

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

Reason for telemetry:

Can be off of Telemetry for tests and baths? Yes

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

<input checked="" type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air:
<input checked="" type="checkbox"/> Intake and output	Routine, Every shift
<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
<input checked="" type="checkbox"/> Notify Physicians PO2 <90% or if patient requires supplemental oxygen	Routine, Until discontinued, Starting S, If sPO2 <90% or if patient requires supplemental oxygen.

Labs

Labs	
<input checked="" type="checkbox"/> Comprehensive metabolic panel	AM draw repeats For 3 Occurrences

Consults

Consults	
<input checked="" type="checkbox"/> Consult Transplant	Reason for Consult? Liver transplant evaluation Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Nephrology/Hyperten	Reason for Consult? Hepatorenal Syndrome Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Hepatology	Reason for Consult? Liver transplant evaluation Patient/Clinical information communicated? Patient/clinical information communicated?