

General

Case Request

[] Case request operating room Scheduling/ADT, Scheduling/ADT

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.

() 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

Nursing

Vitals

[X] Vital signs - T/P/R/BP Routine, Per unit protocol Upon arrival and per protocol, Pre-op

Activity

[X] Activity as tolerated Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op

Nursing

[X] Height and weight Routine, Once For 1 Occurrences, Pre-op

[X] Insert and Maintain IV "And" Linked Panel

[X] Insert peripheral IV STAT, Once For 1 Occurrences, Pre-op

[X] Saline lock IV Routine, Once For 1 Occurrences, Pre-op

[X] sodium chloride 0.9 % flush 10 mL, intravenous, PRN, line care, Pre-op

[X] Nursing communication Do not send patient to surgery until cleared by Nephrologist., Pre-op

[X] Nursing communication Nurse to send medications to operating room - To be administered by Anesthesiologist, Pre-op

[] Telemetry "And" Linked Panel

[] Telemetry monitoring Routine, Continuous For 3 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 Pre-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
Pre-op

Consent

Complete consent for

Routine, Once
Procedure: Deceased Donor 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?
Deceased Donor UNOS ID # ***. Please witness patient signature for the "Organ Transplant Donor Status Disclosure Informed Consent form," reviewed by transplant coordinator, Pre-op

Complete consent for

Routine, Once
Procedure: Living Donor 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?
Living Donor Name: ***, Pre-op

Notify

Notify Kidney Transplant Coordinator/(713) 441-5451

Routine, Once
For questions, Pre-op

Notify Nephrologist Service

Routine, Once
Upon patient arrival and provide tentative time for surgery at phone number {Nephrology Services:29399}, Pre-op

Diet

NPO

Diet effective now, Starting S
NPO: Except meds
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient., Pre-op

Medications

Restricted Medication

No NSAIDs EXcluding aspirin

STAT, Until discontinued, Starting S
Reason for "No" order: transplant patient
Pre-op

On Call to OR Medications for Induction (Single Response)

antithymocyte globulin IVPB (THYMOGLOBULIN) plus
Oral Premeds (acetaminophen, diphenhydramine) plus
mycophenolate (CELLCEPT) Oral Dose

"And" Linked Panel

<input type="checkbox"/> antithymocyte globulin (rabbit) (THYMOGLUBULIN) IVPB	1.5 mg/kg, intravenous, Administer over: 6 Hours, once, For 1 Doses, Pre-op Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR. Pharmacy to dispense dose directly to OR for administration by Anesthesiologist. Pre-medication (acetaminophen and diphenhydramine) to be given on-call to the OR.
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once, For 1 Doses, Pre-op Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR pharmacy to dispense dose directly to OR for administration by Anesthesiologist.
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, once, For 1 Doses, Pre-op Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR pharmacy to dispense dose directly to OR for administration by Anesthesiologist.
<input type="checkbox"/> mycophenolate mofetil (CELLCEPT) capsule/tablet	1,500 mg, oral, once, For 1 Doses, Pre-op Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR pharmacy to dispense dose directly to OR for administration by Anesthesiologist. HAZARDOUS - Handle with care.
() basiliximab (SIMULECT) IV Dose and mycophenolate (CELLCEPT) Oral Dose	
<input type="checkbox"/> basiliximab (SIMULECT) IVPB	20 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op NURSE TO CALL PHARMACY AT 1-0670 WHEN PATIENT IS IN ROUTE TO OR. PHARMACY TO DISPENSE DOSE DIRECTLY TO OR FOR ADMINISTRATION BY ANESTHESIOLOGIST. HAZARDOUS - Handle with care.
<input type="checkbox"/> mycophenolate (CELLCEPT) tablet	1,500 mg, oral, once, For 1 Doses, Pre-op Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR pharmacy to dispense dose directly to OR for administration by Anesthesiologist. HAZARDOUS - Handle with care.

PreOp Prophylactic Antibiotic: For Patients GREATER than 120 kg (Single Response)

() cefazolin (ANCEF) IV - for patient GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Give 1 hour prior to skin incision Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV "And" Linked Panel	
<input type="checkbox"/> clindamycin (CLEOCIN) IV	900 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis

PreOp Prophylactic Antibiotic: For Patients LESS than or EQUAL to 120 kg (Single Response)

() cefazolin (ANCEF) IV - for patient LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Give 1 hour prior to skin incision Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV "And" Linked Panel	
<input type="checkbox"/> clindamycin (CLEOCIN) IV	900 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis

All Patients

<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	500 mg, intravenous, once, For 1 Doses, Pre-op
---	--

Labs

COVID-19 Qualitative PCR

<input type="checkbox"/> COVID-19 qualitative RT-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
---	--

Laboratory Stat

<input checked="" type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Phosphorus level	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Magnesium level	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Hemoglobin A1c	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> Cytomegalovirus by PCR	STAT For 1 Occurrences Specimen Source: Plasma Pre-op
<input checked="" type="checkbox"/> BK virus by PCR	Once For 1 Occurrences Specimen Source: Plasma Pre-op
<input checked="" type="checkbox"/> Cytomegalovirus antibody, IgG	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> West Nile virus antibody, IgM	STAT For 1 Occurrences, Pre-op
<input checked="" type="checkbox"/> West Nile virus antibody, IgG	STAT For 1 Occurrences, Pre-op

Lab STAT for Females Age Less Than 45

<input type="checkbox"/> hCG qualitative, urine	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-op
---	---

Labs Stat Deceased Donor (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: Clean catch Pre-op
--	--

Increased Risk for Disease Transmission Donor/Serology Testing

<input type="checkbox"/> HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Perform on HBV negative recipient, Pre-op
<input type="checkbox"/> Human immunodeficiency virus 1 (HIV-1), quantitative PCR	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Perform on HBV negative recipient, Pre-op
<input type="checkbox"/> Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/> Hepatitis B surface antibody	Once Perform on HBV negative recipient, Pre-op

<input type="checkbox"/>	Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B virus (HBV), quantitative PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Hepatitis C virus (HCV), quantitative PCR	Once Perform regardless recipient HCV status, Pre-op

Increased Risk for Disease Transmission Donor/Serology Testing

<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	HIV-1 RNA, qualitative TMA	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B surface antigen	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B surface antibody	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B core antibody, total	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis B virus (HBV), quantitative PCR	Once Perform on HBV negative recipient, Pre-op
<input type="checkbox"/>	Hepatitis C antibody	Once Perform regardless recipient HCV status, Pre-op
<input type="checkbox"/>	Hepatitis C virus (HCV), quantitative PCR	Once Perform regardless recipient HCV status, Pre-op

Cardiology

Cardiology

<input checked="" type="checkbox"/>	ECG 12 lead	STAT, Once, Starting S+2 at 6:00 AM For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: Pre-op
<input checked="" type="checkbox"/>	Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences Kidney transplant pre-op clearance, Pre-op

Imaging

Diagnostic CT

<input type="checkbox"/>	CT Chest W Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
--------------------------	------------------------	--

Diagnostics X-RAY

<input type="checkbox"/>	XR Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 , Pre-op
--------------------------	---------------	--

Blood Products

Lab Draw

<input checked="" type="checkbox"/>	Type and screen	Once, Pre-op
-------------------------------------	-----------------	--------------

Blood Products

<input checked="" type="checkbox"/>	Red Blood Cells	
<input checked="" type="checkbox"/>	Red Blood Cells	Antibodies are present. There may be a delay in product availability.

<input checked="" type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Transfusion date: 3 units irradiated and WBC filter for pre-op Pre-op
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous Administer with blood
<input checked="" type="checkbox"/> Red Blood Cells	
<input checked="" type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Transfusion date: 3 units irradiated and WBC filter for pre-op Pre-op
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9% infusion	250 mL, intravenous, at 30 mL/hr, continuous Administer with blood
<input type="checkbox"/> Platelets	
<input type="checkbox"/> Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Pre-op
<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: Pre-op
<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: Pre-op
<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