Kidney Transplant post-op orders

(Provider must sign all orders-check and/or fill in appropriate blanks)

Date____________________Time____________________

☐ 1. DIAGNOSIS: Kidney replaced by transplant (V42.0)
☐ 2. CONDITION: __________
☐ 3. ADMISSION WIZARD
☐ 4. CONSULT TRANSPLANT NEPHROLOGY FOR MEDICAL MANAGEMENT
☐ 5. NO KNOWN ALLERGIES
☐ 6. ALLERGIES
☐ 7. enter weight: ___

Diet

☐ 8. REGULAR DIET DAILY UNTIL D/C No cranberry or grapefruit
☐ 9. DIABETIC DIET - CONSISTENT CHO DAILY UNTIL D/C no cranberry or grapefruit

Nursing

☐ 10. NOTIFY HOUSE OFFICER: T>: 100.5 SBP<: 110 DBP>: 100 UOP<: 50 ml/hr
☐ NURSING: strict intake and output q1h x 24h then q4h
☐ NURSING: vital signs with temp and pulse oximeter; q1h x 24h then q4h
☐ NURSING: Cardiac monitoring and continuous O2 sat monitoring x 24hrs, then per 10 South routine
☐ WEIGH PATIENT DAILY AT 0600 weigh patient daily at 0600
☐ STRICT HANDWASHING strict handwashing
☐ ACTIVITY: Up OOB to chair night of surgery; OOB at least twice daily POD #1
☐ sequential compression device per protocol until patient is ambulatory per protocol until patient is ambulatory
☐ JACKSON PRATT DRAIN to bulb suction. Empty and record q8h and PRN
☐ CARDIAC MONITORING
☐ VOLUMEX INCENTIVE SPIROMETER Q2H W/A
☐ NURSING: if patient has a triple lumen catheter or vascath, discontinue peripheral IV
☐ NURSING: order digital bp cuff (27016) for patient use
☐ TEACH PATIENT HOW TO MEASURE TEMP, BP, I&OS; TEACH S/SX OF REJECTION teach patient how to measure temperature, BP, I&Os; teach s/sx of rejection
☐ TEACH PATIENT HOW TO FILL OUT MEDICATION SHEET, GRAPHIC SHEET AND TRANSPLANT NOTEBOOK order self-medications when appropriate for teaching; teach patient how to fill out medication sheet, graphic sheet and transplant notebook
☐ PT/FAM TEACHING BY NSG If diabetic, teach how to monitor and record blood sugars
☐ NUTRITION CONSULT DAILY UNTIL D/C
☐ NURSING: obtain magnesium bid level POD #2 and IF magnesium less than 1.8 notify physician to order magnesium oxide 400 BID to continue until discharge
☐ NURSING: obtain phosphorus inor level POD #2; IF less than 2.5 notify physician to order k-phos neutral (Phos 250mg, K+45mg [1.1 meq] Na+ 298mg [13 meq]per tab) 250mg po q8h

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☐ FOLEY-REMOVE BY PROVIDER ORDER to bedside drainage

Lab

☐ 11. Lytes, Cr, BUN, Glu w/Calcium q6h x3 postop; draw the first set on arrival to PACU q6hx18 hours (x3 postop; draw first set on arrival to the PACU)
☐ pcv q6h x3 postop q6hx3
☐ cbc / plt ct qam 05 begin POD1 qam 05until d/c (begin POD #1)
☐ Lytes, Cr, BUN, Glu w/Calcium qam 05 x 4d qam 05x4 days (start on pod 1)
☐ phosphorus inor bld in am 05 POD#2 x1 (with am labs on POD #2)
☐ bilirubin total bld in am 05 POD#2 x1 (draw with am labs on POD #2)
☐ SGOT bld in am 05 POD#2 x1 (draw with am labs on POD #2)
☐ magensium bld in am 05 POD#2 x1 (draw with am labs on pod #2)

☐ 12. FK-506 (tacrolimus) qam 5 begin POD#2 qam 05until d/c

Diagnostic

☐ 13. portable CXR to check CVP line placement, to be done in PACU x1 stat (tV58.49 central line placemento check CVP placement, to be done in PACU)

IV Fluids:

☐ 14. D5 1/2 NS: 50 ml/hr iv
☐ 1/2 NS: as dir ml/hr iv (If uop less than 750ml per hour; then replace UOP ml for ml with 1/2ns)
☐ NS: SODIUM CHLORIDE 0.9% as dir ml/hr iv (if uop is greater than 750 in one hour, replace ml for ml - 100ml with ns and discontinue 1/2 ns replacement)

Antibiotics

☐ 15. ancef 1 gm IV q8h postop X 1 dose 1000 mg iv q8hx1 doses postop (If PCN-allergic, discontinue & notify MD)

If allergic to PCN:

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☐ 16. CLINDAMYCIN INJ: CLEOCIN 900 mg iv q8hx1 doses

Antibacterial Agents:

☐ 17. tmp-smx: bactrim ss 1 tab po daily; first dose POD 1 at 10am 1 tab po daily
=+1d@10h (first dose at 10am on POD #1)

If allergic to sulfa:

☐ 18. dapsone (dds): avlosulfon 100 mg po daily; 1st dose POD 1 at 10am 100 mg po daily
=+1d@10h (give first dose at 10am POD #1)

Pain

☐ 19. HYDRROMORPHONE INJ: DILAUDID 0.5 mg iv q4h prnx3 days
☐ 20. PERCOCET 5MG/325MG TABLET 1 tab po q4h prnx3 days (administer 2nd tablet w/in
first hour if pain score remains greater than 4. max tylenol dose = 4 gm/24h from all sources)
☐ 21. acetaminophen: Tylenol (oral and suppository) 325 mg po q4h prn

Other

☐ 22. HEPARIN SUBCUTANEOUS INJECTION 5000 un subcut q12h
☐ 23. famotidine: pepcid 20mg po daily at 10am, start POD 1 20 mg po q24h =+1d
☐ DOCUSATE SODIUM: COLACE 100 mg po tid cc ___

If donor or recipient CMV +:

☐ 24. valganciclovir: valcyte 450 mg po 10am begin POD#3; adjust per creatinine
   clearance 450 mg po qam cc =+3d@10h (begin POD #3; adjust per creatinine clearance as
   needed; give with food)

If history of TB or positive PPD

☐ 25. ISONIAZID 300 mg po qday 10
☐ PYRIDOXINE (VITAMIN B-6): 50 mg po qday 10

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☐ 26. Induction / Maintenance Immunosuppression orders (Kidney Transplant)

   Campath (Alemtuzumab) Induction orders (Kidney Transplant)

   ☐ 1. NURSING: Campath is given during surgery as a one time dose for induction therapy

   Medications

   ☐ 2. METHYLPREDNISOLONE INJ: 250 mg iv x1 =+1d (give at 10am on POD 1)
   ☐ METHYLPREDNISOLONE INJ: 125 mg iv x1 =+2d (give at 10am on POD 2)

   ☐ 3. MYCOPHENOLATE MOFETIL: CELLCEPT 1000 mg po q12h ____ (give at 1000 and 2200, hold if WBC less than 4000)
   ☐ MYCOPHENOLATE MONITORING (Hold Mycophenolate if WBC less than 4,000; Date............../WBC Value.........../)

   ☐ If patient requires Prednisone (check with Attending before ordering)

   ☐ 4. prednison 20mg po qday 10 to begin 3 days from time of order entry; dispense 5mg tabs for dose titration 20 mg po qday 10 =+3d (dispense 5mg tablets for dose titration)

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