




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL <b>KUMED</b> 3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <b>DT0017</b>	<p>PATIENT LABEL</p>
<b>PHYSICIAN'S ORDER FORM</b>		

DATE & TIME	#	ORDERS
		<b>POST CARDIAC TRANSPLANT ADMISSION ORDERS</b>
		<b>Reference:</b> Eisen, H. & Ross, H. Optimizing the immunosuppressive regimen in heart transplantation. J Heart Lung Transplant. 2004 May; 23:S207-13.
	1.	<b>Attending Name:</b> _____ <b>Weight in kg:</b> _____ <b>Resident Name:</b> _____ <b>Pager:</b> _____ <b>Pager:</b> _____
	2.	<b>Admit to Unit</b> _____ <b>Admit to Cardiology Service</b> <input type="checkbox"/> MAC Service <input type="checkbox"/> MAC Intervention Service
	3.	<b>Admitting Diagnosis:</b> _____
	4.	<b>Allergies:</b> <input type="checkbox"/> NKDA <input type="checkbox"/> _____
	5.	<b>Activity:</b> Up as tolerated-may shower
	6.	<b>Diet:</b> <input type="checkbox"/> Low cholesterol, low fat, no added salt diet <input type="checkbox"/> Regular diet <input type="checkbox"/> ADA <input type="checkbox"/> Other(specify) _____
	7.	<b>Vital signs:</b> <input type="checkbox"/> Routine vital signs <input type="checkbox"/> Other (specify) _____
	8.	<b>Telemetry:</b> May place monitor on stand-by for bathing, tests, & procedures
	9.	<b>Nursing:</b> <ul style="list-style-type: none"> <li>• Admission weight and daily A.M. weight</li> <li>• Please send all old medical records to floor.</li> <li>• Good hand washing upon entering patient's room</li> </ul>
	10.	Notify Cardiac Social Worker of admission (8-2160)
	11.	<b>Lab:</b> <input type="checkbox"/> Cyclosporine trough / FK506 level (circle) in A.M. <input type="checkbox"/> Cyclosporine 2 hour peak level in A.M. <input type="checkbox"/> Comprehensive Metabolic Panel <input type="checkbox"/> CBC w/ Diff <input type="checkbox"/> Magnesium <input type="checkbox"/> UA <input type="checkbox"/> Urine Culture <input type="checkbox"/> Blood Cultures x3 30 minutes apart <input type="checkbox"/> Sputum Culture, if possible <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____

**POST CARDIAC TRANSPLANT ADMISSION ORDERS**



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	12.	FSBS: <input type="checkbox"/> NA <input type="checkbox"/> AC & HS <input type="checkbox"/> BID
	13.	<input type="checkbox"/> Radiology: Chest X-ray, on admission
	14.	<input type="checkbox"/> EKG: On admission
		<b>Medications:</b>
	15.	<p><b>Calcineurin inhibitors: <u>ONLY one</u></b> _____ mg BID</p> <p><input type="checkbox"/> PO: Cyclosporine Sandimmune®</p> <p><input type="checkbox"/> PO: Cyclosporine Neoral®</p> <p><input type="checkbox"/> PO: Cyclosporine Gengraf®</p> <p><input type="checkbox"/> PO: FK506 or Tacrolimus (Prograf®)</p> <p><input type="checkbox"/> IV: Mix _____ mg Cyclosporine (1/3 total daily dose) in 250 mL D5W and run at 10 mL /hour</p> <p><input type="checkbox"/> IV: Mix _____ mg FK506 (1/3 total daily dose) in 250 mL D5W and run at 10 mL / hour</p>
	16.	<p><b>Antimetabolite: <u>ONLY one</u></b> <input type="checkbox"/> NA</p> <p><input type="checkbox"/> PO: Azathioprine (Imuran®) _____ mg daily</p> <p><input type="checkbox"/> PO: Mycophenolate mofetil (CellCept®) _____ mg BID</p> <p><input type="checkbox"/> IV: Azathioprine (Imuran®) _____ mg daily (same dose as PO)</p> <p><input type="checkbox"/> IV: Mycophenolate mofetil (CellCept®) _____ mg Bid (same dose as PO)</p>
	17.	<p><b>Steroid: <u>ONLY one</u></b> <input type="checkbox"/> NA</p> <p>Prednisone</p> <p><input type="checkbox"/> PO: daily _____ mg</p> <p><input type="checkbox"/> PO: BID _____ mg</p> <p><input type="checkbox"/> PO: _____ mg A.M. _____ mg P.M.</p> <p><input type="checkbox"/> IV: Methylprednisolone (Solu-Medrol®) 1 Gm x 3 days (for acute rejection)</p> <p><input type="checkbox"/> IV: Hydrocortisone (Solu-Cortef®) 100 mg every 8 hours (Stress dosing)</p> <p><input type="checkbox"/> IV: Other _____ mg</p>
	18.	<p><b>Aspirin <u>ONLY one</u></b> <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Enteric coated aspirin 81 mg po daily</p> <p><input type="checkbox"/> Enteric coated aspirin 325 mg po daily</p> <p><input type="checkbox"/> Soluble aspirin 325 mg po daily</p>
	19.	<p><b>Pneumocystis Prophylaxis: <u>ONLY one</u></b> <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Trimethoprim-Sulfamethoxazole SS (Bactrim SS®) 1 tablet PO daily</p> <p><input type="checkbox"/> Trimethoprim-Sulfamethoxazole DS (Bactrim DS®) 1 tablet PO daily</p>
	20.	<p><b>Platelet Inhibitor</b></p> <p><input type="checkbox"/> Clopidogrel bisulfate (Plavix ®) 75 mg po daily</p>
	21.	<p><input type="checkbox"/> Calcium 500 mg po BID or</p> <p><input type="checkbox"/> Calcium w/ Vitamin D 500 mg po BID or</p> <p><input type="checkbox"/> _____</p>
	22.	<input type="checkbox"/> Vitamin D 50,000 Units Mon. & Thurs. only po
	23.	<input type="checkbox"/> Multivitamin 1 tablet po daily

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		<b>Medications continue:</b>
	24.	<b>Osteoporosis: <u>ONLY one</u></b> <input type="checkbox"/> NA <input type="checkbox"/> Alendronate Na (Fosamax®) 70 mg po Weekly <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg
	25.	<b>Statins: <u>ONLY one</u></b> <input type="checkbox"/> NA <input type="checkbox"/> Pravastatin (Pravachol®) po _____ mg HS <input type="checkbox"/> Atorvastatin (Lipitor®) po _____ mg HS <input type="checkbox"/> Gemfibrozil (Lopid®) po _____ mg BID <input type="checkbox"/> Simvastatin (Zocor®) po _____ mg HS <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg HS
	26.	<input type="checkbox"/> Ezetimibe (Zetia®) po _____ mg daily
	27.	<input type="checkbox"/> Fish Oil 1000 mg _____ capsules po <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> TID
	28.	<input type="checkbox"/> Magnesium Oxide 400 mg po <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> TID
	29.	<b>Calcium Channel Blockers:</b> <input type="checkbox"/> NA <input type="checkbox"/> Verapamil (Calan®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Diltiazem (Cardizem CD®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Amlodipine (Norvasc®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID
	30.	<b>Beta Blocker:</b> <input type="checkbox"/> NA <input type="checkbox"/> Carvedilol (Coreg®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Metoprolol tartrate (Lopressor®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Atenolol (Tenormin®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> Metoprolol succinate (Toprol XL®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID
	31.	<b>ACE Inhibitors:</b> <input type="checkbox"/> NA <input type="checkbox"/> Ramipril (Altace®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Captopril (Capoten®) po _____ mg <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> Fosinopril (Monopril®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> Lisinopril (Prinivil® or Zestril®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> Enalapril (Vasotec®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID

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		<b>Medications continued:</b>
	32.	<b>ARBS:</b> <input type="checkbox"/> NA <input type="checkbox"/> Losartan (Cozaar®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> Valsartan (Diovan®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID
	33.	<b>ARB Combos:</b> <input type="checkbox"/> NA <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID
	34.	<b>Alpha Agonists:</b> <input type="checkbox"/> NA <input type="checkbox"/> Clonidine (Catapres®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Clonidine Patch (Catapres-TTS®) _____ mg Weekly <input type="checkbox"/> Guanfacine HCL (Tenex®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID
	35.	<b>Alpha Blockers:</b> <input type="checkbox"/> NA <input type="checkbox"/> Dopxazosin mesylate (Cardura®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> Terazosin HCL (Hytrin®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> Prazosin HCL (Minipress®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID
	36.	<input type="checkbox"/> Potassium Chloride (Micro K® or Kay Ciel®) po _____ mEq <input type="checkbox"/> daily <input type="checkbox"/> BID
	37.	<b>Diuretics:</b> <input type="checkbox"/> NA <input type="checkbox"/> Chlorthalidone (Hygroton®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> Spironolactone (Aldactone®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Hydrochlorothiazide or HCTZ (Hydrodiuril®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Furosemide (Lasix®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> Metolazone (Zaroxolyn®) po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> _____ <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID
	38.	<b>Testosterone Replacement: <i>ONLY one</i></b> <input type="checkbox"/> NA <input type="checkbox"/> Testosterone Transdermal Patch 5 mg to skin daily <input type="checkbox"/> The above medication has been substituted for _____ mg to abdomen or shoulders <input type="checkbox"/> daily <input type="checkbox"/> BID
	39.	<b>Proton Pump Inhibitors: <i>ONLY one</i></b> <input type="checkbox"/> NA <input type="checkbox"/> Lansoprazole (Prevacid®) <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg po <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> The above medication has been substituted for: _____ po _____ mg <input type="checkbox"/> daily <input type="checkbox"/> BID

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	40.	<b>Gout:</b> <input type="checkbox"/> NA <input type="checkbox"/> Allopurinol (Zyloprim®) <input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg po <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> Probenecid (Benemid®) <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg po <input type="checkbox"/> BID <input type="checkbox"/> QID <input type="checkbox"/> Colchicine 0.6 mg po <input type="checkbox"/> daily <input type="checkbox"/> BID
	41.	<b>Other Meds:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	42.	<b>PRN medications:</b> <input type="checkbox"/> Acetaminophen (Tylenol®) 650 mg every 4 hr po PRN pain or discomfort <input type="checkbox"/> Docusate (Colace®) 100 mg po daily PRN constipation (1 <sup>st</sup> choice for constipation) <input type="checkbox"/> Magnesium Hydroxide (Milk of Magnesia®) 10 mL (concentrated) po PRN indigestion or constipation <input type="checkbox"/> Temazepam (Restoril®) 15 mg HS po PRN insomnia may repeat x1 after 2 hours <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	43	<b>Sleep Disorder:</b> <input type="checkbox"/> NA <input type="checkbox"/> CPAP _____ cm H2O pressure @ HS <input type="checkbox"/> BiPAP @ HS <input type="checkbox"/> May use home machine <input type="checkbox"/> Other: _____
	44.	<input type="checkbox"/> Consult _____ re: <input type="checkbox"/> Consult _____ re: <input type="checkbox"/> Consult _____ re: <input type="checkbox"/> Consult _____ re:

Physician Signature: \_\_\_\_\_ Pager: \_\_\_\_\_

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