



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED</p> <p style="text-align: center;">3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
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DATE & TIME	#	ORDERS
		POST OPERATIVE CADAVERIC AND LIVING RENAL TRANSPLANT TRANSFER ORDERS FOR NEPHROLOGY
	1.	Transfer to: Renal Transplant Service:
	2.	Renal Resident: _____ Pager: _____ Renal Attending _____ Pager: _____ Transplant Surgeon: _____
	3.	Diagnosis: s/p renal transplant Condition: _____
	4.	Condition:
	5.	Allergies:
	6.	Diet:
	7.	Transplant precautions: <ul style="list-style-type: none"> • Private "clean" room. • Limited access and strict hand washing. • No live plants or cut flowers in room. • Screen visitors for infections and instruct on hand washing. • Place caution sign on room door. • No showers or tub baths. • Do not use dialysis access limb for BP or blood drawing.
	8.	Activity: Ambulate in halls ASAP. Patient to wash hands after each ambulation.
	9.	Nursing: <ul style="list-style-type: none"> • Vital signs every four hours except 0100 hours. Call physician if BP > 170/100 or < 110/60, Temperature >38.2° C, RR > 30, HR > 120 or < 60. • FSBS: • Weigh every morning before breakfast—use same scales daily. • Heme test stools x 2 and prn. Report diarrhea or constipation to physician • Strict intake and output every 8 hours. Notify physician if urine < ____ mL/shift or < ____ mL/hr. • Routine central line care, wound care, dialysis access site, and <u>foley cath</u> care. • SECURE foley tubing to patient. • Peripheral IV sites are to be changed every 72 - 96 hours and any time inflammation develops. Discontinue all peripheral lines ASAP. Ask physician to discontinue maintenance IV when oral intake is adequate.
		Laboratory:
	10.	Daily CBC with differential, Basic Metabolic Panel, and <input type="checkbox"/> Cyclosporine 2 hour Peak <u>or</u> <input type="checkbox"/> Tacrolimus Trough at 10-12 hr post-dose. Specimens must reach Lab before 10 am Daily.
	11.	Every Monday and Thursday: Comprehensive Metabolic Panel, GGTP, Magnesium, Cholesterol, Phosphorous, and Uric Acid.
	12.	Urine culture and sensitivity on day 3 and 7 post-operatively.
	13.	<input type="checkbox"/> Add daily Absolute Lymphocyte Count to labs IF on anti-thymocyte globulin (Thymoglobulin). Keep counts < 100. <input type="checkbox"/> Add CD-3 counts q M-W-F IF on OKT3. Call KU Flow Cyto Labs @ 1772 and notify them patient is on muromonab (OKT-3). Keep CD-3 counts < 10.
	14.	Diagnostics: <input type="checkbox"/> Upright AP & Lateral chest x-ray in a.m. (if indicated)
	15.	IV fluid:

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DATE & TIME	#	ORDERS
POST OPERATIVE CADAVERIC AND LIVING RENAL TRANSPLANT TRANSFER ORDERS FOR NEPHROLOGY		
		Medications:
	16.	Methylprednisolone (Solu-Medrol) 120 mg IV, in AM of POD # 1 (date) _____ Methylprednisolone (Solu-Medrol) 80 mg IV in AM of POD # 2 (date) _____ Methylprednisolone (Solu-Medrol) 40 mg IV in AM of POD # 3 (date) _____ Prednisone 30 mg po in AM of POD # 4 (date) _____ Prednisone 20 mg po in AM POD # 5 and Daily _____ (will taper slowly) Send home with 5 mg size tablets only** If patient is receiving anti-thymocyte globulin (Thymoglobulin) or muromonab (OKT3), etc., DO NOT DOUBLE DOSE daily STEROIDS - (i.e., Hold this order and give the Pre med dose per protocol prior to giving the anti-thymocyte globulin)
	17.	<input type="checkbox"/> Mycophenolate Mofetil (CellCept) 750mg po bid (when on Cyclosporine), or <input type="checkbox"/> Mycophenolate Mofetil 500 mg po bid (when on Tacrolimus), or <input type="checkbox"/> Other:
	18.	<input type="checkbox"/> Cyclosporine (Neoral) _____ mg po bid, or <input type="checkbox"/> Tacrolimus (Prograf) _____ mg po bid (Do not start either until kidney functioning—creatinine < 4.5.) <input type="checkbox"/> Other:
	19.	<input type="checkbox"/> Basiliximab (Simulect) 20mg IV diluted in 50mL NS or D5W, infuse over 20 - 30 minutes on post-operative day 4. (date) _____ <input type="checkbox"/> Hold basiliximab if patient is receiving, such as anti-thymocyte globulin (Thymoglobulin), muromonab (OKT3), or other IV antibody
	20.	<input type="checkbox"/> Acyclovir (Zovirax) 400 mg p.o. bid. If donor is CMV + and recipient is negative use <input type="checkbox"/> Valganciclovir (Valcyte) 450 mg po once daily instead of Acyclovir. Do NOT give until kidney functioning.
	21.	Dissolve clotrimazole (Mycelex) troche 10mg in mouth bid
	22.	Antihypertensive (s):
	23.	Famotidine (Pepcid) 20 mg po <input type="checkbox"/> bid or <input type="checkbox"/> q day (q day dosing for creatinine clearance less than 50 mL/day)
	24.	Antibiotic (s): <input type="checkbox"/> Cephalexin 500 mg po bid, or <input type="checkbox"/> Levofloxacin 250 mg po once daily, or <input type="checkbox"/> Other: See Anti-Infective Order Form
	25.	Senna and docusate sodium (Senakot-S) 2 tabs po bid. (Hold for loose stools)
	26.	Pain med(s):
	27.	Other:
	28.	Notify Outpatient Pharmacist at 588-2371 of patient's arrival for teaching and dismissal planning.

Physician Signature: _____ Pager: _____

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