LIVER DONOR PATIENT PATHWAY

Pre-Op/Per-Op

- Pre-Op: Transfer to ICU from Outpatient Evaluation Center or inpatient floor 1-2 days prior to surgery. Consultation and Education.
- Per-Op: Transfer to ICU immediately before surgery. Monitor, oxygen, IV fluids.

Intra-Op

- Cysticectomy, Total Liver, Liver Segment, Liver Biopsy

Post-Op

- Post-Op: Post-Op Care

Medications

- Erythromycin 500mg po @ 4p, 5p, & 10p
- Phosphorus supplement per POE
- magnesium, phosphate, PT/INR,
- AST/ALT,
- IVF per POE
- NAT - daily
- Piperacillin
- Aztreonam: 2000mg IV q4H
- Metronidazole: 500mg IV q12H
- Vancomycin IV x 1: 1gm (wt ≤ 90kg)
- 1.5gm (wt > 90kg)
- Tazobactam 4.5g IV infused within 30 min of incision
- IF serious beta
- IF donor colonized w/ MRSA, add:
- Hydromorphone PCA per
- TCDB q 2 hours
-指尖fuse glucose QID
- Finger stick glucose QID
- EMTS
- Hydromorphone PCA per
- Ambulate QID with assistance until
- SCD BLE
- BIDMC VAD guideline for insertion and care
- Lines/drains/tubes in place:
- JP drain(s) to bulb suction: strip Q2H & prn; empty & record Q4H; ONLY remove
- JP(s)
- NG
- Incentive spirometer
- Suctioning
- Nasogastric tube placement
- Prevent aspiration
- Cardiac monitor, O2 monitor
- Routine VS and
- Labs: CBC, metabolic profile, total and direct bilirubin,
- Calcium, magnesium,
- Dupplex U/S stat before 10AM (Or per Dr Fisher)
- Multiorgan failure
- Feed
- Nutrition: increased protein; avoid
- EtOH
- Formulas
- Bentyl 8mg IV q4H prn (notify MD if administering)
- Ondansetron 4mg IV q8H prn (notify MD if administering)
- Keflex 500mg PO q6hr (or per Dr Fisher)
- Famotidine 20mg IV q12H
- Famotidine 20mg po BID (x 6 mos)
- D51/2NS + 20mEq KCl/1000mL @
- New Lines in place:
- Successful donor
- Piperacillin
- Ketamine 20mg x 1 IV given in the OR
- Aztreonam: 2000mg IV q4H
- Metronidazole: 500mg IV q12H
- Vancomycin IV x 1: 1gm (wt ≤ 90kg)
- -lines/drains/tubes
- -op cholangiogram
- out to confirm patient &
- ultrasound
- Anesthesia
- -lines/drains/tubes
- -op cholangiogram
- out to confirm patient &
- ultrasound
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PATIENT

NAME:

DATE:

AMBULATORY PATIENT PATHWAY

Pre-Op/Ambulatory

- Pre-Op: Pre-Op Consultation and Education.

Intra-Op

- Cysticectomy, Total Liver, Liver Segment, Liver Biopsy

Post-Op

- Post-Op: Post-Op Care

Medications

- Erythromycin 500mg po @ 4p, 5p, & 10p
- Phosphorus supplement per POE
- magnesium, phosphate, PT/INR,
- AST/ALT,
- IVF per POE
- NAT - daily
- Piperacillin
- Aztreonam: 2000mg IV q4H
- Metronidazole: 500mg IV q12H
- Vancomycin IV x 1: 1gm (wt ≤ 90kg)
- 1.5gm (wt > 90kg)
- Tazobactam 4.5g IV infused within 30 min of incision
- IF serious beta
- IF donor colonized w/ MRSA, add:
- Hydromorphone PCA per
- TCDB q 2 hours
-指尖fuse glucose QID
- Finger stick glucose QID
- EMTS
- Hydromorphone PCA per
- Ambulate QID with assistance until
- SCD BLE
- BIDMC VAD guideline for insertion and care
- Lines/drains/tubes in place:
- JP drain(s) to bulb suction: strip Q2H & prn; empty & record Q4H; ONLY remove
- JP(s)
- NG
- Incentive spirometer
- Suctioning
- Nasogastric tube placement
- Prevent aspiration
- Cardiac monitor, O2 monitor
- Routine VS and
- Labs: CBC, metabolic profile, total and direct bilirubin,
- Calcium, magnesium,
- Dupplex U/S stat before 10AM (Or per Dr Fisher)
- Multiorgan failure
- Feed
- Nutrition: increased protein; avoid
- EtOH
- Formulas
- Bentyl 8mg IV q4H prn (notify MD if administering)
- Ondansetron 4mg IV q8H prn (notify MD if administering)
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- out to confirm patient &
- ultrasound
- Anesthesia

PATIENT

NAME:

DATE:

Ambulatory patient pathway