Rhoads 5 SICU Post-op Liver Transplant

On Arrival to Rhoads 5 Most patients will be extubated	☐ **Release Transplant orders in PennChart** ☐ Obtain initial BP, HR, RR, Temp, SaO2, Urine Output, RASS, and Pain Score ☐ Vital signs every 15 min X 4, Q30 min X2, then Q1 hr. GOAL MAP >60 ☐ Labs: CBC, Panel 5, Mg, Glu, Liver panel, LDH, PT/PTT, Ionized Ca, ABG ☐ EKG ☐ Chest X-ray
PA catheter Expect high CO, Low SVR	☐ Evaluate and document a PAP, PA Mean, CVP, CO/CI, SVO2 every hour (Ask APP/MD if PWCP desired)
Vasopressors	☐ Epinephrine is first line drug of choice
Lab frequency	☐ CBC and glucose every 4 hours ☐ Liver Panel/LDH/INR 12-16 hours after admission to Rhoads 5 ☐ Daily AM Labs include CBC, Panel 5, PT/PTT/INR, Liver Panel, LDH ☐ Maintain ACTIVE type and screen
Tacrolimus (TAC) drug levels TAC is given daily at 0600/1800 Transplant team orders TAC and all immunosuppresive drugs. TAC level must be drawn at 0500 for transplant to order the next 1800 dose and the following 0600 am dose. IMP: Do not give 0600 am dose of TAC until you have confirmed 0500 lab level has been sent and received by the lab.	☐ Must check TAC level at 5 am DAILY (use purple top tube) ☐ Refer to order for the exact mode of administration (ie) SL, PO, NGT. Most patients are ordered SL doses. ☐ If given via NGT, the TAC must be prepared in an elixir form by pharmacy- do not open capsule and give via NGT.
Steroids	☐ Check if 500 mg bolus given in the OR, if not give post-op on R5 ☐ 200 mg daily dose on POD 1
AZA/MMF (Azathioprine/Mycophenolate mofetil) Immunosuppressive medication	☐ Used in patients with renal insufficiency and can be given on arrival to R5
Antibiotics	☐ Unasyn ☐ Nystatin

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All patients receive antibacterial, antiviral, and fungal prophylaxis	☐ Bactrim ☐ Acyclovir **unless CMV positive** ☐ Gancyclovir **if patient and donor is CMV positive, then the Acyclovir is replaced with Gancyclovir**
Glucose Goal 150-180	☐ Check Glu every 4 hours ☐ SSI every 4 hours ☐ Insulin infusion as needed (discuss removal of any dextrose from IV fluids prior to starting insulin gtt)
Fever Temp of 100.5 is considered a fever in this immunocompromised patient population	☐ Notify team of any temp >100.5 ☐ If febrile, obtain blood cultures ☐ If febrile obtain UA and UC
Pulmonary Toileting	☐ Incentive spirometer. Cough and Deep Breath every 2 hours
Abdominal Surgical Wounds	☐ Dressing removed by the transplant team on POD #1. May change using sterile technique as needed, inform team of any excessive bleeding.
Activity	☐ OOB to chair on POD 1
Weights	☐ Daily
NGT	☐ Low wall suction ☐ Typically removed on POD 1 unless significant adhesions requiring extensive dissection.
JP drains #1- lateral to the right lobe of the liver by the diaphragm #2- near the common bile duct anastomosis. Watch closely for bile leaks. Sutured in place #3- beneath the left lobe of the liver	☐ Label 1 to 3 starting with JP #1 most laterally to the right. ☐ Strip to maintain patency ☐ For sanguinous output, empty as frequently as possible. ☐ Notify the team if continual accumulation of blood, or if bile detected. ☐ JP #1 and JP #3 are removed on POD 1 or 2. ☐ If after 24 hours, and a patient has a large amount of ascites draining from the JP, the team may order to empty only every 8 hours.
Urine Output (UO) GOAL at least 30cc per hour	☐ Anticipate albumin/Lasix if UO low ☐ PRBC's may be ordered if UO low ☐ D51/2 NS at 100cc per hour

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	☐ Urinary catheter removed on POD 1
Neurological	☐ High risk for ICU delirium or residual hepatic encephalopathy ☐ No benzodiazepines unless approved by the primary team ☐ Dilaudid PCA post-op
Transfer to Rhoads 4	☐ APP/MD order to remove PA catheter ☐ APP/MD order to remove Introducer ☐ 2 peripheral IV's or triple lumen catheter in place

**Liver transplant patients are managed by the Transplant Team with the Surgical Critical Care (SCC) team as partners in their management. All concerns and urgent issues should be directed toward the SCC team for management and orders. The SCC team will communicate directly with the transplant fellow, transplant advanced practice provider, or attending.