

Post-Liver Transplant Pathway

	POD # 0~1	POD # 1~3	POD # 3~5	D/C Day
	SICU	Floor (Rhoads 4)		Home VS Rehab
Monitor	Hemodynamic: SBP > 90, CVP 5-8, JP output (blood, bile), urine output, daily weight	JP output (bile leak), wound, LFTs, WBC, Hb, Cre		
Labs	CBC Q4H, INR, LDH, LFTs, BMP Daily	LFTs, CBC, BMP, Tac level (or cyclosporine, rapamune level)		
Fluid	Fixed rate D5W/0.45 NS PRBC/5% albumin if needed	Stop IVF		
Pain	Dilaudid PCA		Oral pain Medications (oxycodone or dilaudid)	
Diet	NPO, NG decompression for 24 hours (new Roux-en-Y and extensive dissection requires longer NG tube decompression)	Clear (Carb controlled)	Carb-controlled regular diet as tolerated	
Immuno-suppression	OR: Solumedrol 500mg Tacrolimus (dose is adjusted daily in the afternoon based on level) and Solumedrol taper (Imuran or Cellcept if known AKI or autoimmune disease)			
Prophylaxis	Unasyn 1.5g Q6H x 24H	Ganciclovir (Acyclovir), Bactrim SS, Famotidine (Zantac, prevacid), Colace, Nystatin SC Heparin if platelet > 50K and not bleeding		
Medications	* Resume B-Blocker	**Insulin/ASA	Resume pertinent home meds if indicated: BP meds, ASA, Psych meds, etc...	All txp meds delivered to patients by D/C
Consult	Transplant nephrology if severe or known AKI	DM consult if baseline type1/2 DM or BG > 150x2 or		
Wound/Drain	JP x 3 , NG, Foley	Remove JP #1 and #3 if no bleeding or bile leak, Remove OR dressing, Foley	Remove OR dressing	Remove JP#2 if no bile
Education	Nursing teaching: Glucometer, txp meds, JP care if indicated		Txp coordinator med teaching	
Activity	IS, Out of bed	PT/OT		
DC planning	Home care, Output dialysis, Follow-up appointments and plans, Social worker for placement (Rehab, SNF)			

*If on B-blocker at home and not hypotensive ** Insulin drip if BG > 400 or type 1 DM; ASA and heparin drip per Surgeon