Transplant Institute

Beth Israel Deaconess Medical Center — A teaching hospital of Harvard Medical School

LIVER TRANSPLANT RECIPIENT INPATIENT CLINICAL PATHWAY

Patient Name:_____

Patient MRN:_____

Admit Date:_____ DC Date:_____

	POD#_ Farr 10 Date:	POD#_ Farr 10 Date:	POD#_ Farr 10 Date:	POD#_ Farr 10 Date:	POD#_ Farr 10 Date:	POD#_ Farr 10 Date:	POD#_ Farr 10 Date:	POD#_ Farr 10 Date:	Discharge Criteria
NOTES	• Consider changing meds to PO • Review preop meds								
TESTS	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day: CBC, Chem 7, LFTs, alb, Ca, Ph, Mg, Coags • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough) • If on insulin drip, check q1h per protocol • Review all luminex anti-HLA antibody results	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough)	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough)	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough) • **Weekly rectal swab for VRE**	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough) • **AFP drawn if patient has HCC(do not repeat)** • T-tube cholangiogram-remember Amp/sulbactam (repeat as necessary)	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough)	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough)	• Weight daily • Strict I & O • Finger stick glucose (target <120) • Labs q day • HBV-Quant HBsAb titer (if on HBIg) • Tacrolimus level q 0730 (12 hour trough)	• Stable or improving labs • VS measured and recorded within 1h of discharge. Call attending if any new: ○ HR <40 or >130 ○ Systolic BP<90 ○ Temp of >100.5 ○ Marked Nursing Concern
CARDIOVASCULAR	• Heparin 5,000 units SC q12h • Compression boots if not walking	• Same as prior day	• Same as prior day	• Same as prior day	• Same as prior day	• Same as prior day	• Same as prior day	• Same as prior day	
RESPIRATORY	• **Wean O2 for sats >92%** • Incentive spirometer X10 q1h when awake • Cough pillow while awake	• Same as prior day	• Same as prior day	• Same as prior day • **Room air**	• Same as prior day	• Same as prior day	• Same as prior day	• Same as prior day	• VS measured and recorded within 1h of discharge. Call attending if any new: ○ SaO2<90% and/or RR <8 or >30
IV FLUIDS/RENAL	• **IVF D5 ½ NS @rate determined by volume status ½ NS if diabetic or poor glycemic control** • TPN or TF if not tolerating PO • Salt poor albumin(25%) to keep albumin >2.0	• Same as prior day • Consider saline lock IV if volume status warrants	• Same as prior day • **If elevated potassium or fluid overload Furosemide 20-40 mg BID to achieve baseline dry weight and no peripheral edema** • **Consider change to PO Furosemide if on IV**	• Same as prior day	• Same as prior day	• Same as prior day	• Same as prior day	• Same as prior day	• VS measured and recorded within 1h of discharge. Call attending if any new: ○ Urine output <50cc in 4h
DRAINS, LINES & WOUND CARE	Lines/drains in place: □ Periph IV □ TLC □ Foley □ Roux tube □ T-tube **MANAGEMENT of remaining drains, lines and wound care as previous day** • **Dressing change AND replace** **DC:** • **Lateral JP when <200cc serous fluid/day - leave in if bloody or bilious** • **Medial JP when <200cc serous fluid/day and t-tube clamped if present and cholangiogram shows no leak and output is not bloody or bilious** • **Foley if urine output is stable and patient is able to use commode/bed pan/urinal**	Lines/drains in place: □ Periph IV □ TLC-consider DC if PIV □ Roux tube □ T-tube **MANAGEMENT of remaining drains, lines and wound care as previous day** • **Dressing change AND replace** **DC:** • Foley same as previous day • Lateral JP same as previous day • Medial JP same as previous day	Lines/drains in place: □ Periph IV □ TLC-consider DC if PIV □ Roux tube □ T-tube **MANAGEMENT of remaining drains, lines and wound care as previous day** • **Remove dressing in AM and leave open to air-replace if leaking** **DC:** • Lateral JP same as previous day • Medial JP same as previous day	Lines/drains in place: □ Periph IV □ TLC-consider DC if PIV □ Roux tube □ T-tube **MANAGEMENT of remaining drains, lines and wound care as previous day** • Remove dressing in AM and leave open to air-replace if leaking DC: • Lateral JP same as previous day • Medial JP same as previous day	Lines/drains in place: □ Periph IV □ TLC-consider DC if PIV □ Roux tube **MANAGEMENT of remaining drains, lines and wound care as previous day** • If JP output high, leave in place and discuss with attending	Lines/drains in place: □ Periph IV □ TLC-consider DC if PIV □ Roux tube **MANAGEMENT of remaining drains, lines and wound care as previous day**	Lines/drains in place: □ Periph IV □ TLC-consider DC if PIV □ Roux tube **MANAGEMENT of remaining drains, lines and wound care as previous day**	Lines/drains in place: □ Periph IV □ TLC-consider DC if PIV □ Roux tube	• Patient able to care for wound and drains (if appropriate)
GI/ENDOCRINE/ NUTRITION	• Assess glucose control • Pantoprazole 40mg IV daily* • Docusate Sodium 100mg PO BID* • **Advance from clear liquids to regular diet as tolerated if NG out** • **Consider calorie counts if PO intake poor** • **TF or TPN if applicable** • **Joslin consult if diabetic or poor glycemic control**	• *Same as prior day • Assess glucose control • Joslin consult if not done on prior day • **Advance diet to regular as tolerated** • **TF or TPN if applicable**	• *Same as prior day • Assess glucose control • *Regular diet or diet with therapeutic modifications as needed • TF or TPN if applicable • *Nutrition supplements if appropriate • Calorie Counts x 3 days • Pamidronate 0.5mg/kg IV(do not repeat)	• *Same as prior day • Assess glucose control • If no BM, 2 Dulcolax suppositories • Calorie count day #1	• *Same as prior day • Assess glucose control • If no bowel movement MOM 60cc • Calorie count day #2	• *Same as prior day • Assess glucose control • If no BM, Fleets enema • Calorie count day #3	• *Same as prior day • Assess glucose control • 3 day calorie average summary	• *Same as prior day • Assess glucose control	• Adequate PO intake
NEURO/PAIN/ COMFORT	Target Pain Score 1-4 • Same as prior day for pain and comfort If PO: • Oxycodone 5-10mg PO q4-6h (1st choice) **OR** • Hydromorphone 1-2mg PO q4-6h PRN **OR** • Hydrocodone 1 tablet PO q4-6h PRN • Promethazine 12.5-25mg PO q6h PRN AND/OR • Prochlorperazine 5-10mg PO q6-8h PRN	Target Pain Score 1-4 • Oxycodone 5-10mg PO q4-6h (1st choice) OR • Hydromorphone 1-2mg PO q4-6h PRN OR • Hydrocodone 1 tablet PO q4-6h PRN • Promethazine 12.5-25mg PO q6h PRN AND/ OR • Prochlorperazine 5-10mg PO q6-8h PRN	Target Pain Score 1-4 • Same as prior day for pain and comfort	Target Pain Score 1-4 • Same as prior day for pain and comfort	Target Pain Score 1-4 • Same as prior day for pain and comfort	Target Pain Score 1-4 • Same as prior day for pain and comfort	Target Pain Score 1-4 • Same as prior day for pain and comfort	Target Pain Score 1-4 • Same as prior day for pain and comfort	• Pain controlled (1-4) on oral meds
IMMUNOSUPPRESSION	• Mycophenolate Mofetil 1000mg NG/PO BID • Steroid per protocol • Tacrolimus NG/PO q12h (renal adjust) to achieve target trough level 10-12ng/ml	• Same as prior day	• Mycophenolate Mofetil 1000mg NG/P BID • Steroid per protocol • Tacrolimus NG/PO q12h (renal adjust) to achieve target trough level 10-12ng/ml	• Same as prior day	• Same as prior day	• Same as prior day	• Mycophenolate Mofetil 1000mg NG/PO BID • Steroid per protocol • Tacrolimus NG/PO q12h (renal adjust) to achieve target trough level 10-12ng/ml	• Same as prior day	• Immunosuppression level therapeutic or approaching therapeutic • Independent med management
ID	• Valganciclovir 900mg NG/PO daily **adjusted for renal function** • Fluconazole 400mg per NG q day • Sulfameth/Trimethoprim Suspension 10ml NG/PO q day	• Same as prior day	• Valganciclovir 900mg NG/PO daily adjusted for renal function • Fluconazole 400mg per NG q day • Sulfameth/Trimethoprim Suspension 10ml NG/PO q day	• Same as prior day	• Valganciclovir 900mg NG/PO daily adjusted for renal function • Fluconazole 400mg per NG q day • Sulfameth/Trimethoprim Suspension 10ml NG/PO q day • Start Pentamidine 300mg via inhalation once monthly if sulfa allergy • Ampicillin-Sulbactam 3g IV prior to cholangiogram	• Valganciclovir 900mg NG/PO daily adjusted for renal function • Fluconazole 400mg per NG q day • Sulfameth/Trimethoprim Suspension 10ml NG/PO q day	• Same as prior day	• Same as prior day	
PATIENT EDUCATION/ COPING/ MENTAL STATUS/ PSYCHOSOCIAL	• **Transplant Education Folder to patient** • **Farr 10 RN to assess eligibility for enrollment in transplant self medication program**	• **Self-medication and Transplant Care Teaching** • **Diabetic teaching if needed** • **Transplant Coordinator to arrange meeting with patient and family** • **Notify patient of weekly liver transplant support group**	• *Self-medication and Transplant Care Teaching • *Diabetic teaching if needed	• *Same as prior day	• *Same as prior day • Nutrition support education	• *Same as prior day • Review Pathology report with patient and family	• *Same as prior day	• *Same as prior day	
ACTIVITY	• **PT and OT Consult** • ***OOB→chair 4x/day** • ***Walk TID** • ***PT exercise group 3Xs/week**	• PT and OT Consult (if not done) • *Same as prior day • Wash body in bed with set-up supervised except for back, dress with assistance	• *Same as prior day	• *Same as prior day • Wash body edge of bed with set-up supervised except for back, dress with assistance	• *Same as prior day • Independent with all activity	• Same as prior day	• Same as prior day	• Same as prior day	• Ambulatory for home/DC and/or PT clearance
HBV/HCV/HCC	• Check HBsAb blood level • HBIg 5,000 units IV adjust to keep HBsAb>450 units/L • Nucleotide or nucleoside analogue as per Hepatologist	• Same as prior day	• Same as prior day	• See prior day except NO HBIg 5,000 units IV	HBV: • Same as prior day except add HBIg 5mL IM	HBV: • Check HBsAb blood level • Nucleotide or nucleoside analogue as per Hepatologist HCV: • HCV RNA quantitative test (call lab to quantify to endpoint) for baseline level HCC: • Alpha fetoprotein	HBV: • Same as prior day • Check HBsAg, HBV DNA, HBsAb quantitative titer	HBV: • Nucleotide or nucleoside analogue as per Hepatologist	

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