



UCH Liver Transplant Recipient Protocol

These are meant for guidance only. All moves to be run by fellow.

Description	POD 0 (Day of Surgery)	POD 1	POD 2	POD 3	POD 4	POD 5	POD 6
LABS	CBC q1h x 4h, then q2h PT/INR q1h x 4h, then q2h, CMP, Mg, Phs, ABG, Amylase, Ca (In general: Hb > 10, Hct > 30, Plt >30-50, INR < 2) Call fellow before giving any blood product	CBC, CMP, Mg, Phos, Ca INR TAC	CBC, CMP, Mg, Phos, Ca INR TAC	CBC, CMP, Mg, Phos, Ca INR TAC (Type & Screen Expires)	CBC, CMP, Mg, Phos, Ca INR TAC	CBC, CMP, Mg, Phos, Ca INR TAC	CBC, CMP, Mg, Phos, Ca INR TAC
MEDS	NS @ 50 PCA (Prefer dilaudid, Lower dose if live donor) Insulin SS or GTT	PPI PCA (Prefer dilaudid)	PPI	PPI	PPI	PPI	PPI
IMMUNOSUPPRESSION *IF NGT: Cellcept 1000 BID *IF NO NGT: Myfortic 720 BID	Cellcept OR Myfortic @ 21:00 Solumedrol 500 mg IV *Hold tac if patient not making urine or question of graft function (fellow discretion)	Tac 2 BID (6a & 6p) Solumedrol 500 mg IV Cellcept OR Myfortic BID	Tac x BID (6a & 6p) Tac Goal 8-10 Solumedrol 500 mg IV Cellcept OR Myfortic BID	Tac x BID (6a & 6p) Tac Goal 8-10 Cellcept/Myfortic	Tac x BID (6a & 6p) Tac Goal 8-10 Myfortic	Tac x BID (6a & 6p) Tac Goal 8-10 Myfortic <i>Start CMV & PCP Prophylaxis if appropriate</i>	Tac x BID (6a & 6p) Tac Goal 8-10 Myfortic
DIET <i>Duct-Duct</i>	NPO	Clears	Regular	Regular	Regular	Regular	Regular
DIET <i>Roux-En-Y</i>	NPO/NGT	d/c NGT ⇒ CLD	Regular	Regular	Regular	Regular	Regular
DIET <i>Duodenostomy</i>	NPO/NGT	NPO/NGT	NPO/NGT	d/c NGT ⇒ CLD	Regular	Regular	Regular
ACTIVITY		Ambulate	Ambulate	Ambulate	Ambulate	Ambulate	Ambulate
RESIDENT/SICU NOTES	Coordinate Care with Fellow CXR PACU CVP < 10 SBP < 160 Monitor Doppler for waveform <i>Call Fellow if any JP output > 200 ml/hr of blood</i>	Coordinate Care with Fellow Liver Transplant U/S @ 5:00 (If no Doppler) Monitor Doppler for waveform	Coordinate Care with Fellow Monitor Doppler for waveform	Coordinate Care with Fellow Monitor Doppler for waveform	Coordinate Care with Fellow Monitor Doppler for waveform	Coordinate Care with Fellow d/c Doppler Cholangiogram if external biliary stent in place (Cipro 24h prior for ppx)	Coordinate Care with Fellow
RN NOTES	Vitals: Monitor every 15 minutes until stable, then every 30 minutes x 4, then every 1 hour. CVP: Q1h (ICU), Q4h (floor) SCDS	CVP: q8h SCDS	PRN SCDS	PRN SCDS	PRN SCDS	PRN SCDS	PRN SCDS
COORDINATOR/SW/PHARM NOTES			Start Teaching Order Meds Pre-Auth Lodging?				
PATIENT EDUCATION							