

## Healthy Liver Donor Care Plan

Projected Length of Stay: 4-7 days

The Care Plan addresses key steps in patient care from the period through hospital discharge to home. It is expected that some patients may have more complicated clinical courses that may warrant changes in the Care Plan.

### POD#0 (Transfer to SICU)

#### Orders:

##### **“Living Liver Donor Post Op Admission” order set**

- Clears, then advance as tolerated
- Right side elevated with pillow
- Labs on arrival

#### Medications:

- Normasol at 75 ml/hr
- Ondansetron (Zofran) 4mg IV/PO q6 prn
- Heparin 5000 units TID
- Ancef x 24 hours (pcn allergy: vancomycin + levofloxacin)
- Acetaminophen 500mg po q6hr x 14 days
- Gabapentin 300mg po TID x 14 days
- Ketorolac (Toradol) 15 mg IV q6 x 48 hrs (if bleeding controlled and the patient has adequate kidney function). Can be extended up to a total of 5 days if necessary
- Tramadol 50mg q6h prn (for pain score of 4-6)-100 mg q6h prn (for pain score of 7-10). If CrCl < 30mL/min, change dosing interval to q12h
- Change to oxycodone 5-10mg po q6h PRN if pain score > 7 after tramadol 100mg
- Dilaudid 0.25-0.5mg IV q4h prn breakthrough pain
- Escalate to PCA if unable to control pain to score  $\leq 4$
- Miralax and Colace BID
- Pantoprazole 40 mg PO daily

#### Nursing:

- Strict I&Os
- SCDs
- Vitals per unit routine
- Daily Standing Weight
- IS 10x/hr while awake
- Strip and record JP output every 8 hours
- Call living donor surgeon with patient care update twice a day (at the end of each nurse’s shift)
- Abdominal binder
- Foley

#### Post Op Orders:

- CBC, BMP, Mag, Phos, LFT’s, INR, Lactate q6 x 24 hours

## POD#1-7

- Liver doppler ultrasound
- CXR

### Orders:

- Daily CBC, BMP, LFT's, PT/INR
- Regular diet
- Remove foley on POD #1

### Medications:

- D/C IVF
- Heparin 5000 units TID
- Ancef x 24 hours (pcn allergy: vancomycin + levofloxacin)
- Dexamethasone 10mg IV once on POD#1
- Acetaminophen 500mg po q6hr x 14 days
- Gabapentin 300mg po TID x 14 days
- Ketorolac (Toradol) 15 mg IV q6h x 48 hr (if bleeding controlled and the patient has adequate kidney function). Can be extended up to a total of 5 days if necessary.
- Tramadol 50mg po q6h prn (for pain score 4-6)-100 mg q6h prn (for pain score 7-10). If CrCl < 30 mL/min, change dosing interval q12h.
- Dilaudid 0.25-0.5mg IV q4h prn breakthrough pain
- Escalate to PCA if unable to control pain to score of  $\leq 4$
- Miralax and Colace BID
- Pantoprazole 40 mg PO daily

### Nursing:

- Page provider if no void 6 hours following foley removal
- Strict I&Os
- SCDs
- Vitals per unit routine
- Daily Standing Weight
- IS 10x/hr while awake
- Up in chair
- OOB-Ambulate TID

**Educations:** Responsibility of all members of team to make sure all questions from family/patient answered to their satisfaction.

**Discharge Planning:** Coordinator teaching. Discharge with 2 weeks of Tylenol 500 mg QID scheduled, Gabapentin 300 mg TID, and Tramadol 50-100 mg q6h PRN for pain. Provide abdominal binder. Tolerating regular diet. Other DC meds: miralax BID, Colace BID, Zofran 4mg q6hr prn N/V.