## Treatment Orders:

- **1. DISCONTINUE ALL PREVIOUS ORDERS.**
- **2.** Weigh patient and measure height (if not already done).
- **3.** Monitor cardiac rhythm, pulse oximetry, CVP continuously. Document VS qh and PRN.
- **4.** Hourly I & O. Notify CDS personnel if output is less than 2 ml/kg/hr.
- **5.** Maintain patient’s temperature between 36 - 38° C. May order warming blanket and/or Bear Hugger and/or Heat Lamps if needed.
- **6.** Frequent pulmonary toilet with turning/pulmonary lavage Q 2h and PRN. Auscultate lung fields and notify CDS personnel of any change in breath sounds or secretions.
- **7.** NG Tube to low wall suction.
- **8.** Vent management per respiratory therapy suggestions. (Goals: PaO$_2$ > 100 O$_2$ Sat-96%) ABG: □ Now □ PRN □ Q 2h □ Q 4h
- **9.** Vent settings: FIO$_2$__________ $V_t$__________ IMV__________ Peep__________
- **10.** If patient does not have central line access and/or arterial line access, surgical/anesthesia/intensivist consult for insertion of lines with stat portable chest x-ray after insertion of central line, as appropriate.

## Laboratory Orders:

**May be ordered stat and/or PRN throughout the donation process at the discretion of the CDS Medical Director and Organ Donation Coordinator depending on donor condition.**

- **1.** Type and cross for 4 (four) units of PRBC. Have blood bank stay 4 (four) units ahead of transfused units.
  (Please sub group all A blood types)
- **2.** Required confirmatory ABO on a separate blood draw. Footnote to lab: Confirmatory test – please do not cancel order.
- **3.** STAT CBC with platelets with differential
- **4.** STAT labs to include:
  - Creatinine
  - BUN
  - Sodium
  - Chloride
  - CO$_2$
  - Glucose
  - HgbA1c
  - Albumin
  - Potassium
  - Calcium
  - Phosphorus
  - Magnesium
  - SGOT/AST
  - SGPT/ALT
  - Total Protein
  - GGT
  - LDH
  - Total Bilirubin
  - Direct Bilirubin
  - Amylase
  - Lipase
  - Alk. Phos
  - Fibrinogen
  - PT/PTT
  - CPK & MB
  - Troponin
  - UA with micro
  - Other Labs: ____________________________

*NOTE*  Each hospital has different lab panels and groups of tests. Feel free to use the panels and groups at your hospital when ordering these tests.

- **5.** Blood Cultures times two with sensitivity and Urine Culture with sensitivity.

**(Blood Cultures from 2 different peripheral sites prior to starting antibiotics, if possible)**

## IV Fluid Orders:

**Rate and types of fluids may change based on the current condition of the donor and laboratory values at the discretion of the Organ Donation Coordinator in conjunction with the CDS Medical Director.**

- **1.** Maintenance fluid: ___________________________ at ___________________________ ml/hr
- **2.** Replace urine output ___________________________ ml/ml with ___________________________
- **3.** Bolus ___________________________ ml of ___________________________ over ___________________________

## Special Studies and Consults:

- **1.** Cardiac Consult to “determine organ function for transplant.” Consult to include stat 12 lead EKG and 2-D Echo
  - (Please see CDS coordinator before ordering)
- **2.** Pulmonary Consult to “determine organ function for transplant.” Consult to include:
  - Oxygen Challenge Test: Pre oxygenate with 100% O$_2$ with 5cm PEEP for 15 minutes. Draw ABG’s and return to previous setting.
  - Stat Bronchoscopy with bronchial washings to assess pulmonary disease process or aspiration. Please send washings for gram stain and culture sensitivity.
  - Stat portable chest x-ray with copy to floor. (If not already done with line insertion)
  - (Please see CDS coordinator before ordering)

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**CDS Form # 012**

Nancy W. Knudsen, MD, Chief Medical Director  
CDS Organ Donation Coordinator  
Date/Time
Potential Donor Orders (PEDIATRIC)

**Check to activate orders per instructions of CDS Coordinator:**

**Medication Orders:** Rates, dosages and/or frequency of administration may change frequently based on donor status and lab values at the discretion of the CDS Organ Donation Coordinator in conjunction with the CDS Medical Director.

1. Levothyroxine (T4) drip. Mix 200 mcg in 500 ml of D₅W. Administer bolus over 30-45 minutes then start infusion, dosing as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Bolus (mcg/kg)</th>
<th>Infusion (mcg/kg/hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>5</td>
<td>1.4</td>
</tr>
<tr>
<td>6-12 months</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td>1-5 years</td>
<td>3</td>
<td>1.2</td>
</tr>
<tr>
<td>6-12 years</td>
<td>2.5</td>
<td>1</td>
</tr>
<tr>
<td>12-16 years</td>
<td>1.5</td>
<td>0.8</td>
</tr>
</tbody>
</table>

2. Solu Cortef qh times 12 doses (Dose not to exceed 100mg/hr)
   - <25 kg
   - 26-35 kg
   - 36-45 kg
   - >45 kg
   - 1mg/kg/hr
   - 50 mg/hr
   - 75 mg/hr
   - 100mg/hr

3. Accu – checks qh. Begin insulin if serum glucose is greater than 200. Start infusion at 0.1 units/kg/hr. If next glucose is <150, decrease infusion rate by 0.5 units/hr. If >150, increase infusion rate by 0.5 units/hr. If <100, stop infusion.

4. Antibiotic Coverage: Please administer the following antibiotics:
   - Cefazolin sodium 25 mg/kg IV q8h.
   - Ceftazidime 50 mg/kg IV q8h.
   - Clindamycin 10 mg/kg IV q8h.

5. Vasopressin infusion: Begin infusion at 0.5 milliunits/kg/hr (0.0005 units/kg/hr); double dosage every 30 minutes to a maximum of 10 milliunits/kg/hr (0.01 units/kg/hr).

6. DDAVP: Administer ______ mcg IV now
   - Newborn-12 yrs., 0.5-1 mcg.
   - > 12 yrs., 1-2 mcg.
   - Repeat does prn for urine output exceeding ___ mls for > 2 hours.

7. DDAVP infusion: Mix 12.5 mcg in 250 ml NS and administer at a rate of 0.5 mcg/hr. Titrate to maintain urine output 2-3 ml/kg/hr.

8. Dopamine gtt. Start at 10 mcg/kg/min, titrate to age-appropriate systolic BP. Notify CDS Coordinator if 20 mcg/kg/min is exceeded.

9. Epinephrine gtt. Start at 0.1 mcg/kg/min, titrate to age-appropriate systolic BP. Notify CDS Coordinator if 1 mcg/kg/min is exceeded.

10. Nipride gtt. Mix 50 mg in 250 ml D5W. Begin infusion at 1 mcg/kg/min; increase dose by 1 mcg/kg/min q 10 minutes to maximum of 6 mcg/kg/min as needed to control hypertension.

11. _____________________________________________________________
    _______________________________________________________________________________________

12. _____________________________________________________________
    _______________________________________________________________________________________

13. _____________________________________________________________
    _______________________________________________________________________________________

14. _____________________________________________________________
    _______________________________________________________________________________________

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Nancy W. Knudsen, MD, Chief Medical Director  CDS Organ Donation Coordinator  Date/Time