



PRESCRIBER'S ORDERS

UNSAFE ABBREVIATIONS

| Unsafe Abbreviation/Practice: | Use Instead: |
|----------------------------------|-------------------------------|
| "OD" or "QD" | Write out "daily" |
| "QOD" | Write out "every other day" |
| "U" or "Ū" or "IU" | Write out "units" |
| Abbreviated drug names | Write out name in full |
| Lack of leading zero e.g. .25 mg | Use leading zero e.g. 0.25 mg |
| Trailing zero e.g. 5.0 mg | Avoid trailing zero e.g. 5 mg |

Orders containing these abbreviations may be delayed until clarified with the prescriber

*****DRAFT*****

January 14, 2008

NO DRUG WILL BE DISPENSED OR ADMINISTERED WITHOUT A COMPLETED DRUG CONTRAINDICATION FORM

DATE AND TIME

HEART TRANSPLANT ASSESSMENT (ROUTINE) ORDERS

(items with check boxes must be selected to be ordered)

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STAGE 1 OF ASSESSMENT

LABORATORY:

Hematology: CBC and diff, group and screen

Coagulation: PT/PTT/INR

Biochemistry: Electrolytes, BUN, Cr, Ca, PO₄, Mg, Bili-total and direct, TSH, AST, ALP, GGT, LDH, CK, total protein, albumin, amylase, fasting glucose

Fasting total cholesterol, HDLC, LDLC, total triglyceride

24 hr urine creatinine clearance & protein

BNP (also fill out paper requisition)

PSA if male

digoxin level

HbA_{1c} if diabetic

Cytotoxic Antibody Screen (if female or previous transplant/transfusion or VAD)

Stool for OB x 3

Virology: CMV IgG (VCMV), EBV, HSV, HIV, Hep BsAb, Hep BsAg, HCV, VZV (all to UBC Virology lab)

Microbiology: Toxoplasma titre, VDRL (Provincial lab), Urine R & M, MSU for C & S, MMR and Varicella (Centre for Disease Control)

DIAGNOSTICS: Chest X-Ray - PA/lateral,

Pulmonary function tests

Abdominal ultrasound

Bone density scan

Carotid Duplex scan if CAD or over 40 years

Mammogram (female over 40 years)

Cardiopulmonary Exercise Test

ECG

Book right heart catheterization with possible pharmacological intervention

Echocardiogram

Previous angiogram films from:

Non-contrast CT chest for patients with previous sternotomy

Vascular Dopplers if CAD or over age 40 years

Printed Name

Signature

College ID

Pager



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STAGE 2 OF ASSESSMENT (complete only if listing deemed likely by the transplant team):

LABORATORY: CD 25 Count (send sample with CD25 Requisition - instructions included on form)

- CONSULTS:
- Psychiatry:
 - Renal
 - Endocrine
 - Gastroenterology
 - Respiratory
 - Hematology
 - Gynecology for PAP Smear
 - Transplant Surgeon: _____
 - Social Work
 - Psychologist
 - Dietician
 - Dentist
 - Other:

- VACCINES:
- polio vaccine (IPV) 0.5 mL IM X 1 dose
 - meningococcal quadrivalent conjugate Grp A, C, Y, W-135 (MENACTA) vaccine 0.5 mL IM
 - pneumococcal polysaccharide vaccine 0.5 mL IM (unless 2 lifetime doses have been given)
 - hemophilus influenzae Type B vaccine (HIB) 0.5 mL IM
 - influenza vaccine 0.5 mL IM (unless already given for this year)
 - tetanus/diphtheria toxoid vaccine 0.5 mL IM (unless given in last 10 years)
 - tuberculin PPD 5 TU intracutaneously

RNs please send vaccination tracking sheet back to clinic

Live Vaccines: do NOT administer if transplant anticipated within 4 weeks

- measles, mumps and rubella vaccine for all adults born after 1956 and not previously immunized
- varicella vaccine for VZV negative or VZF IgG non-reactive patients

Printed Name _____ Signature _____ College ID _____ Pager _____