

Name: _____ MRN: _____

Prior to admission	Pre-op: Day of Admission Date: _____	Surgery: Intra-op Date: _____
<u>Insurance approval:</u> Verify insurance approval with transplant finance office	<u>Surgical prep:</u> H&P; surgical and blood consents* Pre-procedure note* 2 units blood on call to OR IV abx on call to OR (Zosyn, +/- Vanc) Hibiclens shower/bath prior to OR PICU educators to release intra op orders*	<u>Intraop Only orders:</u> <u>Labs:</u> C peptide pre-pancreas removal C peptide pre-islet transfusion Glucose q5 min during islet transfusion ACT q15 min during islet transfusion C peptide post islet transfusion
<u>Vaccines:</u> At least 2 weeks prior to surgery, ensure immunizations are up to date per ID recommendations including: Meningococcal, Men B (Trumenba or Bexsero), PCV13, PPSV23, Hib, HPV	<u>Notify of admission:</u> Gastroenterology Anesthesia Endocrine Child Life Pulmonary (CF patients) Pain Team Social Work	<u>Fluids/meds:</u> microfibrillar collagen (AVITENE), lidocaine PF (Xylocaine) 2% inj, heparin 2 units/mL, plasma-lyte A IV solution 1000mL bag, vaspan plain solution (UW) 3 bags, papaverine 30mg/mL inj 10mL vial, oxidized cellulose (Surgicel) pad 4x8, gelatin absorbable (Gelfoam) size100 pad, thrombin (Recothrom) 5000 unit spray, verapamil (Isoptin) 2.5mg/mL, fibrin sealant (Tisseel VHSD) 10mL solution, regular insulin 100u/mL 1vial to OR; to be added to UW solution @ Hoxworth, Ampho B 50mg/1L in sterile water, Gent 80mg/polymixin b solution in NS, D10LR, LR, insulin gtt-(0.03 u/kg/hr) titrate gtt q30min (BG target range 90-120), dextran40 gtt 0.5mL/kg/hr, max 10mL/hr - start 30min prior to islet infusion, heparin gtt (10 units/kg/hr) available in OR
<u>Infectious screen:</u> If staph screen positive for ORSA/MRSA, PCC nurse to contact family and initiate treatment If staph screen positive for ORSA/MRSA, patient will receive Vancomycin intra op and post op	<u>Labs/Testing:</u> Start IV with lab draw CBC with diff, hepatic/GGT, renal/Mg, amylase, lipase, PT/PTT/INR, type & screen, folate RBC, vitamin B12, MMA, homocysteine, ferritin, soluble transferrin receptor, iron level EKG pre-op (weekdays: EKG tech, weekend: Surg res)	
<u>Imaging:</u> Review imaging, vasculature at PCC radiology conference PCC APRN will document vasculature in a progress note (.tpiatvasculature)	<u>FEN/GI:</u> Clear liquid diet NPO at midnight IVF D5 ½ NS 10 mEq/L KCL at m-rate Miralax 34 gm TID x 3 days prior to OR	
<u>Research:</u> Pre-op QOL surveys to be administered by research staff	<u>Heme:</u> Lovenox ordered for 0530 AM of OR	
<u>Orders:</u> PCC APRN to enter pre-op orders JDN to enter intra-op orders*	<u>Resp:</u> Teach and practice IS prior to OR	

Immediate Post-op Date: _____	Post-op Day 1 Date: _____	Post-op Day 2 Date: _____
Admit to PICU-Gold Team	Bedside rounds at 0800	Bedside rounds at 0800

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Consults: GI, Endo, PICU, Pain	Consults: GI, Endo, PICU, Pain, Nutrition	Consults: GI, Endo, PICU, Pain, Nutrition
Diet: NPO Resp/Activity: IS hourly while awake	Diet: NPO Resp/Activity: IS hourly while awake	Diet: NPO Resp/Activity: IS hourly while awake
Labs: (blood sparing protocol) CBC with diff, hepatic/SGT, renal/Mg, lactate, PT/PTT/INR, UFH on arrival then every 8 hours for 24 hours. AT3 once. C-peptide every 2 hours x 8 hours post op Glucose monitoring: NOT FROM CVC POCT blood glucose hourly and PRN per TPIAT protocol Imaging: Single organ doppler ULT upon arrival CXR upon arrival	Labs: (blood sparing protocol) CBC with diff, hepatic/SGT, renal/Mg, lactate, PT/PTT/INR, UFH every 12 hours for 24 hours. AT3 daily. Glucose monitoring: NOT FROM CVC Place Dexcom by 0730 (alarm <70, >140) POCT blood glucose hourly and PRN per TPIAT protocol Imaging: Discuss single organ doppler ULT CXR prior to extubation	Labs: (blood sparing protocol) CBC with diff, hepatic/SGT, renal/Mg, lactate, AT3 daily. Glucose monitoring: NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose hourly and PRN per TPIAT protocol Imaging: None
Lines/tubes/support devices: 1. NG to low wall suction 2. GJ: GT to mucus trap, JT clamped. 3. GJ: flush GT & JT every 8h 10mL H2O 4. JP per OR report - if clamped/tied, discuss timeframe - if to bulb suction, strip tubing every 8h 5. Foley catheter to gravity 6. Intubation protocol per PICU 7. Arterial line maintenance per PICU 8. SCD 9. TL NT IJ	Lines/tubes/support devices: 1. NG to low wall suction 2. GJ: GT to mucus trap, JT clamped. 3. GJ: flush GT & JT every 8h 10mL H2O 4. JP x 2 - if clamped/tied, discuss timeframe - if to bulb suction, strip tubing every 8h 5. Foley catheter to gravity 6. Extubation protocol per PICU 7. Arterial line maintenance per PICU 8. SCD 9. TL NT IJ	Lines/tubes/support devices: 1. Consider DC NG to low wall suction 2. GJ: GT to mucus trap, JT clamped. 3. GJ: flush GT & JT every 8h 10mL H2O 4. JP x 2 - if clamped/tied, discuss timeframe - if to bulb suction, strip tubing every 8h 5. Consider DC Foley catheter to gravity 6. Arterial line maintenance per PICU 7. SCD 8. TL NT IJ
Fluids: 1. D10LR and LR (rates determined in OR; maintenance rate combined, no < 50% of volume from D10LR, remaining from LR) 2. KVO per TPIAT line algorithm Meds: 1. Heparin gtt (10 u/kg/hr) x7 d 2. Insulin gtt (see TPIAT insulin protocol) 3. Dextran gtt (0.5mL/kg/hr-max 10mL/hr) continuous x48 hours 4. Protonix 1 mg/kg/dose daily Antibiotics: 1. Zosyn 100 mg/kg every 6 hr x72 hr 2. Fluconazole 6 mg/kg every 24 hr x72 hr (max dose 400 mg) 3. Vancomycin if ORSA/MRSA + x72 hr (order per order set parameters)	Fluids: 1. D10LR and LR (maintenance rate combined, no < 50% of volume from D10LR, remaining from LR) 2. KVO per TPIAT line algorithm Meds: 1. Heparin gtt (10 u/kg/hr) x7 d 2. Insulin gtt (see TPIAT insulin protocol) 3. Dextran gtt (0.5mL/kg/hr-max 10mL/hr) continuous x48 hours 4. Protonix 1 mg/kg/dose daily Antibiotics: 1. Zosyn 100 mg/kg every 6 hr x72 hr 2. Fluconazole 6 mg/kg every 24 hr x72 hr (max dose 400 mg) 3. Vancomycin if ORSA/MRSA + x72 hr (order per order set parameters) - Vanc level prior to 4 th dose Pain: 1. Pain management per Pain Team after extubation	Fluids: 1. D10LR and LR (maintenance rate combined, no < 50% of volume from D10LR, remaining from LR) 2. KVO per TPIAT line algorithm Meds: 1. Heparin gtt (10 u/kg/hr) x7 d 2. Insulin gtt (see TPIAT insulin protocol) 3. Dextran gtt (0.5mL/kg/hr-max 10mL/hr) discontinue at 48 hours post op 4. Start ASA 2 mg/kg (max dose 160) 5. Protonix 1 mg/kg/dose daily 6. Discuss Lasix Antibiotics: 1. Zosyn 100 mg/kg every 6 hr x72 hr 2. Fluconazole 6 mg/kg every 24 hr x72 hr (max dose 400 mg) 3. Vancomycin if ORSA/MRSA + x72 hr (order per order set parameters)
Pain: 1. Pain management per ICU while intubated		Pain: 1. Pain management per Pain Team
Post-op Day 3 Date: _____	Post-op Day 4 Date: _____	Post-op Day 5 Date: _____
Bedside rounds at 0800 Consults: GI, Endo, PICU, Pain, Nutrition	Bedside rounds at 0800 Consults: GI, Endo, PICU, Pain, Nutrition	Bedside rounds at 0800 Consults: GI, Endo, PICU, Pain, Nutrition
Diet: Consider GJ feeds Resp/Activity: IS hourly	Diet: Start/advance feeds Resp/Activity: IS hourly	Diet: Start/advance feeds Resp/Activity: IS hourly

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(PP<10yr; Vital>10yr) Up to chair TID	Up to chair TID	Up to chair TID
Labs: (blood sparing protocol) CBC with diff, hepatic/SGT, renal/Mg, AT3 daily. **POD 3 AM cortisol level** (draw between 0700-0800) Glucose monitoring: NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose hourly and PRN per TPIAT protocol Imaging: None	Labs: (blood sparing protocol) CBC with diff, hepatic/SGT, renal/Mg, AT3 daily. Glucose monitoring: NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose hourly and PRN per TPIAT protocol Imaging: None	Labs: (blood sparing protocol) CBC with diff, hepatic/SGT, renal/Mg, AT3 daily. Aspirin resistance test: prior to 4th dose (only runs on M-F; 0800 draw) Glucose monitoring: NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose hourly and PRN per TPIAT protocol Imaging: None
Lines/tubes/support devices: 1. Consider DC NG to low wall suction 2. GJ: GT to mucus trap, JT clamped 3. GJ: flush GT & JT every 8h 10mL H2O 4. JP x 2 - if clamped/tied, discuss timeframe - if to bulb suction, strip tubing every 8h 5. DC Foley catheter to gravity 6. Arterial line maintenance per PICU 7. SCD 8. TL NT IJ	Lines/tubes/support devices: 1. GJ: GT to Farrell bag elevated 2. JT clamped or with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. JP x 2 - if clamped/tied, discuss timeframe - if to bulb suction, strip tubing every 8h 5. Arterial line maintenance per PICU 6. SCD 7. TL NT IJ	Lines/tubes/support devices: 1. GJ: GT to Farrell bag elevated 2. JT clamped or with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. JP x 2 - if clamped/tied, discuss timeframe - if to bulb suction, strip tubing every 8h 5. Arterial line maintenance per PICU 6. SCD 7. TL NT IJ
Fluids: 1. D10LR and LR (maintenance rate combined, no < 50% of volume from D10LR, remaining from LR) 2. KVO per TPIAT line algorithm Meds: 1. Heparin gtt (10 u/kg/hr) x7 d 2. Insulin gtt (see TPIAT insulin protocol) 3. ASA daily, dose per ART (max 160) 4. Protonix 1 mg/kg/dose daily 5. Discuss Lasix Antibiotics: 1. Zosyn 100 mg/kg every 6 hr x72 hr 2. Fluconazole 6 mg/kg every 24 hr x72 hr (max dose 400 mg) 3. Vancomycin if ORSA/MRSA + x72 hr (order per order set parameters) Pain: 1. Pain management per Pain Team	Fluids: 1. D10LR and LR - wean 1:1 with feeds (start with LR) 2. KVO per TPIAT line algorithm Meds: 1. Heparin gtt (10 u/kg/hr) x7 d 2. Insulin gtt (see TPIAT insulin protocol) 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Discuss Lasix 6. Viokace 10440 1 cap q 4 hours (when feeds at 30 mL/hr) 7. Discuss bowel regimen 8. Start Hydrea when platelets >500 (see Hydrea protocol) Antibiotics: 1. Discontinue IV antibiotic unless intra-op culture positive, then continue x 7 days 2. Start PCN when IV antibiotics stopped Pain: 1. Pain management per Pain Team	Fluids: 1. D10LR, wean 1:1 with feeds 2. KVO per TPIAT line algorithm Meds: 1. Heparin gtt (10 u/kg/hr) x 7 d 2. Insulin gtt (see TPIAT insulin protocol) 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Discuss Lasix 6. Viokace 10440 – discuss dose 7. Discuss bowel regimen 8. Hydrea for platelets >500 Antibiotics: 1. IV antibiotic x 7 d if intraop culture + 2. PCN twice daily once IV abx stopped Pain: 1. Pain management per Pain Team
Post-op Day 6 Date: _____ Bedside rounds at 0800 Consults: GI, Endo, PICU, Pain, Nutrition	Post-op Day 7 Date: _____ Bedside rounds at 0800 Consults: GI, Endo, PICU, Pain, Nutrition Transfer to A7C once off heparin gtt	Post-op Day 8 Date: _____ Bedside rounds at 1000 Team: GI, Endo, Surgery, Nutrition
Diet: Goal GJ feeds Resp/Activity: IS hourly	Diet: Goal GJ feeds Resp/Activity: IS hourly	Diet: Goal GJ feeds Resp/Activity: IS hourly

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SF clear liquids Up to chair TID	SF clear liquids Up to chair TID Ambulate	Diabetic diet Up to chair TID Ambulate
<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/GGT, renal/Mg daily <u>Glucose monitoring: NOT FROM CVC</u> Dexcom G6 CGM (alarm <70, >140) POCT blood glucose hourly and PRN per TPIAT protocol <u>Imaging:</u> None	<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/GGT, renal/Mg daily C-peptide today, then weekly on Monday <u>Glucose monitoring: NOT FROM CVC</u> Dexcom G6 CGM (alarm <70, >140) POCT blood glucose hourly and PRN per TPIAT protocol <u>Imaging:</u> Single organ ULT with doppler	<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/GGT, renal/Mg daily C-peptide weekly on Monday <u>Glucose monitoring: NOT FROM CVC</u> Dexcom G6 CGM (alarm <70, >140) POCT blood glucose q3/PRN per Endo <u>Imaging:</u> None
<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. JP x 2 - if clamped/tied, discuss timeframe - if to bulb suction, strip tubing every 8h 5. Arterial line maintenance per PICU 6. SCD 7. TL NT IJ	<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. Remove JP drains 5. Remove arterial line if BG stable 6. Discontinue SCD when ambulating 7. TL NT IJ	<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. Discontinue SCD when ambulating 5. TL NT IJ
<u>Fluids:</u> 1. DC D10LR if on full feeds 2. KVO per TPIAT line algorithm <u>Meds:</u> 1. Heparin gtt (10 u/kg/hr) x7 d 2. Insulin gtt (see TPIAT insulin protocol) 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Discuss bowel regimen 7. Hydrea for platelets >500 8. Periactin <u>Antibiotics:</u> 1. IV antibiotic x 7 d if intraop culture + 2. PCN twice daily once IV abx stopped <u>Pain:</u> 1. Pain management per Pain Team	<u>Fluids:</u> 1. KVO per TPIAT line algorithm 2. OK to DC KVO once on floor <u>Meds:</u> 1. Discontinue heparin gtt 2. Start Lovenox <50 kg: 0.5 mg/kg every 12 hours >=50 kg: 40 mg every 24 hours 3. Stop insulin gtt, start pump on A7 4. ASA daily 5. Protonix 1 mg/kg/dose daily 6. Viokace 10440 – discuss dose 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Discuss Periactin <u>Antibiotics:</u> 1. PCN twice daily once IV abx stopped <u>Pain:</u> 1. Pain management per Pain Team	<u>Fluids:</u> 1. None <u>Meds:</u> 1. Lovenox until discharge 2. Insulin via pump 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Creon for PO intake 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Discuss Periactin <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team
Post-op Day 9 Date: _____	Post-op Day 10 Date: _____	Post-op Day 11 Date: _____
Bedside rounds at 1000 Team: GI, Endo, Surgery, Nutrition	Bedside rounds at 1000 Team: GI, Endo, Surgery, Nutrition	Bedside rounds at 1000 Team: GI, Endo, Surgery, Nutrition
<u>Diet:</u> Goal GJ feeds Diabetic diet <u>Resp/Activity:</u> IS hourly Up to chair TID Ambulate	<u>Diet:</u> Goal GJ feeds Diabetic diet <u>Resp/Activity:</u> IS hourly Up to chair TID Ambulate	<u>Diet:</u> Goal GJ feeds Diabetic diet <u>Resp/Activity:</u> IS hourly Up to chair TID Ambulate
<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/GGT, renal/Mg daily	<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/GGT, renal/Mg daily	<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/GGT, renal/Mg daily

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C-peptide weekly on Monday <u>Glucose monitoring:</u> NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose q3/PRN per Endo <u>Imaging:</u> None	C-peptide weekly on Monday **POD 10 AM cortisol level** (draw between 0700-0800) <u>Glucose monitoring:</u> NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose q3/PRN per Endo Change CGM sensor every 10 days* <u>Imaging:</u> None	C-peptide weekly on Monday <u>Glucose monitoring:</u> NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose q3/PRN per Endo <u>Imaging:</u> None
<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. TL NT IJ	<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. TL NT IJ	<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. TL NT IJ
<u>Meds:</u> 1. Lovenox until discharge 2. Insulin via pump 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Creon for PO intake 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Periactin <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. Lovenox until discharge 2. Insulin via pump 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Creon for PO intake 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Periactin <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. Lovenox until discharge 2. Insulin via pump 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Creon for PO intake 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Periactin <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team
<u>Education:</u> Diabetes/Insulin teaching per Endo Enteral feed pump teaching per HHC GJ emergency teaching per HHC Medication teaching per PCC APRN	<u>Education:</u> Diabetes/Insulin teaching per Endo Enteral feed pump teaching per HHC GJ emergency teaching per HHC Medication teaching per PCC APRN	<u>Education:</u> Diabetes/Insulin teaching per Endo Enteral feed pump teaching per HHC GJ emergency teaching per HHC Medication teaching per PCC APRN
Post-op Day 12 Date: _____	Post-op Day 13 Date: _____	Post-op Day 14 until DC
Bedside rounds at 1000 Team: GI, Endo, Surgery, Nutrition	Bedside rounds at 1000 Team: GI, Endo, Surgery, Nutrition	Bedside rounds at 1000 Team: GI, Endo, Surgery, Nutrition
<u>Diet:</u> <u>Resp/Activity:</u> Goal GJ feeds IS hourly Diabetic diet Up to chair TID Ambulate	<u>Diet:</u> <u>Resp/Activity:</u> Goal GJ feeds IS hourly Diabetic diet Up to chair TID Ambulate	<u>Diet:</u> <u>Resp/Activity:</u> Goal GJ feeds IS hourly Diabetic diet Up to chair TID Ambulate
<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/SGT, renal/Mg M/Th C-peptide weekly on Monday	<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/SGT, renal/Mg M/Th C-peptide weekly on Monday	<u>Labs:</u> (blood sparing protocol) CBC/diff, hepatic/SGT, renal/Mg M/Th C-peptide weekly on Monday

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Glucose monitoring: NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose q3/PRN per Endo <u>Imaging:</u> None	Glucose monitoring: NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose q3/PRN per Endo <u>Imaging:</u> None	Glucose monitoring: NOT FROM CVC Dexcom G6 CGM (alarm <70, >140) POCT blood glucose q3/PRN per Endo <u>Imaging:</u> None
<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. TL NT IJ	<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. TL NT IJ	<u>Lines/tubes/support devices:</u> 1. GJ: GT to Farrell bag elevated/clamped 2. JT with feeds 3. GJ: flush GT & JT every 8h 10mL H2O 4. TL NT IJ
<u>Meds:</u> 1. Lovenox until discharge 2. Insulin via pump 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Creon for PO intake 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Periactin <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. Lovenox until discharge 2. Insulin via pump 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Creon for PO intake 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Periactin <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. Lovenox until discharge 2. Insulin via pump - may transition to home pump 3. ASA daily 4. Protonix 1 mg/kg/dose daily 5. Viokace 10440 – discuss dose 6. Creon for PO intake 7. Discuss bowel regimen 8. Hydrea for platelets >500 9. Periactin <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team
<u>Education:</u> Diabetes/Insulin teaching per Endo Enteral feed pump teaching per HHC GJ emergency teaching per HHC Medication teaching per PCC APRN	<u>Education:</u> Diabetes/Insulin teaching per Endo Enteral feed pump teaching per HHC GJ emergency teaching per HHC Medication teaching per PCC APRN	<u>Education:</u> Diabetes/Insulin teaching per Endo Enteral feed pump teaching per HHC GJ emergency teaching per HHC Medication teaching per PCC APRN Finalize all HHC orders and teaching

Weekly visits for first month after DC	3 month follow-up	6 month follow-up
Endocrine Gastroenterology Surgery Pain Hematology if indicated	Endocrine Gastroenterology Infectious Disease Surgery Pain/BMCP	Endocrine Gastroenterology Infectious Disease Surgery Pain/BMCP (if still on pain meds)
<u>Diet:</u> ADA as tolerated GJ feeds per primary GI	<u>Diet:</u> ADA as tolerated GJ feeds per primary GI	<u>Diet:</u> ADA as tolerated GJ feeds (wean per primary GI)

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<u>Labs:</u> CBC with diff weekly <u>Blood glucose:</u> Monitoring via CGM Insulin via pump	<u>Labs:</u> CBC with diff per primary GI MMT with 3 month nutrition labs <u>Blood glucose:</u> Monitoring via CGM Insulin via pump	<u>Labs:</u> CBC with diff per primary GI MMT with 6 month nutrition labs <u>Blood glucose:</u> Monitoring via CGM Insulin via pump
<u>Meds:</u> 1. ASA 2. Hydrea 3. Protonix 4. Pancreatic enzymes 5. Bowel regimen 6. +/- Periacin 7. Start ADEK <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. ASA (DC 4 wks after stopping Hydrea) 2. Hydrea (wean per protocol) 3. Protonix 4. Pancreatic enzymes 5. Bowel regimen 6. +/- Periacin 7. ADEK <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. ASA (DC 4 wks after stopping Hydrea) 2. Hydrea (wean per protocol) 3. Protonix 4. Pancreatic enzymes 5. Bowel regimen 6. +/- Periacin 7. ADEK <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team
	<u>Research:</u> QOL Questionnaire Patient/Family	<u>Research:</u> QOL Questionnaire Patient/Family

9 month follow-up	12 month follow-up	18 month follow, then annual
Endocrine including SW and educator Gastroenterology Infectious Disease Surgery Pain/BMCP (if still on pain meds)	Endocrine including SW and educator Gastroenterology Infectious Disease Surgery Pain/BMCP (if still on pain meds)	Endocrine including SW and educator Gastroenterology Infectious Disease Surgery Pain/BMCP (if still on pain meds)
<u>Diet:</u> ADA as tolerated GJ feeds (wean per primary GI)	<u>Diet:</u> ADA as tolerated GJ feeds (wean per primary GI)	<u>Diet:</u> ADA as tolerated GJ feeds (wean per primary GI)
<u>Labs:</u> CBC with diff per primary GI	<u>Labs:</u> CBC with diff per primary GI	<u>Labs:</u> CBC with diff per primary GI

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MMT with 9 month nutrition labs	MMT with 12 month nutrition labs	MMT with 18 month/annual nutrition labs
<u>Blood glucose:</u> Monitoring via CGM Insulin via pump	<u>Blood glucose:</u> Monitoring via CGM Insulin via pump	<u>Blood glucose:</u> Monitoring via CGM Insulin via pump
<u>Meds:</u> 1. ASA (DC 4 wks after stopping Hydrea) 2. Hydrea (wean per protocol) 3. Protonix 4. Pancreatic enzymes 5. Bowel regimen 6. +/- Periactin 7. ADEK <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. ASA (DC 4 wks after stopping Hydrea) 2. Hydrea (wean per protocol) 3. Protonix 4. Pancreatic enzymes 5. Bowel regimen 6. +/- Periactin 7. ADEK <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team	<u>Meds:</u> 1. ASA (DC 4 wks after stopping Hydrea) 2. Hydrea (wean per protocol) 3. Protonix 4. Pancreatic enzymes 5. Bowel regimen 6. +/- Periactin 7. ADEK <u>Antibiotics:</u> 1. PCN twice daily <u>Pain:</u> 1. Pain management per Pain Team