

PRESCRIBER ORDERS – Transjugular Intrahepatic Portosystemic Shunt (TIPS) Placement Orders

- 1. All orders must be completed and signed by the prescriber.
- 2. Orders may be deleted by stroking the order out and initialing the entry or by leaving prompts blank (boxes).

Date / Time	
	<input type="checkbox"/> Admit to:
	<input type="checkbox"/> Indication for TIPS placement:
	<input type="checkbox"/> Notify admitting team that patient has arrived on ward
	<input type="checkbox"/> Vital Signs on admission and every 8 hours
	<input type="checkbox"/> Activity as tolerated
	<input type="checkbox"/> High protein, high calorie, low sodium diet
	<input type="checkbox"/> NPO at midnight prior to TIPS procedure
	<input type="checkbox"/> Crossmatch for: <ul style="list-style-type: none"><input type="checkbox"/> 3 units packed red blood cells<input type="checkbox"/> One pooled unit of platelets
	<input type="checkbox"/> CBC, INR, PTT, Cr, lytes, AST, ALT, ALP, TBili, Alb on admission and daily
	<input type="checkbox"/> Medications as follows: <ul style="list-style-type: none"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
	<input type="checkbox"/> Ultrasound doppler TIPS, day following insertion
Prescriber Signature:	