

Orders

Cirrhosis Admission Adult

More detailed information supporting cirrhosis order sets is available at the cirrhosiscare.ca website. Consider specialty referrals for circumstances such as hepatocellular carcinoma, management of [decompensated cirrhosis](#) and assessing potential candidacy for [liver transplantation](#).

Note that cirrhosis syndrome-specific order groups (panels) appear at the end of this set. These can also be opened independently as panels. Consider merging this order set with other appropriate set(s), such as:

- Alcohol Withdrawal Adult Order Set
- Electrolyte Disturbance Order Panel
- Gastroenterology Ascites Fluid Analysis Panel
- Transfusion Medicine Adult (packed cells)
- Plasma Protein Product Albumin 25% Panel

- [Cirrhosis Care \(Guidance\)](#)

▼ **Notify Primary Care Physician of patient admission**

- Notify Primary Care Physician of patient admission

▼ **Goals of Care Designation Orders**

Conversations leading to the ordering of a Goals of Care Designation (GCD) Order, should take place as early as possible in a patient's course of care. The Goals of Care Designation Order is created, or the previous GCD Order is affirmed or changed resulting from this conversation with the patient or, where appropriate, the Alternate Decision-Maker. Select a GCD order below and document the content of conversations and/or decisions on the Advanced Care Planning (ACP)/GCD Tracking Record.

Specify on the GCD order, if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

- GCD-R1
- GCD-R2
- GCD-R3
- GCD-M1
- GCD-M2
- GCD-C1
- GCD-C2

▼ Isolation

Suspected or Known:	Required Isolation Type				
	Airborne	Airborne & Contact	Contact	Contact & Droplet	Droplet
Antibiotic Resistant Organism (ARO) (e.g. MRSA, VRE, CPO)			X		
<i>C. difficile</i> infection			X		
Chickenpox		X			
Gastroenteritis – infectious, no vomiting			X		
Gastroenteritis – infectious, vomiting				X	
Group A <i>Streptococcus</i> , invasive infection				X	
Influenza-like illness				X	
Measles	X				
Meningitis – Bacterial or cause unknown					X
<i>Meningococcus</i> , invasive infection					X
Mumps					X
<i>Mycobacterium tuberculosis</i> (pulmonary)	X				
<i>Mycoplasma pneumoniae</i>					X
Pertussis					X
Respiratory tract infection, viral				X	
Rubella (German measles)					X
Shingles - Disseminated		X			

- Safety and Precautions - Refer to Infection Prevention and Control (IPC) guidelines

- Initiate Airborne Isolation
- Initiate Airborne and Contact Isolation
- Initiate Contact Isolation
- Initiate Contact and Droplet Isolation
- Initiate Droplet Isolation

▼ Diet and Nutrition

▼ Diet and Nutrition

Recommended that majority of patients receive High Protein/ High Calorie diet. If clinically required, both High Protein/High Calorie and low sodium diet (2 grams of sodium) can be selected.

- Adult Diet Regular; High Pro High Cal
Now or Specify Date/Time
- Adult Diet Regular; 2000 mg/2 g Na; High Pro High Cal
Now or Specify Date/Time
- NPO Diet
Now or Specify Date/Time
- Oral Nutrition Supplements; Ensure Protein Max
3 TIMES DAILY, Give at time of medication administration. Note: This Medpass can be used to increase calories and protein and is appropriate when patient is on any type of oral diet including gluten free and diabetic. Suitable for lactose intolerance but NOT appropriate for dairy allergy. Give 3 to 5 times per day.
- Total Fluid Intake (TFI)
Until discontinued

▼ Patient Care

▼ Precautions and Safety

- Must Be Up for Meals ⓘ

Patient should be upright and fully alert during all oral intake and for 30 minutes afterwards.

▼ Activity

- Mobilize Patient
- No Activity Restrictions
- Bed Rest With Expectations
- Strict Bed Rest

▼ Vital Signs

- Vital Signs
Per protocol, Every 2 hours for 8 hours, THEN every 4 hours
- Vital Signs
Every 4 hours
- Vital Signs
Every 8 hours
- Vital Signs
Every 12 hours
- Vital Signs
Per protocol
- Nursing Communication - Do Not Record Vital Signs

▼ Intake and Output

- Intake and Output
Every shift

▼ POCT Glucose

- Glucose Meter POCT
4 times daily before meals and at bedtime, 15 to 30 minutes before scheduled meals and at bedtime, AND PRN for suspected hypoglycemia.
- Glucose Meter POCT
Daily at Night (0200), Starting 20/11/21
- Glucose Meter POCT
3 times daily after meals, Assess 2 hours post meal time
- Glucose Meter POCT

▼ Height and Weight

- Weigh Patient - on Admission ⓘ
Once
- Weigh Patient
Daily, Weigh between 0800 hours and 1000 hours.
- Weigh Patient
Weekly
- Measure Height or Length

▼ Patient Care Assessments

- Nursing Communication - Stool Chart
Use stool chart flowsheet.
- Nursing Communication - Audit Score
Until discontinued, Starting 19/11/21, Complete Audit flowsheet.
- Notify Most Responsible Health Practitioner (MRHP) - Audit Score
Until discontinued, Starting 19/11/21, Notify MRHP if Audit score positive (greater than 3 in males and greater than 2 in females).
- Patient Education
-Initiate patient teaching when patient / family ready. -Provide and review cirrhosis patient education. Go to Discharge Navigator > References > References/Attachments link > additional search box. Find Cirrhosis: Care Information: General Info (English). Select handout, then print (top right). -Ask patient to view cirrhosis discharge video series video available at www.cirrhosiscare.ca.
- Nursing Communication
Please ensure that if the patient has a liver specialist in the community, the liver specialist is listed on the Patient Care Team.

▼ NG Feeding Tube Insertion and Management

Be cautious with NG tube placement if patient has had recent variceal banding (less than 5 days). Consider GI consult if questions.

- Small Bore (Feeding Tube) Insert and Maintain
- Large Bore (Drainage Tube) Insert and Maintain
- NG/OG Tube Unclogging

▼ Indwelling Urinary Catheter Management

- Insert Indwelling Urinary Catheter
- Urinary Catheter - Discontinue
- Urinary Catheter - Discontinue
Discontinue Once on Unit

▼ Respiratory Interventions

- Oxygen therapy: Titrate oxygen to maintain saturation range of SpO2 92% to 96%
Oxygen Therapy: All presentations EXCEPT Acute Coronary Syndrome, known CO2 retainers and Carbon Monoxide poisoning. All other presentations (including pregnancy and acute stroke) should adhere to the above SpO2 goals. NOTE: For acute stroke, do not apply supplemental oxygen unless SpO2 is under 90%:
- Oxygen therapy: Known CO2 retainer (SpO2 88% to 92%)
- Oxygen Therapy: All Acute Coronary Syndromes (ACS)
When SpO2 is under 90%, titrate Oxygen to maintain saturation range SpO2 90-92%
- Notify Provider (MRHP) - if Oxygen flow increases by greater than 2L/min from previous to maintain the same level of oxygenation, or if there is a progressive increase in the work of breathing
If Oxygen flow increase by greater than 2 L/min from previous to maintain the same level of oxygenation or if there is a progressive increase in the work of breathing
- Notify Provider (MRHP) - If a new change to Oxygen Flow of 8L/min or Higher to maintain same level of oxygenation
if new change to Oxygen flow of 8 LPM or higher to maintain same level of oxygenation

▼ Laboratory Investigations - Routine

▼ Hematology

- CBC with differential
Once

▼ Chemistry

Consider Liver Disease work-up panel if new diagnosis of cirrhosis and hasn't previously been done. Alpha Fetoprotein if clinical need or not completed in prior 6 months. Vitamin D if not completed in prior 6 months.

- Aspartate Amino Transferase (AST)
Once
- Alpha Fetoprotein (AFP)
Once
- Alanine Amino Transferase (ALT) ⓘ
Once
- Bilirubin, Total
Once
- Albumin
Once
- Urea
Once
- Creatinine
Once
- Electrolyte Panel (Na, K, Cl, CO₂, Anion Gap)
Once
- Glucose, Random
Once
- Calcium
Once
- Magnesium
Once
- Phosphate
Once
- 25-Hydroxy Vitamin D
Once
- Lactate
Once

▼ Coagulation

INR

▼ Therapeutic Drug Monitoring and Toxicology

Ethanol Level

Alcohol Panel (Ethylene Glycol, Methanol, Isopropanol, Acetone)

Acetaminophen Level

▼ Blood Gas

Consider ABG if:

- Patient is critically ill
- Patient shows signs of carbon dioxide retention (e.g. acute breathlessness or drowsiness, increased respiratory rate)
- Patient is at risk of metabolic conditions
- Unexpected or inappropriate drop below 94% SpO₂ while patient is awake
- Increased breathlessness or drop of greater than or equal to 3% SpO₂ when patient with chronic hypoxemia was previously stable

Blood Gas Venous POCT
Once

Blood Gas Arterial POCT
Once

Inpatient Consult to Respiratory Therapy

▼ Laboratory Investigations - Repeating

▼ Hematology

- CBC and Differential
Daily Morning, for 7 occurrences

▼ Chemistry

- Aspartate Aminotransferase (AST)
Daily Morning, for 7 occurrences
- Alanine Aminotransferase (ALT)
Daily Morning, for 7 occurrences
- Alkaline Phosphatase (ALP)
Daily Morning, for 7 occurrences
- Bilirubin, Total
Daily Morning, for 7 occurrences
- Albumin
Daily Morning, for 7 occurrences
- Creatinine
Daily Morning, for 7 occurrences
- Urea
Daily Morning, for 7 occurrences
- Electrolyte Panel (Na, K, Cl, CO₂, Anion Gap)
Daily Morning, for 7 occurrences
- Calcium
Daily Morning, for 3 occurrences
- Magnesium
Daily Morning, for 3 occurrences
- Phosphate
Daily Morning, for 3 occurrences

▼ Coagulation

- INR
Daily Morning, for 7 occurrences

▼ Diagnostic Imaging

▼ General Radiology

- GR Chest 2 Projections

▼ Computed Tomography

- CT Abdomen Enhanced
Once
- CT Abdomen
Once

▼ Ultrasound

- US Abdomen Complete 2 or more Organs
Once

▼ Magnetic Resonance

- MR Abdomen
Once

▼ Fluids/Electrolytes

▼ IV Maintenance

- Initiate IV: Intravenous Cannula - Insert ⓘ
- Saline Lock IV
- sodium chloride 0.9% flush injection
2-5 mL, IV lock, every 8 hours, as needed, maintenance of line patency

▼ IV Fluid Boluses

- lactated Ringer's bolus
intravenous, once
- sodium chloride 0.9 % bolus
intravenous, once

▼ IV Fluid Infusions

- ringers lactate infusion
intravenous, continuous
- sodium chloride 0.9% infusion
intravenous, continuous
- dextrose 5% - sodium chloride 0.45% infusion
intravenous, continuous
- dextrose 5% - sodium chloride 0.9% infusion
intravenous, continuous

▼ Medications

▼ Analgesics and Antipyretics

acetaminophen tablet ⓘ

650 mg, oral, every 6 hours, as needed

▼ Antiemetics

dimenhyDRINATE PO/IV

Avoid dimenhyDRINATE in patients 65 years of age or older due to increased risk of side effects including delirium. Suggest 25 mg for mild/moderate nausea, 50 mg for moderate/severe nausea.

dimenhyDRINATE tablet 25-50 mg

25-50 mg, oral, every 4 hours, as needed, nausea, vomiting, Starting today at 1402

Or

dimenhyDRINATE injection 25-50 mg

25-50 mg, intravenous, every 4 hours, as needed, nausea, vomiting, Starting today at 1402

metoclopramide PO/IV

-PO administration or slow infusion via IVPB are preferred for metoclopramide to reduce the risk of akathisia. Suggest 5 mg for mild/moderate nausea or if CrCl less than 40mL/min; 10 mg for moderate/severe nausea, and CrCl over 40mL/min. -Avoid in Parkinson's patients - may exacerbate symptoms.

-Maximum dose of metoclopramide for Child Pugh B or C patients is 20mg every 24 hours
CrCl cannot be calculated (No successful lab value found.).

metoclopramide tablet 5-10 mg

5-10 mg, oral, every 6 hours, as needed, nausea, vomiting, Starting today at 1402

Or

metoclopramide injection 5 mg

5 mg, intravenous, every 6 hours, as needed, nausea, vomiting, Starting today at 1402

onsansetron PO/IV

4 mg starting dose recommended for ondansetron.

Maximum dose of ondansetron for Child Pugh - C patients is 8 mg every 24 hours.

ondansetron tablet 4 mg

4 mg, oral, every 8 hours, as needed, nausea, vomiting, Starting today at 1402

Or

ondansetron, preservative free 4 mg in D5W 50 mL bag

4 mg, intravenous, every 8 hours, as needed, nausea, vomiting, Starting today at 1402

ondansetron DISINTEGRATING tablet

Due to high cost, recommend reserving ondansetron DISINTEGRATING tab for actively vomiting patients without an IV.

Maximum dose of ondansetron for Child Pugh - C patients is 8 mg every 24 hours.

ondansetron tablet orally disintegrating 4 mg

4 mg, oral, every 8 hours, as needed, nausea, vomiting, Starting today at 1402

▼ Vitamins and Minerals

vitamin D3 (cholecalciferol) tablet 1,000 units ⓘ
1,000 units, oral, daily, First dose today at 1415

folic acid PO/IV

folic acid tablet 5 mg
5 mg, oral, daily, First dose today at 1415

Or

folic acid injection 5 mg
5 mg, intravenous, daily, First dose today at 1415

multivitamin PO/IV

multivitamin with minerals tablet
 oral, daily, First dose today at 1415

Or

multivitamin, adult (MULTI-1000) injection 10 mL
10 mL, intravenous, daily, First dose today at 1415

thiamine IV (For suspected Wernicke's encephalopathy)

vitamin B1 (thiamine) injection amp 500 mg
500 mg, intravenous, every 8 hours, scheduled, First dose today at 1415, For 3 days

Followed By

vitamin B1 (thiamine) injection amp 300 mg
300 mg, intravenous, daily, First dose on Mon 22/11 at 1400, For 5 days

thiamine PO/IV (For Wernicke's prophylaxis dosing)

vitamin B1 (thiamine) injection amp 300 mg
300 mg, intravenous, every 8 hours, First dose today at 1415, For 5 days

Or

vitamin B1 (thiamine) tablet 300 mg
300 mg, oral, every 8 hours, First dose today at 1415, For 5 days

▼ Consults/Referrals

▼ IP Specialty Consults

- Inpatient Consult to Infectious Diseases
- Inpatient Consult to Critical Care Medicine (Intensivist)
- Inpatient Consult to Nephrology
- Inpatient Consult to Addiction Services
- Inpatient Consult to Pharmacy

▼ IP Allied Health Consults

Consider Physiotherapy or Occupational Therapy Consults if routine screens positive for functional dependence, immobility, or fall risk.
Consider Discharge Planning consult if two or more ED visits / admissions in the past year, need for alternate level of care, etc.
Consider Social Work consult if unstable housing, finances, complex psychosocial concerns.

- Inpatient Consult to Physical Therapy
- Inpatient Consult to Occupational Therapy
- Inpatient Consult to Discharge Planning
- Inpatient Consult to Social Work
- Inpatient Consult to Dietitian
- Inpatient Consult to Speech Language Therapy

▼ Cirrhosis Specific Order Panels

- ▶ [Alcohol Associated Hepatitis Adult Panel](#) Click for more
- ▶ [Alcohol Use Disorder in Cirrhosis Adult Panel](#) Click for more
- ▶ [Ascites Hepatic Hydrothorax, Edema in Cirrhosis Adult Panel](#) Click for more
- ▶ [Hepatic Encephalopathy Adult Panel](#) Click for more
- ▶ [Spontaneous Bacterial Peritonitis \(SBP\) or Spontaneous Bacterial Pleuritis, Cirrhosis Adult Panel](#) Click for more
- ▶ [Liver Disease Work Up Adult Panel](#) Click for more
- ▶ [Renal Dysfunction in Cirrhosis Adult Panel](#) Click for more
- ▶ [Hepatorenal Syndrome \(HRS\) Adult Panel](#) Click for more
- ▶ [Variceal Bleed Adult Panel](#) Click for more