UMC Health System

FMT NASODUODENAL PLAN
- Phase: FMT Gastric Fecal Specimen Processing

Patient Label Here

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Fecal Microbiota Transplant Algorithm
	Laboratory
	Fecal Specimen Processing ☐ Transplant Route: Nasogastric Tube

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

UMC Health System FMT NASODUODENAL PLAN - Phase: FMT Gastric Post-Procedure	Patient Label Here

PHYSICIAN ORDERS	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
ORDER	**ORDER DETAILS**
	Dietary
	Notify Nurse (DO NOT USE FOR MEDS) (FMT Administration Guidelines) ☐ Patient to resume diet 8 hours post FMT.
	Oral Diet
	NPO Diet
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	loperamide ☐ 4 mg, PO, tab, q24h, x 1 dose, Administer second dose of loperamide 4 hours post FMT procedure. Administer second dose of loperamide 4 hours post FMT procedure.

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

UMC Health System

FMT NASODUODENAL PLAN
- Phase: FMT Gastric Pre-Procedure

Patient Label Here

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Insert Gastric Tube ☐ T;N, Nasogastric - NG
	Communication
	Notify Nurse (DO NOT USE FOR MEDS) (FMT Administration Guidelines) ☐ Pt must be free from nausea/vomiting, tolerating diet or enteral feeding prior to transplant to decrease the risk of aspirating transplant contents. Administer 100-150 mL slowly over 1 hour no more than 30 mL at a time via the NasoDuodenal/Dobhoff tube
	Confirm Gastric Tube Placement - Cleared (Confirm Gastric Tube Placement - Cleared for Use)
	Dietary
	NPO Diet ☐ NPO, Except Meds, Patient to be NPO 6 hours prior to procedure.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	loperamide ☐ 4 mg, PO, tab, q24h, x 1 dose, Administer loperamide 1 hour prior to FMT procedure. Administer loperamide 1 hour prior to FMT procedure.
	pantoprazole ☐ 40 mg, IVPush, inj, q24h, x 1 dose, Administer pantoprazole 1 hour prior to FMT procedure. Administer pantoprazole 1 hour prior to FMT procedure. IVPush over 2 min. Reconstitute with 10 mL NS.
	Nausea/Vomiting
	ondansetron ☐ 4 mg, IVPush, inj, q6h, PRN nausea If ondansetron contraindicated or ineffective, use prochlorperazine if ordered.
	prochlorperazine ☐ 10 mg, IVPush, inj, q6h, PRN nausea Sedating agent. Do NOT administer if patient is exhibiting signs of sedation.

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

UMC Health System FMT NASODUODENAL PLAN - Phase: Intra-Procedure	Patient Label Here

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Perform Fecal Microbiota Transplant (FMT (Perform Fecal Microbiota Transplant (FMT)) ☐ Transplant Route: NasoDuodenal Tube A Dobhoff or other tube placed post-pyloric is preferred for this procedure
	Patient Position ☐ Other, 2, hr, Head of Bed Elevated at least 45 degrees during the procedure and at least 2 hours after procedure

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____