

<p>UMC Health System</p> <p>FMT RECTAL PLAN - Phase: FMT Rectal Fecal Specimen Processing</p>	<p>Patient Label Here</p>
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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: Bowel Management System

Transplant Route: Enema

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TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

FMT RECTAL PLAN
- Phase: FMT Rectal Intra-Procedure

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	
	Notify Nurse (DO NOT USE FOR MEDS) (FMT Administration Guidelines) <input type="checkbox"/> Can be administered via rectal tube if in place a. to the patient for 1 hour after transplant
	Perform Fecal Microbiota Transplant (FMT (Perform Fecal Microbiota Transplant (FMT)) <input type="checkbox"/> Transplant Route: rectal tube or rectal enema. Instruct the patient to retain the enema as long as possible after transplantation.
	Patient Position <input type="checkbox"/> Lying on Left Side, Administer the transplant while patient lying on left side, then turn the patient to the right side immediately afterwards to help retain the transplant

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>FMT RECTAL PLAN - Phase: FMT Rectal Post-Procedure</p>	<p>Patient Label Here</p>
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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
	Patient Position <input type="checkbox"/> Lying on Right Side, Remain lying on right side for minimum of 2 hours post procedure.
	Patient Activity <input type="checkbox"/> Bedrest, Bed Position: As Tolerated, Patient to be on bedrest 4 hours post fecal transplant.
	Communication
	Notify Nurse (DO NOT USE FOR MEDS) (FMT Administration Guidelines) <input type="checkbox"/> Turn the patient to the right side and instruct them to retain the enema as long as possible.
	Dietary
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

UMC Health System

Patient Label Here

FMT RECTAL PLAN
- Phase: FMT Rectal Pre-Procedure

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

Notify Nurse (DO NOT USE FOR MEDS) (FMT Administration Guidelines)

Patient must be alert, oriented, and strong enough physically to retain enema
frail or elderly patients.

Notify Nurse (DO NOT USE FOR MEDS) (FMT Administration Guidelines)

FMT via the rectal route is not appropriate for patient unable to follow complex directions due to mental illness, confusion,
agitation, disability, or other causes. Consider alternate routes for these patients

Notify Nurse (DO NOT USE FOR MEDS) (FMT Administration Guidelines)

Patient must be able to lie on their left side for administration of FMT and their right side post administration.

Soap Suds Enema

Administer soap suds enema 6 hours prior to procedure.

Dietary

NPO Diet

NPO, 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.

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

