

Allergies:  NKDA \_\_\_\_\_

Diagnosis: Morbid Obesity Admit to:  South 5  CCU Status: Inpatient

Procedure:  Roux-EN-Y Gastric Bypass  Sleeve Gastrectomy  
 Open  Laparoscopic  Revision  Other: \_\_\_\_\_

**NURSING INTERVENTIONS:** (Check box/ fill in to activate. Line through pre-checked orders to cancel)

- Vital signs on arrival to unit, then in 15 minutes, then in 30 minutes, then hourly X 2, then every 4 hours X 24 hours, then every 8 hours unless otherwise ordered by physician
- I & O every 8 hours
- Weigh daily at 0600
- Incentive Spirometer every 1 - 2 hours while awake
- Continuous SaO<sub>2</sub> monitor for 24 hours
- O<sub>2</sub> 0 - 3 L PRN to keep O<sub>2</sub> saturations at 93% or greater. Discontinue when O<sub>2</sub> saturations are 93% or greater on room air
- Continuous O<sub>2</sub> monitor if patient refuses C-Pap or Bi-Pap (if patient uses routinely at home)  Notify physician
- Dressing change PRN  Reinforce dressing PRN  Remove operative dressing POD # 1  Remove operative dressing POD # 2
- Remove indwelling urinary catheter at 0600 POD # 1
- Remove indwelling urinary catheter on POD # 2 if placed in OR
- Straight cath if no void in 9 hours, bladder distention and patient discomfort, or BUS residual greater than 350 mL.  
If 2<sup>nd</sup> straight cath needed, insert indwelling urinary catheter
- G-tube drains to gravity  JP drains to bulb suction Other: \_\_\_\_\_

**Activity:**

Elevate HOB to 30 degrees. Out of bed (OOB) and ambulate with assistance when awake and alert. Ambulate within 4 hours after surgery. OOB to chair and ambulate with assistance at least TID beginning POD # 1  PRN shower POD # 1

**Notify physician if:**

- Temp greater than 38.5° C, pulse greater than 120, or respirations greater than 20
- SBP greater than 180 or less than 90, DBP greater than 100 or less than 50
- O<sub>2</sub> sats less than 92% or greater than 3 L O<sub>2</sub> required
- If pain unrelieved in 2 hours, severe patient anxiety, or new episode of confusion
- Urine output less than 150 mL/ 8 hours  Urine output less than 100 mL/ 4 hours

**DIETARY:** (Check box to activate)

Strict NPO until after Gastrograffin study done &:  surgeon has confirmed no sign of leak  radiologist note has confirmed no sign of leak

Open Procedure:

POD # 1: NPO

POD # 2: After confirming no sign of leak, begin water 60 mL/ hour PO as tolerated and may have ice chips

POD # 3: Begin bariatric pureed diet, 3 small meals to be eaten over 20 - 30 minutes

POD # 3: Begin bariatric clear liquid diet

Laparoscopic Procedure:

POD # 1: After confirming no sign of leak, begin water 60 mL/ hour PO as tolerated and may have ice chips;

If tolerating water, advance to Bariatric Clear Liquid Diet

POD # 2: Begin bariatric pureed diet 3 small meals, add one small snack

No liquids for 15 minutes before and 45 - 60 minutes after meals

Oral medications may be started when patients are taking:  pureed diet  bariatric clear diet

Medications should be taken 15 - 30 minutes before or 45 - 60 minutes after meals, staggering each tablet or capsule by 5 minutes

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**P H Y S I C I A N O R D E R**



**BARIATRIC STAPLED**

**POSTOP ORDERS**

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**IV THERAPY:** (Check box/ fill in to activate)

- Normal Saline 500 mL with 1 vial of multivitamins to infuse at 70 mL/ hour X 1 bag
- D<sub>5</sub> 0.45% NS with \_\_\_\_\_ mEq potassium chloride, to infuse at \_\_\_\_\_ mL/ hour
- 0.45% NS with 20 mEq potassium chloride to infuse at \_\_\_\_\_ mL/ hour
- Lactated Ringers to infuse at \_\_\_\_\_ mL/ hour
- Other IV Fluids: \_\_\_\_\_ to infuse at \_\_\_\_\_ mL/ hour
- Saline lock after small amount of pureed breakfast is tolerated
- Saline lock after tolerating clear liquids and 60 mL/ hour fluids

**LABORATORY/ DIAGNOSTICS:** (Check box/ fill in to activate)

- Hemoglobin A1C
- Gastrograffin swallow:  early AM POD # 1 for laparoscopic procedures  early AM POD # \_\_\_\_\_ Other time: \_\_\_\_\_
- POD # 1:  CBC  Basic Metabolic Panel  CK
- POD # 2:  CBC  Comprehensive Metabolic Panel  CK

**CONSULTS:** (Check box to activate)

- Respiratory Therapist to set up patient's own  C-Pap  Bi-Pap

**MEDICATIONS:** (Check box to activate)

Pharmacist may adjust doses for age or renal function

<input type="checkbox"/> ceFAZolin (ANCEF) 2 g IV every 8 hours X 2 postop doses <b>AND</b> metroNIDAZOLE (FLAGYL) 500 mg IV every 12 hours X 1 postop dose <input type="checkbox"/> ceFOXitin (MEFOXIN) 2 g IV every 6 hours X 3 postop doses <input type="checkbox"/> clindamycin 900 mg IV every 8 hours X 2 postop doses <b>AND</b> aztreonam 2 g IV every 12 hours X 1 postop dose <i>Give 1<sup>st</sup> post-op dose at next standard administration time, regardless of when preop dose was given</i>	Prophylaxis Antibiotic
<input type="checkbox"/> heparin 5000 units subcutaneously every 8 hours <b>AND</b> SCDs or venous foot pumps if SCDs do not fit <input type="checkbox"/> dalteparin (FRAGMIN) 2500 units subcutaneously 8 hours after surgery X 1, then dalteparin (FRAGMIN) 5000 units subcutaneously daily <b>AND</b> SCDs or venous foot pumps if SCDs do not fit	VTE Prophylaxis
<input type="checkbox"/> SCDs or venous foot pumps if SCDs do not fit	VTE Prophylaxis with <b>high risk for bleeding</b>
<input type="checkbox"/> HYDROMorphone (DILAUDID) <i>PCA Orders</i> <input type="checkbox"/> morphine <i>PCA Orders</i> <input type="checkbox"/> fentaNYL <i>PCA Orders</i> Discontinue PCA when tolerating small pureed or full liquid diet	Mild to Severe Pain (1-10) <b>PCA</b>
<input type="checkbox"/> oxyCODONE liquid 5 - 15 mg PO every 4 hours PRN (when taking PO)	Severe Pain (7-10) <b>PO</b>
<input type="checkbox"/> On-Q pump with bupivacaine 0.5% subcutaneously to infuse at 4 mL/ hour When reservoir is empty or before patient is discharged, discontinue pump and remove cutaneous catheters	Mild to Severe Pain (1-10) <b>Via cutaneous catheter</b>
<input type="checkbox"/> acetaminophen (TYLENOL) liquid 650 mg PO every 4 hours PRN (when taking PO) <input type="checkbox"/> acetaminophen (TYLENOL) 650 mg PR every 4 hours PRN Not to exceed 4000 mg of acetaminophen/ 24 hours. <b>If 65 or older, do not exceed 3000 mg of acetaminophen/ 24 hours</b>	Mild Pain (1-3), HA or Temp >38 <b>PO/ PR</b>
<input type="checkbox"/> metoprolol 2.5 mg IV every 6 hours <input type="checkbox"/> metoprolol 5 mg IV every 6 hours Hold for sx bradycardia, if SBP less than 100 mmHg, or if HR less than 60. Discontinue when on oral beta blocker <input type="checkbox"/> Beta-blocker contraindicated	Beta Blocker
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV every 6 hours X 3 postop doses	Moderate Pain
<input type="checkbox"/> famotidine (PEPCID) 20 mg IV every 12 hours <input type="checkbox"/> omeprazole (priLOSEC) 20 mg PO daily (when taking PO), then discontinue famotidine (PEPCID) if ordered	Acid Reducer <b>PO/ IV</b>

Physician Signature

Date

Time

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