

UNIVERSITY LAP GASTRIC BYPASS SURGERY **PRE-OP ORDERS** Adults 18 & older

Ht	_ cm	Allergies
Wt.	ka	

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD	
	AM admit for laparoscopic gastric bypass surgery		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.	
	2. Notify UT Surgery Resident of patient arrival to			
	update H & P			
	3. Notify UT Surgery Resident of patient arrival and			
	update with any problems			
	Notify Anesthesia of patient arrival			
	5. Measure and obtain abdominal binder			
	Venodyne boots to OR with patient.			
	Physician Signature			
	Physician ID Number			
Unapproved abbreviations – U, IU, QD, QOD, MS, MSO4, MgSO4, doses without leading zeros, doses with trailing zeros. 773-QM-GILAPGASBYPREOP0806-VER2				