



Physician Orders ADULT

attach patient label here

Order Set: Lap Band/Gastric Bypass Postop Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: _____ ☐ No known allergies

<input type="checkbox"/> Medication allergy(s): _____	
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____	
Admission/Transfer/Discharge	
<input type="checkbox"/>	Admit Patient to Dr. _____
Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation	
NOTE to MD: Inpatient - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care	
Outpatient - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area	
Observation - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up	
Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____	
<input type="checkbox"/>	Return Patient to Room _____ T:N _____
<input type="checkbox"/>	Transfer Patient within current facility
<input type="checkbox"/>	Notify Physician-Once _____ Notify of room number upon arrival to unit
Primary Diagnosis: _____	
Secondary Diagnosis: _____	
Vital Signs	
<input type="checkbox"/>	Vital Signs Monitor and Record T,P,R,BP, q1h x 2, q2h x 2 then q4h
Activity	
<input type="checkbox"/>	Elevate Head Of Bed 45 degrees
<input type="checkbox"/>	Out Of Bed Up To Chair, evening of surgery; majority of day on Post op day # 1
<input type="checkbox"/>	Ambulate qid
Food/Nutrition	
<input type="checkbox"/>	NPO Start at: T;N, Comment: May have a teaspoon of ice every 4 hours
Patient Care	
<input type="checkbox"/>	Abdominal Binder Apply
<input type="checkbox"/>	Nursing Communication No acetaminophen (Tylenol) for increased temperature
<input type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)
<input type="checkbox"/>	Indwelling Urinary Catheter Remove T+1;0600, Remove catheter in AM (Post op day #1) (Foley Remove)
<input type="checkbox"/>	Nursing Communication Flowtrons to both lower extremities while in bed
<input type="checkbox"/>	Nursing Communication If gastrograffin swallow negative for leaks post day #1, place order for Bariatric Surgery Clear Liquid Diet, heplock IV when tolerating diet
<input type="checkbox"/>	Crush Meds No whole pills/capsules; crush all PO medications
<input type="checkbox"/>	Shower May shower on post op day # 2
<input type="checkbox"/>	Turn Cough Deep Breathe (Cough and Deep Breathe) q1h-Awake
<input type="checkbox"/>	Incentive Spirometry NSG q1h-Awake
<input type="checkbox"/>	Intake and Output Routine, q8h(std), Record Intake & Output



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Respiratory Care		
<input type="checkbox"/>	CPAP/BiPAP	
<input type="checkbox"/>	Chest Percussion Therapy Nsg	q4h(std)
<input type="checkbox"/>	Nasal Cannula (O2-Nasal Cannula)	2 L/min, Special Instructions: Titrate to keep O2 sat \geq 92%
<input type="checkbox"/>	Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT))	q4h
Continuous Infusions		
<input type="checkbox"/>	potassium chloride (Dextrose 5% NaCl 0.45% KCl 20 mEq)	1,000 mL, IV, Routine, T;N, 125 mL/hr
Medications		
<input type="checkbox"/>	VTE Other SURGICAL Prophylaxis Orders	
	NOTE: Age > or equal to 65 give Ketorolac dose below:	
<input type="checkbox"/>	ketorolac	30 mg, Injection, IV Push, q6h, Routine, (For 24 hr), For patients less than 65 years Comment: Give first dose in Recovery Room
<input type="checkbox"/>	ketorolac	15 mg, Injection, IV Push, q6h, Routine, (For 24 hr), For patients Greater than or equal to 65 years, OR, less than 50 kg. Comment: Give first dose in Recovery Room
<input type="checkbox"/>	piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, q6h, Routine, (For 3 dose)
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q6h, PRN Nausea, Routine, T;N, Comment: Give first.
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IV Push, q4h, PRN, Nausea, Routine, T;N, Comment: Give if no response to ondansetron.
<input type="checkbox"/>	promethazine	25 mg, Gel, TOP, q4h, PRN, Nausea, Routine, T;N
<input type="checkbox"/>	Adult Standard PCA orders - Hydromorphone (Adult Standard PCA orders - Hydromorphone)	
<input type="checkbox"/>	HYDROmorphone	0.5 mg, Injection, IV Push, q4h, PRN Pain, Breakthrough, Routine, T;N
<input type="checkbox"/>	Adult Standard PCA orders - morPHINE	
<input type="checkbox"/>	morPHINE	1 mg, Inj, IV Push, q4h, PRN Pain, Breakthrough, Routine
Laboratory		
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect, Comment: In PACU
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, STAT, once, Type: Blood, Nurse Collect, Comment: In PACU
<input type="checkbox"/>	Calcium Level	T;N, STAT, once, Type: Blood, Nurse Collect, Comment: In PACU
<input type="checkbox"/>	Magnesium Level	T;N, STAT, once, Type: Blood, Nurse Collect, Comment: In PACU
<input type="checkbox"/>	Phosphorus Level	T;N, STAT, once, Type: Blood, Nurse Collect, Comment: In PACU
<input type="checkbox"/>	CBC	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	Calcium Level	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	Magnesium Level	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	Phosphorus Level	T+1;0400, Routine, once, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	GI Upper W/WO Delayed Films W KUB w/delay (GI Upper W/WO Delayed Films W KUB w/delay diet)	
Consults/Notifications		
<input type="checkbox"/>	Physical Therapy Initial Eval and Tx	T;N, Routine
<input type="checkbox"/>	Dietitian Consult (Consult Clinical Dietitian)	T;N
<input type="checkbox"/>	Notify Physician For Vital Signs Of	T;N, BP Systolic > 140, BP Diastolic > 90, BP Systolic < 90, BP Diastolic < 50, Celsius Temp > 37.8, Heart Rate > 110, Heart Rate < 60, Resp Rate > 30, Resp Rate < 8, Severe Pain
<input type="checkbox"/>	Physician Group Consult	Group: Medical Anesthesia Group, Reason for Consult: Regional Block

Date	Time	Physician's Signature	MD Number
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Lap Band/Gastric Bypass Postop Orders 22002
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