



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 (Foley Remove)	T+1;0600, Remove catheter in AM (Post op day #1)
<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 => 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 _____

Lap Band/Gastric Bypass Postop Orders 22002
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