

BARIATRIC SURGERY - ROUX - EN - Y
POST OPERATIVE ADMISSION ORDERS

ADMIT TO: Inpatient Status

SERVICE: SCU Telemetry Stepdown ICU CCU

ADMITTING PHYSICIAN: _____

DIAGNOSIS: (list all) _____

ALLERGIES: _____

1. MEDICATIONS: ALL Oral Medications need to be liquid or crushed; no sustained release products.

Prophylactic Antibiotics: (select one)

For all patients

Cefotetan (CEFOTAN) 2 gm IVPB, First dose to be given upon arrival in PACU _____ (Date / Time)
Repeat every 12 hours times 2, then discontinue
Second dose due _____ (Date / Time)

If life-threatening angioedema or anaphylaxis to cephalosporin or penicillin:

Clindamycin (CLEOCIN) 900 mg IVPB, First dose to be given upon arrival in PACU _____ (Date / Time)
Repeat every 8 hours times 2, then discontinue
Second dose due _____ (Date / Time)

If patient has history of Cardiac Valve Disorder

Gentamicin 100 mg IVPB, First dose to be given upon arrival in PACU _____ (Date / Time)
Repeat every 12 hours times 2, then discontinue
Second dose due _____ (Date / Time)

PLUS

Metronidazole (FLAGYL) 500 mg, First dose to be given upon arrival in PACU _____ (Date / Time)
Repeat every 6 hours times 2, then discontinue
Second dose due _____ (Date / Time)
Third and final dose due _____ (Date / Time)

PLUS

Ampicillin 2 gm IVPB, First dose to be given upon arrival in PACU _____ (Date / Time)
Repeat every 6 hours times 2, then discontinue
Second dose due _____ (Date / Time)
Third and final dose due _____ (Date / Time)

If life-threatening angioedema or anaphylaxis to cephalosporin or penicillin:

substitute Vancomycin 1 gm IVPB times 1 dose for Ampicillin, to be given upon arrival in
PACU _____ (Date / Time)

IV FLUIDS: Lactated Ringers add MVI (1 amp) to 1st liter every day – infuse at 125 mL / hour

[] Normal Saline 500 mL bolus if urine output is less than 50 mL/hr x 2 hours; may repeat x 1

DVT Prophylaxis (Select one):

Heparin 5,000 Units Subcutaneous every 8 hours – start 4 hours after surgery

Enoxaparin (LOVENOX) 30 mg Subcutaneous every 12 hours,

Pre Op dose given at _____ (Date and time) 1st Post Op dose due at _____ (Date and Time)

[] Enoxaparin (LOVENOX) 30 mg Subcutaneous every 24 hours (CrCl < 30 mL/min) Dose due at _____ (date and time)

NOTE: If spinal anesthesia used, Enoxaparin (LOVENOX) must not be given until at least 12 hours after the removal of the spinal catheter. Removed at _____

GI Symptoms:

Famotidine 20 mg IVP every 12 hours as needed for acid reflux

Metocolopramide 10 mg IVP every 8 hours as needed for nausea

Ondansetron (ZOFTRAN) 4 mg IVP every 6 hours PRN Nausea, if above does not produce desired effect

Physician Signature

Date (required)

Time (required)

PHYSICIANS ORDERS AND
INSTRUCTIONS TO NURSE



640B

PT.

MR.#/P.M.

DR.

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Medications continued:

Pain Management: PCA (choose only one agent)

Morphine (1 mg/mL) loading dose: 2 mg, Continuous/Basal rate 1 mg/hour,
Incremental Dose: 1 mg, Lock Out Interval: 10 minutes, 1-Hour Limit: 8 mg,

Hydromorphone (DILAUDID, 0.5 mg/mL) loading dose: 1 mg, NO continuous/basal rate,
Incremental Dose: 0.25 mg, Lock Out Interval: 15 minutes, 1-Hour Limit: 1 m

For Respiratory rate less than 8/minute, give Naloxone (NARCAN) 0.1 mg IV and repeat in 1 minute to increase respiratory rate to 10 / minute or greater

[] Acetaminophen 1000 mg IVPB q 6 hours x 3 doses. Start 6 hours after first dose.

Respiratory: Albuterol 2.5 mg SVN every 6 hours X 48 hours, then every 6 hr PRN Shortness of breath
 Ipratropium 0.5 mg SVN every 8 hours X 48 hours, then every 6 hours PRN Shortness of breath

2. RESPIRATORY THERAPY:

- Incentive Spirometry, including deep breathing and coughing, every 1 hour while awake X 10
- Start Oxygen Therapy via nasal cannula at O2 3 liters / minute and Titrate to keep SpO₂ more than 92%
- When applicable, re - institute CPAP/BiPAP using home settings
 - CPAP _____ cm H₂O pressure
 - BiPAP _____ cm H₂O inspiratory pressure, _____ cm H₂O expiratory pressure

3. ACTIVITY: Leg exercises (foot pumps) every 2 hours while in bed
 Ambulate with assistance this evening and then 4 times daily

4. DIET: NPO. Registered Dietitian consult with patient in the AM of Post-Op day # 1

5. VITAL SIGNS: Every 15 minutes X 4, then every 1 hour X 4, then every 4 hours

- Place Patient on Cardiac Monitor and record rhythm strips every shift and with any arrhythmia
- Continuous SpO₂ monitoring
- For Temperature greater than or equal to 101 degrees F / 38.3 degrees C, call Surgeon.
- Tachycardia – for sustained Tachycardia greater than 120 beats per minute, for 20 minutes or longer, call Surgeon.

6. INTAKE AND OUTPUT:

- Every 1 hour for 24 hours, then every shift – Notify MD if low urine output
- Jackson Pratt Drain – Empty every Shift – Prime every 48 hours
- If Urine Output is less than 240 mL in 8 hours or JP drainage greater than 200 mL in 8 hours – **notify physician**
- If JP drainage color is bile or bright red - **notify physician**
- Provide daily bedside Bariatric Intake and Output sheet for patient to record

7. LABS: CBC with diff at 0600 – On post-op day #1 BMP at 0600– On post-op day #1
 CBC with diff, Lytes, BUN, Creatinine and Glucose every AM X 2

8. CONSULTS: Clinical Nutrition Consult for Assessment

Dr. _____ to be consulted for medical opinion re: _____

9. MISCELLANEOUS: Patient to wear abdominal binder Ice Packs to Abdomen PRN

- Intermittent Pneumatic Compression (IPC) Garment to knees and activated at all times
- Monitor patient for LE ulcers, increasing edema and DVT
- Use foot pumps if LE garment too small for patient's calf
- Do not change original or abdominal dressing – observe for bleeding – reinforce PRN
- Remove OR dressing on Post OP Day #1, then may shower
- Foley catheter to gravity drainage – D/C Post Op Day #1 if adequate Urine Output last 8 hours
- Trapeze to Bed Frame

10. DIAGNOSTICS: Radiographic examination of the GI tract in the morning or Post – Op day # 1 to rule out leak
 GASTROGRAFIN Swallow BARIUM Swallow

Physician Signature

Date (required)

Time (required)

PT.

MR.#/P

DR.