## **ROUX-EN-Y GASTRIC BYPASS** Post-op Day #2

	agnosis: S/P			S Open Small Pouch Gastric Bypass , may begin to prepare patient for discharge		
	IV ORDERS:			_, may begin to pre	spare patient for discharge	
	Saline Lock if tolerating liquid diet					
2.	MEDICATIONS:  Ondansetron (ZOFRAN) 4 mg IVP times one dose  PAIN Hydrocodone / Acetaminophen (LORTAB) ELIXER 15 ml PO every 3 hours PRN for pain DVT PROPHYLAXIS					
		Enoxaparin (LOVENOX) 30 mg subcutaneous every 12 hours Do not give Enoxaparin (LOVENOX) if patient is receiving standard Heparin				
3.	<u>DIET</u> : May advance to Bariatric full liquid diet if tolerating clear liquid diet and able to tolerate 8 ounces of fluid per hour by mouth					
4.	VITAL SIGNS: Routine per protocol if on Telemetry Unit					
5.	. ACTIVITY: Ambulate with in hallway 4 times per day and ad lib					
6.		IISCELLANEOUS NURSING:     Call Surgeon for Temp greater than 101 F				
	<ul> <li>Call Surgeon for Pulse greater than 120 bpm for 20 minutes or longer</li> <li>Call Surgeon for SBP less than 100 or greater than 180</li> <li>Call Surgeon Urine output less than 240 ml for 8 hours</li> </ul>					
	<ul> <li>Discontinue IPC's if ambulating ad lib</li> <li>Patient may shower</li> </ul>					
	Discontinue urinary catheter if tolerating clear liquids					
7.	PATIENT TEACHING:					
	<ul> <li>Inform patient regarding discharge / follow up care</li> <li>Teach drain care</li> </ul>					
	Teach patient I	Teach patient Enoxaparin (LOVENOX) self-administration				
8.	Other Medications/Orders:					
Physician Signature			Date (r	equired)	Time (required)	
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PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE		640B		PT.		
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