

McLaren Flint
**LAPAROSCOPIC
CHOLECYSTECTOMY**

PRE-OP HOLDING ORDERS:

- Cefazolin (KEFZOL) 1 gm if patient weights less than 50kg– Administer within 1 hour of surgery start time.
- Cefazolin (KEFZOL) 2 gm if patient weights between 50kg and 120 kg– Administer within 1 hour of surgery start time.
- Cefazolin (KEFZOL) 3 gm if patient weighs more than 120 kg – Administer within 1 hour of surgery start time.

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

Clindamycin 600 mg IVPB, administer within 1 hour of surgery start time.

And Gentamicin 80 mg IVPB, administer within 1 hour of surgery start time

POST-OPERATIVE ORDERS:

ADMIT TO: Inpatient Status Observation

SERVICE: Surgical Services

ADMITTING PHYSICIAN: _____

DIAGNOSIS: Post Laparoscopic Cholecystectomy

ALLERGIES: _____

Discontinue all pre-procedural medications. May utilize the TMO to specify all post-procedural medications.

- ACTIVITY:** Ambulate Ad-lib. First time with assistance.
- DIET:** NPO until fully alert and stable. Then advance diet to regular as tolerated.
- VITAL SIGNS:** Routine post-op vitals.
- RESPIRATORY:** Incentive Spirometry every 2 hours while awake.
- CONSULT:**
 Notification of this patient's admission
 Reason for consult _____
- MISCELLANEOUS:** Discontinue NG tube and Foley in PACU.
- IV's:**
 D5 / LR at _____ mL per hour until discharged
 D 5/0.45% NaCl at with 20 mEq KcL / Liter at _____ mL per hour until discharged
- MEDICATIONS (INCLUDING IV'S) Administer if not allergic:**
 Antibiotics: _____
 Metoclopramide (REGLAN) 10 mg IVP every 6 hours X 4 doses
 Ondansetron 4mg IVP every 4 hours PRN nausea
 Morphine Sulfate 2 mg IVP every 3 hours PRN for pain severe pain
 Hydromorphone (DILAUDID) 1 mg IVP every 3 hours PRN for pain
 May discontinue IV pain meds and begin Hydrocodone /Acetaminophen (VICODIN) 5 / 500 1 tab (pain scale 1-3) and 2 tabs (pain scale 4-6) every 3 hours PRN for pain when tolerating liquids
 Other _____
- Initiate Adult DVT / VTE Assessment and Orders, Order Set number M1708-106
- VTE PROPHYLAXIS:**
 Heparin 5000 units Subcut x1 dose @ _____ am/pm
 Apply and Turn **ON** Sequential Pneumatic Compression (SCD) Device
(PRIOR TO INDUCTION OF ANESTHESIA)

Physician Signature

Date (required)

Time (required)

