

McLAREN FLINT

Gastric Banding

NURSING CARE CARD

Use Pencil Only

DATE ORDERED	TREATMENTS & DRESSINGS	DATE ORDERED	X-RAY	DATE SCHEDULED	DATE ORDERED	DAILY LAB WORK
	IS, deep breathing/coughing Q1°x10 WA		Gastrograffin			
	JP drain: Empty Q8° and prime Q48°		swallow			
	Ice packs to abdomen PRN		Barium swallow			
	Do not change original or abdominal drsg					
	Observe for bleeding. Reinforce PRN					
	Remove drsg POD #1, then may shower				DATE ORDERED	LABORATORY
						CBC @ 0600 POD #1
DRAINS & PACKING						
DATE ORDERED	EQUIPMENT					
	Monitor with continous pulse oximetry					
	SCD's activated at all times					
	Foley - D/C POD # 1 if U/O adequate				DATE ORDERED	DIAGNOSTIC TESTS/SPECIMENS
	Trapeze to bed frame					
		DATE ORDERED	EKG			
Ht.	CODE STATUS					
Wt.						

INTRAVENOUS THERAPY					FLUID RESTRICTIONS:		DIET: NPO		TUBE FEEDING:		
DATE ORDERED	PERIPHERAL _____	CVP _____	PIC _____	SL _____	PORT _____	Total _____ cc	1st _____ cc	2nd _____ cc	3rd _____ cc		
	PCA _____					ACTIVITY: Leg exercises (foot pumps) q2° WIB Ambulate with assist this evening and then QID					
						TRAVEL: Bed _____ Wheelchair _____ Stretcher _____ O ₂ _____		BATH: _____		POSITION: _____	
						V.S. Q4°		I&O Q1°x 24° Q8°		O ₂ 3L NC titrate to keep SPO ₂ greater 92%	
	BLOOD PRODUCTS:					Neuro				B.M. _____ DATE: _____ DAILY WT. _____	
						SPECIAL PROGRAMS:					
						DATE ORDERED		TIME			
TPN:		LIPIDS:		CHEMO/SPECIAL IV THERAPY:			P.T.				
							O.T.				
							SPEECH				
							RADIATION				
							TEACHING				
									CPAP/BIPAP if needed		
						DATE ORDERED	RESPIRATORY THERAPY				
							Albuterol SVN Q6°x48°, then Q6° PRN				
							Atrovent SVN Q8°x 48°, then Q6° PRN				

						ADVANCE DIRECTIVES:					
DATE ORDERED	CONSULTS	NOTIFY	HERE	DATE	SPECIAL COMMENTS & INFORMATION	Durable Power of Attorney: _____					
	Dietician				Notify doctor if U/O less 200cc/8°	Legal Guardian: _____					
	Nutrition				JP drainage greater 100cc/8° or if JP drainage color is bile or bright red	Next of Kin: _____					
						In Case of Emergency: _____					
						CODE STATUS: _____					
						DISCHARGE PLANS					DATE NOTIFIED
						Discharge Plan Referral: _____					
						Social Work Referral: _____					
SIGNIFICANT PAST MEDICAL HISTORY: Gastric Banding						DRG/LOS: _____					
DIAGNOSIS: Morbid obesity						BRADEN SCALE: _____					
POST DIAGNOSIS OR SURGERY:											
						ALLERGIES					

MEDICAL RECORD NO	PATIENT	ROOM NO	DOCTOR	AGE	ADM. DATE