

(place patient label here)

Patient Name: _____

Order Set Directions:

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PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

Bariatric Surgery Post Op Day

Version 2 Approved 11/13/2017

☒ Diagnosis _____

Preferred Location/Unit

- ☐ Surgical
- ☐ ICU

Code Status:

- ☒ Full Code

Activity

- ☒ Ambulate
Additional instructions: In halls every shift starting day of surgery
- ☒ Out of bed to chair daily

Nursing Orders

- ☒ Vital signs per unit standard
- ☒ Leg exercises at time of Vital Signs, dorsiflexion and plantar flex both feet x10
- ☐ Point of Care Capillary Blood Glucose 4 times a day, before meals and at bedtime
- ☒ Medical Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [] Yes [] No
- ☐ Intake and output per unit standard
- ☐ Intake and output STRICT
- ☒ Daily Weight
Additional Instruction: Standing
- ☒ Initiate MRSA Testing and Treatment Protocol
- ☒ Notify Physician: Temperature >101.3 F (38.5 C); Pulse <50 or >120; SBP <90 or >180; DBP <60 or > 100; RR >26 or <10; Urine Output <30ml/hr
- ☒ Incentive Spirometer every 1 hour x10
- ☐ Maintain JP Drain
Empty and Record Output: when full and at least once per shift
Discontinue: _____
- ☐ Dressings Change
Begin: When JP is discontinued
Type: [x] Place gauze with tegaderm. Leave in place for 2 days, after which it can be removed and either re-dressed or left open
Frequency: [] Daily [x] PRN
Additional Instructions: _____
- ☐ Other: _____

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Respiratory

- ☒ Pulse oximetry continuous
- Oxygen administration
 - ☒ Nasal Cannula RN/RT to determine flow and titrate to maintain Oxygen saturation greater than 90%
Additional Instructions: via Nasal Cannula
 - ☐ Other: _____ at _____ Lpm
- ☐ Continuous positive airway pressure (CPAP) , patient may use own- as per home settings
- ☐ Other: _____

Diet (pick only one)

- ☐ NPO
 - ☐ Clear Liquid Diet with Bariatric Modifiers
 - ☐ Full Liquid Diet with Bariatric Modifiers
 - ☐ Optisource/protein supplement (with Full Liquid Diet) 4 ounces every 2 hours, 6 times per day
- Additional Instructions: No red dye, no straws, no caffeine, no carbonated beverage, no juices. Artificial sweeteners ONLY.

Required intake: 6 ounces fluid per hour.

IV/ Line Insert and/or Maintain

- ☒ Maintain Peripheral IV
- ☒ Sodium Chloride 0.9% IV (Normal Saline Flush) 10 milliliter intravenously 2 times a day

IV Fluids - Maintenance Specific Fluid

Lactated Ringers 1,000mL with Thiamine 100mg, Folic Acid 1 mg, Magnesium Sulfate 1gm and MVI 10ml

- ☒ 125 milliliter/hour continuous intravenous infusion x1 bag

Then, Lactated Ringers IV

- ☒ 150 milliliter/hour continuous intravenous infusion

IV Fluids – Bolus

Lactated Ringers

- ☐ 1,000 milliliter if urine output is less than _____

****If patient is diabetic, please use the Diabetic Insulin Management Order Set**

Medications

pantoprazole IV

- ☒ 40 milligram intravenously once

If patient on an oral B-blocker at home, SELECT:

metoprolol IV –

- ☐ 5 milligram intravenously every 6 hours. Hold for SPB <100 or HR <60

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Hypoglycemia Treatment

Post Operative Bariatric Surgery Patient

Blood Glucose 51-69 mg/dL SELECT:

☒ Glucose Gel 1 tube=15 grams carbs. Recheck capillary blood glucose in 15 minutes and if less than 70 mg/dL follow treatment again.

Blood Glucose 50 mg/dL or less SELECT:

☒ Glucose Gel 2 tube=30 grams carbs. Recheck capillary blood glucose in 15 minutes and if less than 70 mg/dL follow treatment again.

Analgesics (PCA): Select one

- morphine range recommendations: demand dose: 0.5-2 milligram; demand dose lock out: 5-10 minutes; doses(milligram)/hour: 5-10 milligram/hour

morphine in normal saline 1 mg/mL (PCA)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Standard PCA | <input type="checkbox"/> Custom PCA |
| Demand dose: 1 milligram; | Demand dose: ____ milligram |
| Demand dose lock out: 8 minutes; | Demand dose lock out: ____ minutes |
| MAX doses/hour: 7 doses/hour | MAX doses/hour: ____ doses/hour |
| <input type="checkbox"/> Continuous rate: ____ milligrams/hour (initial rate should not be greater than 1 milligram/hour in opioid naive patients) | |
| <input type="checkbox"/> Clinician bolus: ____ milligrams (max = ____ doses/hour) | |

- HYDRomorphone (DILAUDID) range recommendations: demand dose: 0.05-0.4 milligram; demand dose lock out: 5-10 minutes; doses(milligram)/hour: 1-1.5 milligram/hour

HYDRomorphone normal saline 0.2 mg/mL (DILAUDID - PCA)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Standard PCA | <input type="checkbox"/> Custom PCA |
| Demand dose: 0.2 milligram; | Demand dose: ____ milligram |
| Demand dose lock out: 8 minutes; | Demand dose lock out: ____ minutes |
| Maximum doses/hour: 7 doses/hour | Maximum doses/hour: ____ doses/hour |
| <input type="checkbox"/> Continuous rate: ____ milligrams/hour (initial rate should not be greater than 0.15 milligram/hour in opioid naive patients) | |
| <input type="checkbox"/> Clinician bolus: ____ milligrams (max = ____ doses/hour) | |

- fentaNYL range recommendations: demand dose:10-50 microgram; demand dose lock out: 5-10 minutes; doses(microgram)/hour: 75-125 microgram/hour

fentaNYL in normal saline 10 micrograms/mL (PCA)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Standard PCA | <input type="checkbox"/> Custom PCA |
| Demand dose: 10 micrograms; | Demand dose: ____ micrograms |
| Demand dose lock out: 8 minutes; | Demand dose lock out: ____ minutes |
| Maximum doses/hour: 7 doses/hour | Maximum doses/hour: ____ doses/hour |
| <input type="checkbox"/> Continuous rate: ____ micrograms/hour (initial rate should not be greater than 10 micrograms/hour in opioid naive patients) | |
| <input type="checkbox"/> Clinician bolus: ____ micrograms (max = ____ doses/hour) | |

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Analgesics: Oral/Rectal

acetaminophen 500 mg tablet (TYLENOL)

- ☐ 1,000 milligram orally every 6 hours

oxyCODONE 5 mg tablet

- ☐ 1-2 tablets orally every 4 hours as needed for moderate pain

HYDROcodone/acetaminophen 5/325mg tablet (NORCO)

- ☐ 1-2 tablets orally every 4 hours as needed for moderate pain

acetaminophen 650 mg rectal suppository (TYLENOL)

- ☐ 650 milligram suppository rectally every 4 hours as needed for pain or temperature greater than 101.4 F

(Do NOT order if scheduled acetaminophen is ordered)

Analgesics: Intravenous

FentaNYL IV

- ☐ 25-50 micrograms slow intravenous push every 3 hours as needed for severe break-through pain

HYDROmorphine IV

- ☐ 0.5-1 milligram intravenously every 3 hours as needed for severe break-through pain

Morphine IV

- ☐ 1-4 milligrams intravenously every 2 hours as needed for severe break-through pain

Antiemetics Injectable

ondansetron (ZOFran)

- ☒ 4 milligram intravenously every 4 hours as needed for nausea/vomiting

promethazine (PHENERGAN)

- ☒ 25 milligram intravenously every 6 hours as needed for nausea/vomiting, if no response to ondansetron

VTE Prophylaxis

Nursing Order

- ☒ Sequential compression device (SCD)

Medications

enoxaparin (LOVENOX)

- ☐ 40 milligram subcutaneously once a day

Laboratory

- ☐ CBC/AUTO DIFF six hours post op

Morning Draw:

CBC/AUTO DIFF

- ☐ Morning draw x 2 (POD #1 & #2)

BASIC METABOLIC PANEL

- ☐ Morning draw x 2 (POD #1 & #2)

Radiology and Diagnostic Tests

- ☐ XR Upper GI in AM

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Consult Department

- ☐ PT Physical Therapy Eval & Treat Reason for consult: _____
- ☐ OT Occupational Therapy Eval & Treat Reason for consult: _____

Provider Signature: _____ Date: _____ Time: _____