

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
 Allergies with reaction type: _____

LAPAROSCOPIC GASTRIC BANDING POSTOPERATIVE

Version 4 5/11/2011

Place on surgical unit

Vital signs – Routine post-op then every 4 hours

Diet:

NPO except ice chips x _____ hours.
 _____ Clear liquid diet
 _____ Full liquid diet

I & O

Knee-high TED hose, SCDs

Up to chair, ambulate with assistance tid

O2 per nasal cannula to keep SaO2 > 90%

May use own CPAP or BiPAP

Incentive spirometer, turn, cough, deep breathe every 1 hour while awake

Call MD if not voided 6-8 hours post surgery

UGI: _____ Day of Surgery
 _____ Post op Day 1

Lab:

Medications:

IV: _____ at _____ ml/ hour
 _____ Lortab elixer 10-15 ml po every 4 hours prn pain
 _____ PCA _____ Morphine _____ Hydromorphone
 Dose= _____ mg
 Lockout= _____ minutes
 4 hour limit= _____ mg
 _____ Antibiotics: _____
 _____ Protonix 40 mg IV daily
 _____ Tylenol 650 mg suppository every 4 hours prn temperature > 101 F
 _____ Zofran 4 mg IV q 4 hours prn nausea
 _____ Reglan 10 mg IV q 6 hours prn nausea

DVT Management

Lovenox: _____
 Arixtra: _____
 Heparin: _____

Provider Signature: _____ Date: _____ Time: _____