BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

PROVIDER ORDERS

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:_____