

(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 BYPASS POSTOPERATIVE

Version 6 5/17/2011

Place on surgical unit ICU

- _____ Vital signs – Routine post-op then every 4 hours
- _____ NPO May have ice chips sugar free popsicle
- _____ I & O
- _____ Knee-high TED hose, SCDs
- _____ JP to closed suction, empty and record output every shift and prn
- _____ Foley to gravity; call if urine output <300 ml per shift
- _____ Up to chair, ambulate with assistance tid, ambulate today
- _____ O2 per nasal cannula – titrate to keep SaO2 above 90%
- _____ May use own CPAP or BiPAP
- _____ Incentive spirometer, turn, cough, deep breathe every 1 hour while awake
- _____ Pain service consult prn pain

Lab: _____

Medications:

IV: _____ at _____ ml/ hour

Antibiotic: _____

PCA standard orders: _____ Morphine _____ Demerol _____ Hydromorphone

- Dose = _____ mg
- Lockout= _____ minutes
- 4 hour limit = _____ mg

- _____ Protonix 40 mg IV daily
- _____ Reglan 10 mg IV q 6 hours prn nausea
- _____ Zofran 4 mg IV q 4 hours prn nausea
- _____ Tylenol 650 mg suppository q 4 hours prn temperature greater than 101 F.

DVT management

- Lovenox _____
- Heparin _____
- Arixtra _____

Schedule Gastrograffin or thin barium UGI on _____ POD #1 or _____ POD #2; call results

Provider Signature: _____ Date: _____ Time: _____