ADMIT TO:

DIAGNOSIS:

- Ambulate in hall on day of surgery; continue 4 times each day and document
- Vitals every 4 hours
- Strict I&O every 8 hours
- Call Surgical HO and/or Attending MD for questions or clarifications

X-RAY: UGI (Gastro Graffin) in AM at 0730 R/O anastomotic leak

LAB:
- CBC in AM
- CMP in AM


0.9% Sodium Chloride (Normal Saline) IV at 100ml/hour

- IV Fluid ______________________________ at ________________ ml/hr (rate)
- Add 1 amp Multivitamin (MVI) to 1 liter IV fluids per day
- Add 1 mg Folic acid to 1 liter IV fluids per day
- Dextran 40/0.9% Sodium Chloride IV at 25ml/hour times 1 liter
- Discontinue Dextran
- Reglan 10mg IVPB TID
- Fragmin 5000 units subcutaneous daily. Start at _________ if no bleeding at site.
- Pepcid 20mg IVPB every 12 hours
- Ativan 0.5mg IVP every 6 hours PRN as needed for anxiety
- Zofran 4mg IVPB every 6 hours PRN as needed for nausea and vomiting
- Ancef 1gm IVPB every 8 hours times 2 doses > > DO NOT give if allergic to PCN.
- If allergic to PCN, give Levaquin 500mg IVPB every 24 hours times two doses
- Vasotec 1.25mg every 4 hours PRN for systolic greater than 160 or diastolic greater than 90
Glucose check (accucheck) every ac and every hs, per sliding scale below:

- 60 or less: give 2 amps D50 and call HO
- 61 to 150: give 0 units
- 151 to 250: give 3 units of regular insulin subcutaneous
- 251 to 300: give 6 units of regular insulin subcutaneous
- 301 to 350: give 10 units of regular insulin subcutaneous
- 351 or greater: give 12 units and call HO

Morphine 4mg IV every 2 hours as needed for pain

If allergic to Morphine, give Dilaudid 4mg IV every 2 hours PRN for pain

Toradol 30mg IVPB every 6 hours for 24 hours

Tylenol with Codeine Elixir 15ml PO every 4 hours as needed for pain

Ibuprofen suspension 60mg/30ml PO every 4 hours as needed for pain

PCA Morphine (see attached PCA order sheet)

Sequential pneumatic compression stockings while in bed

Assess incision site and change dressing as needed

Assess patient for signs and symptoms of leakage from anastomosis: HR greater than 20 beats per minute above baseline, respiratory rate greater than 6 breaths per minute above baseline. If patient symptomatic: notify surgeon immediately, stop Dextran, do stat CBC and pulse ox.

Discontinue Foley Catheter 12 hours post-op

RESPIRATION TREATMENTS:

- CPAP/Bi-pap as per pulmonologist Dr. ___________________________
- Incentive spirometry exercises 10x every hour while awake
- Encourage coughing and deep breathing
- Chest PT every 8 hours
- Proventil Nebs 1 unit dose every 6 hours
- Respiratory Care to evaluate and obtain baseline pulse ox and provide supplemental O2 per protocol.
## PHYSICIAN'S ORDER SHEET

**GASTRIC BYPASS POST OP - CLINICAL PATHWAY: DAY 1**

All orders will be fulfilled unless crossed out.
After each order is properly checked, fax order sheet to pharmacy whether or not orders involve medication.

### ALLERGY
- [ ] PT for evaluation
- [ ] OT for ADL's evaluation
- [ ] Dietitian for diet instructions
- [ ] Pharmacy for medication review and changes
- [ ] Case Management for discharge planning

### CALL MEDICAL DOCTOR / SURGEON FOR:
- [ ] SOB
- [ ] Respiratory Rate greater than 20
- [ ] Oxygen Saturation less than 92%
- [ ] Temp greater than 101.5
- [ ] Confusional State
- [ ] Notify MD for HR greater than 20 bpm above baseline

### NOTES:

Doctor's Signature ________________________, MD  Date __________
Nurse's Signature / Title _____________________________________________

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**USE BALL POINT PEN ONLY - PRESS FIRMLY**

**PART OF THE MEDICAL RECORD**

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Gastric Bypass Post-Op Day 1 Physicians Order_CLINICAL PATHWAYS_MEDICAL AFFAIRS

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