

<b>UMC Health System</b>  <b>BARIATRIC SURGERY POST-OP PLAN</b> - Phase: Bariatric Post-Op - Pt Arrival to Room	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

**Patient Care**

**Patient Activity**  
 Out of Bed | Assist as Needed, Pt MUST visit Bathroom. HOB elevated 30 degrees at all times. Post-Op Day 1 MANDATORY Out of Bed q4hrs

**Apply Sequential Compression Device**  
 Apply to Bilateral Lower Extremities

**Apply Elastic Stockings**  
 Apply to: Bilateral Lower Extremities, Length: Knee High, If appropriate size available

**Insert Urinary Catheter (Insert Foley)**  
 Foley, Straight cath if no void by 8hrs post-op.

**Strict Intake and Output**  
 Per Unit Standards, Pt to void into commode chair in bathroom, not in bed.

**Notify Provider (Misc)**

**Discontinue Urinary Catheter**  
 POD 1 after UGI cleared per physician

**Communication**

**Notify Provider of VS Parameters**  
 Temp Greater Than 100.5, SBP Less Than 90, HR Greater Than 110

**Medication Management (Notify Nurse and Pharmacy)**  
 Start date T;N

**Dietary**

**Oral Diet**  
 Clear Liquid Diet, No tray, Post Bariatric - 4oz/hr (2oz water, sugar free popsicles, or Crystal Light and 2 oz protein shake); No Straws

**Oral Diet**  
 Clear Liquid Diet, No tray, Post Bariatric - 8 oz/hr (4 oz water, sugar free popsicles, or Crystal Light and 4 oz protein shake) No straws

**NPO Diet**  
 T;N, Except Meds, Except Ice Chips, Except sugar-free popsicles  
 T;N, Except Meds  Except Ice Chips  
 T;N

**IV Solutions**

**LR**  
 IV, 140 mL/hr  IV, 150 mL/hr

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

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BARIATRIC SURGERY POST-OP PLAN  
- Phase: Bariatric Post-Op - Pt Arrival to Room

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p><b>cyanocobalamin</b>  <input type="checkbox"/> 1,000 mcg, IM, inj, ONE TIME</p>
	<p><b>thiamine</b>  <input type="checkbox"/> 100 mg, IVPB, ivpb, Daily, x 4 days                      ***Not to exceed 4 days***</p>
	<p><b>zolpidem</b>  <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia</p>
	<p><b>albuterol</b>  <input type="checkbox"/> 1.25 mg, inhalation, soln, q4h, PRN shortness of breath</p>
<b>Anti-pyretics</b>	
	<p><b>acetaminophen</b>  <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever, Temp greater than 101                      ***DO NOT administer until POD 1***                      Temp greater than 101                      Do not exceed 4000 mg of acetaminophen per day from all sources.  <input type="checkbox"/> 1,000 mg, PO, tab, q6h, fever, Temp greater than 101                      ***DO NOT administer until POD 1***                      Temp greater than 101                      Do not exceed 4000 mg of acetaminophen per day from all sources.</p>
<b>Analgesics</b>	
	<p><b>acetaminophen</b>  <input type="checkbox"/> 1,000 mg, IVPB, iv soln, q6h, x 2 dose                      Do not exceed 4000 mg of acetaminophen from all sources in 24 hours.</p>
	<p><b>acetaminophen</b>  <input type="checkbox"/> 650 mg, PO, tab, q4h, PRN pain-mild (scale 1-3)                      ***DO NOT administer until POD 1***                      Do not exceed 4000 mg of acetaminophen per day from all sources..  <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)                      ***DO NOT administer until POD 1***                      Do not exceed 4000 mg of acetaminophen per day from all sources.</p>
	<p><b>ketorolac</b>  <input type="checkbox"/> 15 mg, IVPush, inj, q24h, x 3 dose                      To be given at 6:00 AM (0600) post op day 1  <input type="checkbox"/> 15 mg, IVPush, inj, q6h, x 48 hr <span style="margin-left: 100px;"><input type="checkbox"/> 15 mg, IVPush, inj, q8h, x 48 hr</span></p>
	<p><b>acetaminophen-codeine (acetaminophen-codeine #3)</b>  <input type="checkbox"/> 2 tab, PO, q4h, PRN pain-moderate (scale 4-6)                      May give with food. ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours.*** If acetaminophen-codeine is ineffective or contraindicated, give tramadol if ordered. Start at 0800 on POD 1                      Continued on next page....</p>

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BARIATRIC SURGERY POST-OP PLAN  
- Phase: Bariatric Post-Op - Pt Arrival to Room

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p><b>traMADol</b></p> <p><input type="checkbox"/> 50 mg, PO, tab, q12h, PRN pain-moderate (scale 4-6) start at 0800 POD 1</p> <p><input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) start at 0800 POD 1</p> <p><input type="checkbox"/> 100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) start at 0800 POD 1</p> <p><input type="checkbox"/> 100 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) start at 0800 POD 1</p>
	<p>Choose either morphine or HYDROmorphine for Severe Pain. Do not select both.</p> <p><b>morphine</b></p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN pain-severe (scale 7-10) *****If morphine is ineffective/contraindicated, USE HYDROmorphine if ordered*****</p> <p><input type="checkbox"/> 3 mg, IVPush, inj, q3h, PRN pain-severe (scale 7-10) *****If morphine is ineffective/contraindicated, USE HYDROmorphine if ordered*****</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, q3h, PRN pain-severe (scale 7-10) *****If morphine is ineffective/contraindicated, USE HYDROmorphine if ordered*****</p>
	<p><b>HYDROmorphine</b></p> <p><input type="checkbox"/> 0.5 mg, Slow IVPush, inj, q3h, PRN pain-severe (scale 7-10)</p>
<b>Gastrointestinal Agents</b>	
	<p><b>ondansetron</b></p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q4h If ondansetron contraindicated or ineffective, use prochlorperazine if ordered.</p>
	<p><b>pantoprazole</b></p> <p><input type="checkbox"/> 40 mg, IVPush, inj, Daily IVP over 2 min. Reconstitute with 10mL NS. Stable for 2 hrs at room temp after reconstitution.</p>
	<p><b>prochlorperazine</b></p> <p><input type="checkbox"/> 10 mg, IVPush, inj, q4h, nausea Sedating Agent. Do NOT administer if patient is exhibiting signs of sedation.</p>
	<p><b>scopolamine</b></p> <p><input type="checkbox"/> 1 mg, transdermal, adh patch, Every 3 days If patch placed pre-operatively, leave in place and start next patch 3 days later. Place behind ear and change every three days.</p>
<b>Antibiotics</b>	
	<p><b>ceFAZolin</b></p> <p><input type="checkbox"/> 2 g, IVPush, inj, q8h, x 2 dose, Pre-OP/Post-Op Prophylaxis Begin 8 hours after preoperative dose given. Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes Continued on next page....</p>

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BARIATRIC SURGERY POST-OP PLAN  
- Phase: Bariatric Post-Op - Pt Arrival to Room

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<b>Hepatic Function Panel (Liver Function Panel)</b> <input type="checkbox"/> Next Day in AM, T+1;0300 <span style="margin-left: 200px;"><input type="checkbox"/> Next Day in AM, T+1;0300, Every AM for 2 days</span>
<b>Diagnostic Tests</b>	
	<b>DX UGI Single (contrast)</b> <input type="checkbox"/> T+1;0500, Use Gastrografin. Assess for leak at Gastro-jejunostomy site. Use 60 mLs. Use 60 mLs.
<b>Respiratory</b>	
	<b>Oxygen (O2) Therapy</b> <input type="checkbox"/> 2-6 L/min, Keep sats greater than: 90%
	<b>Chest Physiotherapy</b> <input type="checkbox"/> Target Lung Area(s): All lung areas, q6h, While Awake. With Postural Drainage.
	<b>IS Instruct</b> <input type="checkbox"/> 10x/day, 10 times every hour while awake.
	<b>CPAP</b> <input type="checkbox"/> If patient suspected of having COVID-19 avoid use of high flow cannula. Use can amplify infectiousness. Continue patient's home settings.
	<b>Continuous Pulse Oximetry</b> <input type="checkbox"/> For 24 hours post surgery
<b>Physical Medicine and Rehab</b>	
	<b>Consult PT Mobility for Eval &amp; Treat</b>
<b>Consults/Referrals</b>	
	<b>Consult Dietitian</b> <input type="checkbox"/> Dietician to see patient prior to discharge
<b>...Additional Orders</b>	

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BARIATRIC SURGERY POST-OP PLAN  
- Phase: PACU POST-OP DIAGNOSTIC TESTS

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

H&H to be done in PACU on EVERY bone related hip surgery prior to leaving the PACU and reported to the Anesthesia Attending of record and to the Attending Ortho Surgeon.

- AC & HS
- TID
- q12h
- q6h 24 hr

- Per Sliding Scale Insulin Frequency
- AC & HS 3 days
  - BID
  - q6h
  - q4h

Sliding Scale Insulin Aspart Guidelines

- Follow SSI Aspart Reference Text

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BARIATRIC SURGERY POST-OP PLAN  
- Phase: SLIDING SCALE INSULIN ASPART PLAN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

insulin aspart (Low Dose Insulin Aspart Sliding Scale)

0-10 units, subcut, inj, AC & nightly, PRN glucose levels - see parameters

Low Dose Insulin Aspart Sliding Scale

If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.

70-150 mg/dL - 0 units

151-200 mg/dL - 1 units subcut

201-250 mg/dL - 2 units subcut

251-300 mg/dL - 3 units subcut

301-350 mg/dL - 4 units subcut

351-400 mg/dL - 6 units subcut

If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.

0-10 units, subcut, inj, BID, PRN glucose levels - see parameters

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0-10 units, subcut, inj, TID, PRN glucose levels - see parameters

Low Dose Insulin Aspart Sliding Scale

If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.

70-150 mg/dL - 0 units

151-200 mg/dL - 1 units subcut

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**BARIATRIC SURGERY POST-OP PLAN  
- Phase: SLIDING SCALE INSULIN ASPART PLAN**

**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 1 units subcut 201-250 mg/dL - 2 units subcut 251-300 mg/dL - 3 units subcut 301-350 mg/dL - 4 units subcut 351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL administer 10 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p>
	<p><b>insulin aspart (Moderate Dose Insulin Aspart Sliding Scale)</b></p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p>Continued on next page....</p>

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**BARIATRIC SURGERY POST-OP PLAN  
- Phase: SLIDING SCALE INSULIN ASPART PLAN**

**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p>Continued on next page....</p>

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**BARIATRIC SURGERY POST-OP PLAN  
- Phase: SLIDING SCALE INSULIN ASPART PLAN**

**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<p><input type="checkbox"/> 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 3 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p>
	<p><b>insulin aspart (High Dose Insulin Aspart Sliding Scale)</b></p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p>Continued on next page....</p>

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**BARIATRIC SURGERY POST-OP PLAN  
- Phase: SLIDING SCALE INSULIN ASPART PLAN**

**PHYSICIAN ORDERS**

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	<p><input type="checkbox"/> 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 201-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat 10 units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. ONce blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p> <p>Continued on next page....</p>

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**BARIATRIC SURGERY POST-OP PLAN  
- Phase: SLIDING SCALE INSULIN ASPART PLAN**

**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p><b>insulin aspart (Blank Insulin Aspart Sliding Scale)</b>  <input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters                      If blood glucose is less than ___ mg/dL, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - ___ units subcut                      151-200 mg/dL - ___ units subcut                      201-250 mg/dL - ___ units subcut                      251-300 mg/dL - ___ units subcut                      301-350 mg/dL - ___ units subcut                      351-400 mg/dL - ___ units subcut</p> <p>If blood glucose greater than 400 mg/dL, administer ___ units subcut, notify provider, and repeat POC blood sugar check in 90 minutes. Continue to repeat ___ units subcut and POC blood sugar checks every 90 minutes until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.</p>
<b>HYPOglycemia Guidelines</b>	
	<p><b>HYPOglycemia Guidelines</b>  <input type="checkbox"/> ***See Reference Text***</p>
	<p><b>glucose</b>  <input type="checkbox"/> 15 g, PO, gel, as needed, PRN glucose levels - see parameters                      If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines.</p>
	<p><b>glucose (D50)</b>  <input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters                      Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.</p>
	<p><b>glucagon</b>  <input type="checkbox"/> 1 mg, IM, inj, as needed, PRN glucose levels - see parameters                      Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.</p>

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



BARIATRIC SURGERY POST-OP PLAN  
- Phase: PACU POST-OP DIAGNOSTIC TESTS

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
<b>Diagnostic Tests</b>	
	<b>EKG-12 Lead</b>
<b>Radiography</b>	
	<b>DX Chest PA &amp; Lateral</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Abdomen AP (KUB)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Ankle Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Ankle Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Elbow Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Elbow Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 1 view (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 1 view (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 2+ vws (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Femur 2+ vws (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Foot Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Foot Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Forearm AP/Lat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Forearm AP/Lat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hand Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hand Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Heel-Os Calsis 2+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Heel-Os Calsis 2+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

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BARIATRIC SURGERY POST-OP PLAN  
- Phase: PACU POST-OP DIAGNOSTIC TESTS

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<b>DX Hip 2-3 views Unilat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hip 2-3 views Unilat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Wrist Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Wrist Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Tib/Fib AP/Lat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Tib/Fib AP/Lat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Left))</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Right))</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis Complete 3+ (DX Pelvis w Juda Views)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis AP 1 or 2 vw</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Knee 1or 2 vws (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Knee 1or 2 vws (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

