## UMC Health System

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

	PHYSICIAN OF	RDERS	
Diagnosis			
Weight	Allergies		
	Place an "X" in the Orders column to designate orders of choice AND an	"x" in the specific order o	letail box(es) where applicable.
ORDER	ORDER DETAILS		
	Patient Care		
	Patient Activity Out of Bed   Assist as Needed, Pt MUST visit Bathroom. HOB elevated 30 q4hrs	) degrees at all times. Post-	Op Day 1 MANDATORY Out of Bed
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities		
	Apply Elastic Stockings Apply to: Bilateral Lower Extremities, Length: Knee High, If appropriate size	e available	
	Insert Urinary Catheter (Insert Foley)		
	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		
	.Medication Management (Notify Nurse and Pharmacy)		
	Dietary		
	Oral Diet Clear Liquid Diet, No tray, Post Bariatric - 4oz/hr (2oz water, sugar free pop No Straws	psicles, or Crystal Light and	2 oz protein shake);
	Oral Diet Clear Liquid Diet, No tray, Post Bariatric - 8 oz/hr (4 oz water, sugar free po No straws	opsicles, or Crystal Light an	d 4 oz protein shake)
	□ T;N	Except Ice Chips	
	IV Solutions		
	LR □ IV, 140 mL/hr □ IV	V, 150 mL/hr	
	Medications		
	Medication sentences are per dose. You will need to calculate a total da	illy dose if needed.	
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Physician Signature: \_

Date



Time

## **UMC Health System** Patient Label Here 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** <u>cy</u>anocobalamin 1,000 mcg, IM, inj, ONE TIME thiamine 100 mg, IVPB, ivpb, Daily, x 4 days \*\*\*Not to exceed 4 days\*\* zolpidem 5 mg, PO, tab, Nightly, PRN insomnia albuterol 1.25 mg, inhalation, soln, q4h, PRN shortness of breath Anti-pyretics acetaminophen 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. 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. Analgesics acetaminophen 1,000 mg, IVPB, iv soln, q6h, x 2 dose Do not exceed 4000 mg of acetaminophen from all sources in 24 hours. acetaminophen 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.. 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. ketorolac 15 mg, IVPush, inj, q24h, x 3 dose To be given at 6:00 AM (0600) post op day 1 15 mg, IVPush, inj, q6h, x 48 hr 15 mg, IVPush, inj, q8h, x 48 hr acetaminophen-codeine (acetaminophen-codeine #3) 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.... 🗆 то Read Back Scanned PharmScan **Scanned Powerchart** Order Taken by Signature: Date Time

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Date



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

	PHYSICIAN ORI	DERS	
	Place an "X" in the Orders column to designate orders of choice AND an '	"x" in the specific order d	etail box(es) where applicable.
ORDER	R ORDER DETAILS		
	traMADol         50 mg, PO, tab, q12h, PRN pain-moderate (scale 4-6) start at 0800 POD 1         50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) start at 0800 POD 1         100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) start at 0800 POD 1         100 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) start at 0800 POD 1         100 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) start at 0800 POD 1		
	Choose either morphine or HYDROmorphone for Severe Pain. Do not select the <b>morphine</b> 2 mg, IVPush, inj, q2h, PRN pain-severe (scale 7-10) *****If morphine is ineffective/contraindicated, USE HYDROmorphone if order 3 mg, IVPush, inj, q3h, PRN pain-severe (scale 7-10) *****If morphine is ineffective/contraindicated, USE HYDROmorphone if order 4 mg, IVPush, inj, q3h, PRN pain-severe (scale 7-10) *****If morphine is ineffective/contraindicated, USE HYDROmorphone if order	dered*****	
	HYDROmorphone 0.5 mg, Slow IVPush, inj, q3h, PRN pain-severe (scale 7-10)		
	Gastrointestinal Agents		
	ondansetron 4 mg, IVPush, soln, q4h If ondansetron contraindicated or ineffective, use prochlorperazine if ordered	ed.	
	pantoprazole         40 mg, IVPush, inj, Daily         IVP over 2 min.         Reconstitute with 10mL NS.         Stable for 2 hrs at room temp a	after reconstitution.	
	prochlorperazine ☐ 10 mg, IVPush, inj, q4h, nausea Sedating Agent. Do NOT administer if patient is exhibiting signs of sedation.	ı.	
	scopolamine 1 mg, transdermal, adh patch, Every 3 days If patch placed pre-operatively, leave in place and start next patch 3 days la	ater. Place behind ear and	change every three days.
	Antibiotics		
	CeFAZolin ☐ 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		
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BARIATRIC SURGERY POST-OP PLAN - Phase: Bariatric Post-Op - Pt Arrival to Room Patient Label Here

	PHYSIC	IAN 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			
	<ul> <li>3 g, IVPush, inj, q8h, x 2 dose, Pre-OP/Post-Op Prophylaxis</li> <li>Begin 8 hours after preoperative dose given.</li> <li>Reconstitute each vial with 10 mL of Sterile Water or NS</li> <li>Administer IV Push over 3-5 minutes</li> </ul>			
	<b>clindamycin</b> ☐ 900 mg, IVPB, ivpb, q12h, x 1 dose, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Begin 12 hours after preoperative dose given.			
	metroNIDAZOLE         500 mg, IVPB, ivpb, q8h, x 2 dose, Pre-OP/Post-Op Prophylaxis         Do not give with drugs containing alcohol. Begin 8 hours after preoperative dose given.			
	Antihypertensives			
	hydrALAZINE 10 mg, IVPush, inj, q6h, PRN hypertension Give for SBP greater than 170. Patient must be on telemetry. If hydralazine ineffectve or contraindicated, give IV metoprolol if ordered.			
	metoprolol ☐ 5 mg, IVPush, inj, q6h, PRN hypertension Give for SBP greater than 170. Hold for HR less than 60. Patient must be on telemetry.			
	metoprolol ☐ 5 mg, IVPush, inj, q6h Hold if SBP less than 110 and/or HR less than 60. Patient must be on telemetry.			
	VTE Prophylaxis			
	enoxaparin 40 mg, subcut, syringe, q12h, BMI LESS than 50 60 mg, subcut, syringe, q12h, BMI GREATER than or equal to 50			
	Laboratory			
	CBC Next Day in AM, T+1;0300	□ Next Day in AM, T+1;0300	), Every AM for 2 days	
	<b>CBC with Differential</b> Next Day in AM, T+1;0300, for 1 days	Next Day in AM, T+1;0300	), Every AM for 1 days	
	Basic Metabolic Panel Next Day in AM, T+1;0300	Next Day in AM, T+1;0300	), Every AM for 2 days	
	Comprehensive Metabolic Panel Next Day in AM, T+1;0300	Next Day in AM, T+1;0300	), Every AM for 2 days	
	Magnesium Level Next Day in AM, T+1;0300	Next Day in AM, T+1;0300	), Every AM for 2 days	
	Renal Function Panel Next Day in AM, T+1;0300	Next Day in AM, T+1;0300	), Every AM for 2 days	
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BARIATRIC SURGERY POST-OP PLAN		Pau		
- Phase: Bariatric Post-Op - Pt Arrival to Room				
		N ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order	detail box(es) where applicable.	
ORDER				
		□ Next Day in AM, T+1;0300,	Every AM for 2 days	
	Diagnostic Tests DX UGI Single (contrast) ☐ T+1;0500, Use Gastrografin. Assess for leak at Gastro-jejunostomy so Use 60 mLs.	site. Use 60 mLs.		
	Respiratory			
	Oxygen (O2) Therapy 2-6 L/min, Keep sats greater than: 90%			
	<b>Chest Physiotherapy</b> Target Lung Area(s): All lung areas, q6h, While Awake. With Postura	Drainage.		
	IS Instruct □ 10x/day, 10 times every hour while awake.			
	CPAP If patient suspected of having COVID-19 avoid use of high flow cannula. Use can amplify infectiousness. Continue patient's home settings.			
	Continuous Pulse Oximetry			
	Physical Medicine and Rehab			
	Consult PT Mobility for Eval & Treat			
	Consults/Referrals Consult Dietitian			
	Dietician to see patient prior to discharge			
	Additional Orders			
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UMC Health System BARIATRIC SURGERY POST-OP PLAN - Phase: PACU Phase		Patient Label Here
	BUVOIOLA	N ORDERS
00000	Place an "X" in the Orders column to designate orders of choice AN	D an x in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS	
	Vital Signs         Per Unit Standards	
	Apply Sequential Compression Device Apply to Bilateral Lower Extremities	
	Ambulate Patient Ambulate patient 3 hours post-op if patient is still in PACU.	
	Communication	
	Notify Provider of VS Parameters (Notify Provider if VS)	
	Laboratory CBC STAT, Comment: Patient is in PACU	
	Basic Metabolic Panel STAT, Comment: Patient is in PACU	
	Comprehensive Metabolic Panel	
	Hemoglobin and Hematocrit STAT, Comment: Patient is in PACU	
	POC Hemoglobin and Hematocrit	
	POC Chem 8	
	Additional Orders	
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BARIATRIC SURGERY POST-OP PLAN - Phase: PACU POST-OP DIAGNOSTIC TESTS		Fa	
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER			
	Patient Care H&H to be done in PACU on EVERY bone related hip surgery prior to lea		
	Attending of record and to the Attending Ortho Surgeon.	Per Sliding Scale Insulin F AC & HS 3 days BID	requency
	☐ q12h ☐ q6h 24 hr	☐ 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 Patient Label Here

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 tot	al daily dose if needed.		
	insulin aspart (Low Dose Insulin Aspart Sliding Scale)	ators		
	Low Dose Insulin Aspart Sliding Scale			
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	tiate hypoglycemia guidelines a	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			
	Low Dose Insulin Aspart Sliding Scale			
	If blood glucose is less than 70 mg/dL and patient is symptomatic, init	tiate hypoglycemia guidelines a	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			
	<ul> <li>351-400 mg/dL - 6 units subcut</li> <li>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.</li> <li>□ 0-10 units, subcut, inj, TID, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</li> <li>70-150 mg/dL - 0 units</li> <li>151-200 mg/dL - 1 units subcut</li> <li>201-250 mg/dL - 2 units subcut</li> <li>251-300 mg/dL - 3 units subcut</li> <li>351-400 mg/dL - 4 units subcut</li> <li>351-400 mg/dL - 6 units subcut</li> <li>351-400 mg/dL - 6 units subcut</li> <li>351-400 mg/dL, 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 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.</li> <li>Continued on next page</li> </ul>			
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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	RDER ORDER DETAILS				
	0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters Low Dose Insulin Aspart Sliding Scale If blood glucose is loss than 70 mg/dL and patient is sumptomatic, initiate hypoglycomia guidelines and patify provider.				
	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.				
	<ul> <li>0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters</li> <li>Low Dose Insulin Aspart Sliding Scale</li> <li>If blood glucose is less than 70 mg/dL and patient is symptomatic, initiat</li> </ul>	e hypoglycemia guidelines a	and notify provider.		
	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.				
	insulin aspart (Moderate Dose Insulin Aspart Sliding Scale) □ 0-12 units, subcut, inj, AC & 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.				
	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				
	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, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.				
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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			
	ORDER DETAILS           □ 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, initia 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 251-300 mg/dL - 5 units subcut 301-350 mg/dL - 7 units subcut 351-400 mg/dL - 10 units subcut 351-400 mg/dL - 10 units subcut If blood glucose is greater than 400 mg/dL, administer 12 units subcut, minutes. Continue to repeat 10 units subcut and POC blood sugar che dL. Once blood sugar is less than 300 mg/dL, repeate POC blood sug insulin aspart sliding scale.           □ 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, initia 70-150 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 201-250 mg/dL - 5 units subcut 301-350 mg/dL - 5 units subcut 301-350 mg/dL - 5 units subcut 301-350 mg/dL - 10 units 151-200 mg/dL - 10 units subcut 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 10 units 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 301-350 mg/dL - 0 units 151-200 mg/dL - 2 units subcut 301-350 mg/dL - 10 units subcut 301-350 mg/dL - 2 units subcut 301-350 mg/dL - 10	notify provider, and repeat PC cks every 90 minutes until bloc ar in 4 hours and then resume te hypoglycemia guidelines an notify provider, and repeat PC cks every 90 minutes until bloc ar in 4 hours and then resume te hypoglycemia guidelines an te hypoglycemia guidelines an	DC blood sugar check in 90 bd glucose is less than 300 mg/ normal POC blood sugar check and nd notify provider. DC blood sugar check in 90 bd glucose is less than 300 mg/ normal POC blood sugar check and nd notify provider.	
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BARIATRIC SURGERY POST-OP PLAN - Phase: SLIDING SCALE INSULIN ASPART PLAN Patient Label Here

PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate order	s of choice AND an "x" in the specific or	der detail box(es) where applicable.	
RDER				
	0-12 units, subcut, inj, q4h, PRN glucose levels - see p Moderate Dose Insulin Aspart Sliding Scale If blood glucose is less than 70mg/dL and patient is sy		and notify provider.	
	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			
	351-400 mg/dL - 10 units subcut 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, repeate POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin aspart sliding scale.			
	insulin aspart (High Dose Insulin Aspart Sliding Scale □ 0-14 units, subcut, inj, AC & nightly, PRN glucose leve High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is sy	s and notify provider.		
	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			
	If blood glucose is greater than 400mg/dL, administer minutes. Continue to repeat 10 units subcut and POC dL. Once blood sugar is less than 300 mg/dL, repeat l insulin aspart sliding scale. □ 0-14 units, subcut, inj, BID, PRN glucose levels - see p High Dose Insulin Aspart Sliding Scale If blood glucose is less than 70 mg/dL and patient is s	blood glucose is less than 300 mg/ ne normal POC blood sugar check and		
	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			
c	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.			
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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 de	etail box(es) where applicable.	
ORDER	R ORDER DETAILS			
	R         ORDER DETAILS           Image: Detail of the set of t	, and repeat POC b ninutes until blood g nd then resume nor nia guidelines and , and repeat POC b ninutes until blood g na then resume nor nia guidelines and	blood sugar check in 90 glucose is less than 300 mg/ rmal POC blood sugar check and notify provider. blood sugar check in 90 glucose is less than 300 mg/ rmal POC blood sugar check and notify provider.	
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	UMC Health System ARIATRIC SURGERY POST-OP PLAN Phase: SLIDING SCALE INSULIN ASPART PLAN	Pa	atient Label Here		
	PHYSICIA				
	Place an "X" in the Orders column to designate orders of choice AN		er detail box(es) where applicable.		
ORDER	ORDER DETAILS	-			
	insulin aspart (Blank Insulin Aspart Sliding Scale) ☐ See Comments, subcut, inj, PRN glucose levels - see parameters If blood glucose is less than mg/dL, initiate hypoglycemia guidelin	es and notify provider.			
	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				
	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.				
	HYPOglycemia Guidelines				
	HYPOglycemia Guidelines ****See Reference Text***				
	<ul> <li>glucose</li> <li>15 g, PO, gel, as needed, PRN glucose levels - see parameters</li> <li>If 6 ounces of juice is not an option, may use glucose gel if blood gluco</li> <li>able to swallow. See hypoglycemia Guidelines.</li> </ul>	ose is less than 70 mg/dL and	d patient is symptomatic and		
	glucose (D50) ☐ 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameter Use if blood glucose is less than 70 mg/dL and patient is symtpomatic AND has IV access. See hypoglycemia guidelines.		tient has altered mental status		
	glucagon ☐ 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.				
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UMC Health System BARIATRIC SURGERY POST-OP PLAN - Phase: PACU POST-OP DIAGNOSTIC TESTS	Patient Label Here
РН	YSICIAN ORDERS
Place an "X" in the Orders column to designate orders of cho	ice AND an "x" in the specific order detail box(es) where applicable.
ORDER ORDER DETAILS	
Diagnostic Tests	
EKG-12 Lead	
Radiography	
DX Chest PA & Lateral	
DX Abdomen AP (KUB) STAT, Portable, Post-op. Patient in PACU	
DX Ankle Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU	
DX Ankle Complete 3+ (Right)	
DX Elbow Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU	
DX Elbow Complete 3+ (Right)	
DX Femur 1 view (Left) STAT, Portable, Post-op. Patient in PACU	
DX Femur 1 view (Right) STAT, Portable, Post-op. Patient in PACU	
DX Femur 2+ vws (Left) STAT, Portable, Post-op. Patient in PACU	
DX Femur 2+ vws (Right)	
DX Foot Complete 3+ (Left)	
DX Foot Complete 3+ (Right)	
DX Forearm AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU	
DX Forearm AP/Lat (Right)	
DX Hand Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU	
DX Hand Complete 3+ (Right)	
DX Heel-Os Calsis 2+ (Left)	
DX Heel-Os Calsis 2+ (Right)	
TO Read Back	Scanned Powerchart Scanned PharmScan
Order Taken by Signature:	Date Time

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Physician Signature:

Date



Time

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

	PHYSICIA	N 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			
	DX Hip 2-3 views Unilat (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Hip 2-3 views Unilat (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Wrist Complete 3+ (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Wrist Complete 3+ (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Tib/Fib AP/Lat (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Tib/Fib AP/Lat (Right) STAT, Portable, Post-op. Patient in PACU			
	DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax	t (Left))		
	DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,A	Ax (Right))		
	DX Pelvis Complete 3+ (DX Pelvis w Juda Views)			
	DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet) STAT, Portable, Post-op. Patient in PACU			
	DX Pelvis AP 1 or 2 vw STAT, Portable, Post-op. Patient in PACU			
	DX Knee 1or 2 vws (Left) STAT, Portable, Post-op. Patient in PACU			
	DX Knee 1or 2 vws (Right) STAT, Portable, Post-op. Patient in PACU			
Пто	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Take	n by Signature:	Date	Time	
Physician	Signature:	Date	Time	