

UMC Health System

Patient Label Here

BARIATRIC SURGERY PRE-OP PLAN
- Phase: Diagnostic/Pre-Op Orders

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
	EKG-12 Lead <input type="checkbox"/> Routine
	DX Chest Single View <input type="checkbox"/> Routine
	DX Chest PA & Lateral <input type="checkbox"/> Routine
	Pulmonary Function Test, Complete <input type="checkbox"/> Routine

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



BARIATRIC SURGERY PRE-OP PLAN
- Phase: OPS/OR Holding Pre-Op Orders

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	
	Pre-Operative Warming Orders <input type="checkbox"/> See Reference Text
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Insert Peripheral Line
	Apply Sequential Compression Device <input type="checkbox"/> Apply to Bilateral Lower Extremities
	Apply Elastic Stockings <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High
Dietary	
	Outpatient Diet <input type="checkbox"/> NPO <input type="checkbox"/> NPO, except meds
IV Solutions	
	LR <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Beta Blocker is required if it is a home medication. If patient is on a Beta Blocker at home, and med is not given, document contraindication.	
	metoprolol (metoprolol tartrate) <input type="checkbox"/> 12.5 mg, PO, tab, OCTOR
	Contraindications Beta Blocker <input type="checkbox"/> Allergy or Sensitivity <input type="checkbox"/> Bradycardia or Heart Block <input type="checkbox"/> Chronic Lung Disease -- Asthma <input type="checkbox"/> Severe Hypotension <input type="checkbox"/> Other (specify below in other reason)
GI Prophylaxis	
	famotidine <input type="checkbox"/> 20 mg, PO, tab, OCTOR <input type="checkbox"/> 20 mg, IVPush, inj, OCTOR
	pantoprazole <input type="checkbox"/> 40 mg, PO, tab ec, OCTOR Do not crush or chew. <input type="checkbox"/> 40 mg, IVPush, inj, OCTOR IVPush over 2 minutes. Reconstitute with 10 mL normal saline. Stable for 2 hours at room temperature after reconstitution.
	metoclopramide <input type="checkbox"/> 10 mg, PO, tab, OCTOR <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR
Antibiotics	

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ORDER	ORDER DETAILS
	ceFAZolin <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 3 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis
	ciprofloxacin <input type="checkbox"/> 400 mg, IVPB, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis
	metroNIDAZOLE <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis Do not refrigerate. Do not give with drugs containing alcohol.
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 1,500 mg, IVPB, ivpb, OCTOR, Infuse over 2 hr, Pre-OP/Post-Op Prophylaxis
Anticoagulants	
	enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 30 mg, subcut, syringe, OCTOR <input type="checkbox"/> 40 mg, subcut, syringe, OCTOR
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, OCTOR
Other Pre-Op Medication	
	aspirin <input type="checkbox"/> 325 mg, PO, tab, ONE TIME
	acetaminophen <input type="checkbox"/> 325 mg, PO, liq, OCTOR <input type="checkbox"/> 500 mg, PO, liq, OCTOR
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, ONE TIME
	ondansetron <input type="checkbox"/> 4 mg, IVPush, inj, OCTOR
	scopolamine <input type="checkbox"/> 1 mg, transdermal, adh patch, ONE TIME
Additional Medication	
	If additional medications are needed, complete the following "misc medication" order to allow pharmacy to enter into PowerChart.
	misc medication
	misc medication
Laboratory	
	Urine Beta hCG <input type="checkbox"/> Urine, STAT Outpatient/PACU, T;N
	BUN <input type="checkbox"/> STAT Outpatient/PACU, T;N
	Creatinine <input type="checkbox"/> STAT Outpatient/PACU, T;N

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	POC Blood Sugar Check <input type="checkbox"/> ONE TIME, Upon Arrival <input type="checkbox"/> q4h
	POC Chem 8
	POC Hemoglobin and Hematocrit
Respiratory	
	Arterial Blood Gas <input type="checkbox"/> STAT, Patient in OPS
	IS Instruct
	Bedside Spirometry (Bedside PFT) <input type="checkbox"/> Patient in OPS
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op, Routine <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op and Nerve Block, Routine

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