

BARIATRIC PRE-OPERATIVE ORDERS

- Status: Admit to Inpatient Status (I certify that inpatient services are needed)
 Place Patient in Outpatient Status
 Place Patient in Outpatient Status and begin Observation Services

Admit to the service of: Surgical Stepdown Unit ICU

PATIENT NAME (LAST):	FIRST NAME	DATE OF BIRTH:
DIAGNOSIS:		ANESTHESIA TYPE:
PROCEDURE CONSENT TO STATE:		

DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:	CPT CODES:
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ALLERGIE(S)
 Type of Reaction(s): _____

Patient Weight: _____ kg Height _____ BMI _____

IV fluids:

- Place PICC line if unable to obtain peripheral Intravenous access
 Lactated Ringers 1,000 mL over 2 hours on arrival to Preop
 Lactated Ringers @ 30 mL/hr on arrival to Preop

Preop antibiotics:

- Cefazolin 1 gm IV for patient weight < 60 kg, infuse within 60 minutes prior to surgery
 Cefazolin 2 gm IV for patient weight 60-120 kg, infuse within 60 minutes prior to surgery
 Cefazolin 3 gm IV for patient weight > 120 kg, infuse within 60 minutes prior to surgery
 Cefazolin, dose as above and metronidazole 500 mg IV x 1 dose each preop

If beta-lactam allergic, give:

- Levofloxacin 500 mg IV and metronidazole 500 mg IV x 1 dose each preop

Medications:

- A. To be given in pre-op day of procedure**
B. Patient given prescription to take the medication prior to arrival for surgery

- Acetaminophen 975 mg PO x 1 dose
 Acetaminophen 1gm IV x 1
 Celecoxib 200 mg PO x 1 preop
 Gabapentin (Neurotin) 600 mg PO x 1 preop
 Reminder: If age > 75, patient on dialysis, or <50kg weight, give:
 Gabapentin (Neurotin) 300 mg PO x 1 preop
 Oxycodone SUSTAINED release (Oxycontin) 10 mg PO x 1
 Oxycodone IMMEDIATE release (OxyIR) 10 mg PO x 1
 Metoclopramide 10 mg IV x 1 dose
 Other medication order: _____
 Tramadol 50mg PO x 1
 Dexamethasone 8mg x 1 (DO NOT ORDER IF DIABETIC)

Venous Thromboembolism (VTE) Prophylaxis (MUST SELECT ONE)

- Enoxaparin (Lovenox) 40 mg Subcutaneous x 1 dose in preop
 Heparin 5,000 units subcutaneous x 1 dose in preop
 Calf-high Sequential Compression Device to be placed in preop

Physician Signature: _____ Date/Time: _____ / _____ / _____ at: _____

JFK Medical Center, Atlantis, FL 33462
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Patient Identification/Label

BARIATRIC PRE-OPERATIVE ORDERS (Con't)

EKG Done at: JFK PCP

Must Be Legible Copy

Labs Done at: JFK
 Outside Testing

Please use Anesthesia Guidelines to determine testing.

A1C
 CBC CBC With Differential
 Chem 7 PT, PTT & INR
 Chem 25 Liver Profile
 Albumin
 Sickle Cell BHCG < 55 yrs.
 Urinalysis CEA
 Urine Culture & Sensitivity
 MRSA/MSSA Screening
 Type & Screen
 Type & Cross X _____ units

Other Labs: _____

Chest X-Ray JFK
 Outside Testing

Medical Pre Op Evaluation: Phone: _____
 No Yes Dr.:

Cardiac Pre Op Evaluation: Phone: _____
 No Yes Dr.:

Pulmonary Pre Op Evaluation (Type): Phone: _____
 No Yes Dr.:

Other Pre Op Evaluation (Type): Phone: _____
 No Yes Dr.:

Other Pre Op Evaluation (Type): Phone: _____
 No Yes Dr.:

Other Pre Op Evaluation (Type): Phone: _____
 No Yes Dr.:

Patient From Nursing Home/Extended Care Facility? Phone: _____
 No Yes Name:

NPO AFTER MIDNIGHT. Except pre-surgery drinks as ordered, DATE: _____
 Bariatric Bed Extra Long
 Bariatric Walker
 Bariatric Commode

Case Management to Arrange for Discharge Planning
 Incentive Spirometer

NPO AFTER MIDNIGHT, DATE:
 ENHANCED SURGICAL RECOVERY

Diet:

No solid food after midnight the night before the procedure unless otherwise instructed by anesthesia.

May have clear liquids (NO RED COLOR OR DYE) up to arrival time at JFK or until 2 hours before scheduled surgery.

If instructed to do bowel prep prior to surgery, no solid food starting at midnight 2 nights prior to surgery.

INSTRUCT PATIENT TO DRINK pre-surgery drink:

Drink 2 bottles evening prior to surgery and drink one bottle at least 2 hours prior to scheduled surgery time.

If patient is Diabetic, substitute Gatorade Zero for pre-surgery drink and instruct to drink one 20 oz. bottle the evening prior to procedure and one-half bottle of Gatorade zero 2 hours prior to scheduled procedure.

Instruct patient to shower/bathe with 2% chlorhexidine gluconate (CHG) shower soap the night before surgery and repeat the morning of surgery.

Upon arrival to preop have patient wipe body down with 2% chlorhexidine gluconate (CHG) wipes.

PERSON COMPLETING FORM SIGNATURE:	NAME (PLEASE PRINT):	DATE:	TIME:
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PHYSICIAN'S SIGNATURE:	PHYSICIAN'S NAME (PLEASE PRINT):	DATE:	TIME:
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