

## 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:

**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 (Neurontin) 600 mg PO x 1 preop  
*Reminder: If age > 75, patient on dialysis, or <50kg weight, give:*  
 Gabapentin (Neurontin) 300 mg PO x 1 preop  
 Oxycodone SUSTAINED release (Oxycontin) 10 mg PO x 1  
 Oxycodone IMMEDIATE release (OxylR) 10 mg PO x 1  
 Metoclopramide 10 mg IV x 1 dose  
 Tramadol 50mg PO x 1  
 Decadron 4mg IV x1  
 Decadron 4mg PO x1  
 Decadron 8mg IV x1  
 Other medication order: \_\_\_\_\_

**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

**JFK Medical Center, Atlantis, FL 33462**  
 BARIATRIC PRE-OPERATIVE ORDERS



Patient Identification/Label

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at: \_\_\_\_\_

**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  
 Urinalysis with Reflex Culture  
 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 of Gatorade Zero the evening prior to surgery.

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.

<b>PERSON COMPLETING FORM SIGNATURE:</b>	NAME (PLEASE PRINT):	DATE:	TIME:
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<b>PHYSICIAN'S SIGNATURE:</b>	PHYSICIAN'S NAME (PLEASE PRINT):	DATE:	TIME:
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