



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Dr. Cottingham - Gastric Sleeve Post Op Order Set

☐ Admit Inpatient ☐ Outpatient

1. PACU Admit to ☐ Floor ☐ Home From One Day Surgery
2. Vital signs with I&O every 4 hours after routine post op vital signs
3. Notify MD of systolic BP < 95, pulse > 115, urinary output < 120 ml in 4 hours or < 240 ml in 8 hours.
4. NPO until nausea resolves
5. 1000 Cal ADA clear liquid diet after post op nausea.
6. Pt to drink 1 to 2 oz q 15 min. Use medicine cup.
7. Medicine cups to be placed at bedside.
8. IV fluids: ½ NS with 20 mEq KCL per liter at 150 ml/hr for first liter then 125 ml/hr
9. Begin Incentive Spirometry Protocol, notify Respiratory Therapy
10. Turn, cough, deep breath q 2 hours x 48 hours while awake
11. Lab ☐ CBC with auto Diff in am
☐ BMP in am
☐ None
12. SCD both legs
13. ☐ Ambulate with assistance. Begin when alert.
14. ☐ Pulse oximeter/telemetry. Notify MD for oxygen Sat < 90%.
15. ☐ Oxygen Protocol
16. ☐ CPAP during sleep if used at home
17. ☐ Lortab Elixir 10 ml Po q 4 hours PRN mild pain (scale 1-3)
☐ Lortab Elixir 20 ml Po q 4 hours PRN moderate pain (scale 4-7)
18. ☐ Morphine 4 mg IV q 2 hours PRN severe pain (scale 8-10)
19. ☐ Zofran 4 mg IV slowly q 4 hours PRN nausea/vomiting
20. ☐ Ancef 1 gm IV q 8 hours unless allergic
21. ☐ Pepcid 20 mg IV push q 12 hours
22. ☐ Lovenox 40 mg SubQ Daily
23. ☐ Celebrex 200 mg Po Daily. Start post op day 1.
24. ☐ Post op day 1 and after, 6 oz Ensure Max Protein diluted by 25% water Po TID
25. ☐ Apply Scopolamine Patch 1 mg q 72 hr
26. ☐ Dietary: Ensure Max TID

MD Signature: _____

Date/Time: _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4