

UNIVERSITY MEDICAL CENTER

**Disclaimer:** The \_\_\_\_\_ is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician/Medical orders supersede all pre-printed interventions identified on the \_\_\_\_\_

ADDRESSOGRAPH \_\_\_\_\_

Laparoscopic Gastric Bypass

ESTIMATED LOS: 3 Days

Date placed on map: \_\_\_\_\_

**INCLUSIONARY CRITERIA:**

All patients undergoing Laparoscopic Gastric Bypass surgery will be placed on this

**CRITERIA FOR REMOVING PATIENTS FROM \_\_\_\_\_**

Remove patients from this \_\_\_\_\_ if clinical status/diagnosis changes and there is a case specific

Primary Diagnosis/Procedure: \_\_\_\_\_

Pertinent Past Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Pre-op Medications: \_\_\_\_\_

Code Status: \_\_\_\_\_

**CONSULTS OR DISCIPLINES INVOLVED/NOTIFIED:**

- |          |                                    |
|----------|------------------------------------|
| 1. _____ | Initials/Date/Time notified: _____ |
| 2. _____ | Initials/Date/Time notified: _____ |
| 3. _____ | Initials/Date/Time notified: _____ |
| 4. _____ | Initials/Date/Time notified: _____ |
| 5. _____ | Initials/Date/Time notified: _____ |

**SIGNIFICANT EVENTS THIS ADMISSION:**

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

**Instructions for Documentation:**

**OUTCOMES/INTERVENTIONS:**

- Initial when met or completed
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not met or completed

Supplemental Documentation is required on the Progress Record / Patient Focus Notes when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

### Laparoscopic Gastric Bypass

<i>Signature</i>	<i>Title</i>	<i>Initial</i>
<b>SIGNATURE REQUIRING CO-SIGNATURE</b>		
<i>Signature Requiring Co-Signature</i>	<i>Date/Shift</i>	<i>Initial/Title</i>

## ADDRESSOGRAPH

### DESIRED OUTCOMES

*D = DAYS E = EVENINGS N = NIGHTS*

[illegible]

**INTERVENTIONS** (continued on back)

Patient Care Categories		D	E	N	Patient Care Categories		D	E	N
Discharge Plan	Assess need for Discharge Planning / Social Service based on nursing assessment of home environment / patient condition.				Nutrition	* Diet: NPO except for meds Allow ice chips to wet mouth prn			
	Insurance:					% of diet consumed:			
						Breakfast _____%			
						Lunch _____%			
					Dinner _____%				

**INTERVENTIONS (continued)**

Patient Care Categories	Day of Surgery Date: _____	D	E	N	Patient Care Categories	D	E	N	
<b>Assessment &amp; Treatments</b>	Vital signs q _____ hrs.				<b>Teaching &amp; Psychosocial</b>	Assess patient / family satisfaction.			
	Call MD P < 60, > 120					Encourage verbalization of fears / concerns.			
	Resp > 30/min					Assess knowledge level and readiness to learn.			
	T > 102					Learning needs / teaching plan:			
	SBP < 90, > 160,					- Post-operative routine			
	DBP < 50, > 110					- Cough / deep breathing			
	I & O q _____ hrs. Strict					- Surgical procedure			
						- Incentive spirometry if ordered			
	* Telemetry					- Pain management			
	* O <sub>2</sub> / pulse oximetry					Medication:			
	* Foley catheter inserted:				Activity:				
	Assess dressing site q 2 hrs.				Diet:				
	* Tubes and drains:				Other:				
	Type: JP - bulb suction								
	Change JP dsq prn								
	* Venous compression devices.								
	Bilat LE - may remove when OOB								
	* Incentive spirometry q1hr. while awake.								
	X 10								
	C&DB q 1hr. while awake.				<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.			
* IV Fluids as ordered				* Tests / Procedures					
D 5 ½ NS + 20 meq KCl @ _____									
* Medicate for pain PRN									
* PCA									
If Diabetic:									
BS Q 6 hours with coverage. If blood sugar does not drop below 200 after two (2) consecutive injections notify physician.									
				<b>Safety &amp; Activity</b>		Falls protocol maintained.			
					* Activity level: OOB to chair today				
					Assist to reposition q2hrs. as needed				
					Ambulate as tolerated				
Hygiene & Comfort Protocol									
Peripheral IV Therapy Protocol									
Pressure Ulcer Prevention Protocol									
* Respiratory Care provided. (See Respiratory Care Record)									

# Laparoscopic Gastric Bypass

Signature	Title	Initial
SIGNATURE REQUIRING CO-SIGNATURE		
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	POD #1 Date: _____	D	E	N	Problem/Needs	D	E	N
<b>Knowledge Deficit related to plan of care</b>	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.							
<b>Surgical Pain Management</b>	Pain free or verbalizes pain relief after intervention.							
<b>Post-Operative Temperature Elevation</b>	Afebrile							
	Vital signs stable.							
	Dressing clean, dry and intact.							
<b>Immobility due to surgery</b>	OOB as tolerated				<b>Patient Safety</b>	Remains injury free in a safe environment.		
					<b>Skin Integrity</b>	No evidence of skin breakdown.		
					<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.		

## INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
<b>Discharge Plan</b>	Verify discharge needs / plans with patient / family.			<b>Nutrition</b>	* Diet: 2 oz clear liquids po q 1 hr while awake		
					% of diet consumed:		
					Breakfast _____ %		
					Lunch _____ %		
					Dinner _____ %		

\* indicates medical orders needed  
Medical Record

**INTERVENTIONS (continued)**

Patient Care Categories	POD #1 Date: _____	D	E	N	Patient Care Categories	D	E	N	
<b>Assessment &amp; Treatments</b>	Vital signs q _____ hrs.				<b>Teaching &amp; Psychosocial</b>	Assess patient / family satisfaction.			
	Call MD P < 60, > 120					Encourage verbalization of fears / concerns.			
	Resp > 30/min					Assess knowledge level and readiness to learn.			
	T > 102					Learning needs / teaching plan:			
	SBP < 90, > 160,					- Post-operative routine			
	DBP < 50, > 110					- Cough / deep breathing			
	I & O q _____ hrs.					- Surgical procedure			
						- Incentive spirometry if ordered			
						- Pain management			
						Medication:			
	* Telemetry				Activity:				
	* O <sub>2</sub> / pulse oximetry				Diet:				
	Surgical site assessment, post initial dressing change.				Other:				
	JP dressing change PRN.								
	* Tubes and drains:				<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.			
	Type: JP - bulb suction					* Tests / Procedures			
	Type: _____					CBC			
	* Discontinue venous compression devices, when ambulating.					SMA7			
	* Incentive spirometry q1hr. while awake.								
	C&DB q 1hr. while awake.								
* Advance to PO pain medication.									
* PCA									
* Foley catheter discontinued @ 8:00 am									
Voided at: _____									
				<b>Safety &amp; Activity</b>	Falls protocol maintained.				
					* Activity level: OOB to chair				
					Assist to reposition q2hrs. as needed				
					Ambulate as tolerated				
Hygiene & Comfort Protocol									
Peripheral IV Therapy Protocol									
Pressure Ulcer Prevention Protocol									
* Respiratory Care provided. (See Respiratory Care Record)									

### Laparoscopic Gastric Bypass

Signature		Title	Initial
SIGNATURE REQUIRING CO-SIGNATURE			
Signature Requiring Co-Signature	Date/Shift	Initial/Title	

## ADDRESSOGRAPH

### DESIRED OUTCOMES

**D = DAYS E = EVENINGS N = NIGHTS**

[illegible]

**INTERVENTIONS** (continued on back)

[illegible]



**INTERVENTIONS (continued)**

Patient Care Categories	POD #2 Date: _____	D	E	N	Patient Care Categories	D	E	N	
<b>Assessment &amp; Treatments</b>	Vital signs q _____ hrs.				<b>Teaching &amp; Psychosocial</b>	Assess patient / family satisfaction.			
	Call MD P < 60, > 120					Encourage verbalization of fears / concerns.			
	Resp > 30/min					Learning needs / teaching plan:			
	T > 102					- Progressive post operative routine			
	SBP < 90, > 160,					- _____			
	DBP < 50, > 110					- _____			
	I & O q _____ hrs.					- _____			
						- _____			
	* Telemetry					Discharge instructions:			
	* O <sub>2</sub> / pulse oximetry					• incision care			
	Surgical site assessment, post initial dressing change.				• food & drug interactions				
	JP dressing change PRN.				• MD follow-up				
					• Modifiable risk factors.				
	* Tubes and drains:				Medication:				
	Type: JP - bulb suction				Activity:				
	Type: _____				Diet:				
	* Discontinue venous compression devices, when ambulating.				Other:				
	* Incentive spirometry q1hr. while awake.								
	C&DB q 1hr. while awake.								
	* Discontinue IV/PIID				<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.			
* PO pain medication, PRN.				* Tests / Procedures					
* PCA discontinued				_____					
				_____					
				_____					
				_____					
				_____					
				_____					
				_____					
				_____					
				<b>Safety &amp; Activity</b>	Falls protocol maintained.				
					* Activity level: OOB to chair				
					Assist to reposition q2hrs. as needed				
					Ambulate as tolerated				
	Hygiene & Comfort Protocol								
	Peripheral IV Therapy Protocol								
	Pressure Ulcer Prevention Protocol								
	* Respiratory Care provided. (See Respiratory Care Record)								

[illegible]

*D = DAYS E = EVENINGS N = NIGHTS*

[illegible]

Patient Care Categories		D	E	N	Patient Care Categories		D	E	N
Discharge Plan	Completed Discharge Plan				Nutrition	* Diet:			
						% of diet consumed:			
						Breakfast _____ %			
						Lunch _____ %			
					Dinner _____ %				



### ***INTERVENTIONS (continued)***

Patient Care Categories	POD #3 Date: _____	D	E	N
Assessment & Treatments	Vital signs q _____ hrs.			
	I & O q _____ hrs.			
	* Telemetry discontinued			
	Surgical site assessment.			
	Dressing change PRN.			
	* Maintain bilateral TEDS			
	* Incentive spirometry q1hr. while awake.			
	C&DB q1hr while awake.			
	* PO pain medications PRN			
Discontinue IV / PIID				
	</			

University Medical Center

\* indicates medical orders needed

# Laparoscopic Gastric Bypass

Signature	Title	Initial
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Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	POD #4 Date: _____	D	E	N	Problem/Needs	D	E	N
<b>Knowledge Deficit related to plan of care</b>	Patient/family verbalize understanding of post-op treatment plan, diet, medications, and activity; participates in decision making / plan of care.							
<b>Surgical Pain Management</b>	Pain free or verbalizes pain relief after intervention.							
<b>Post-Operative Temperature Elevation</b>	Afebrile							
	Vital signs returned to baseline.							
	No signs or symptoms of infections.				<b>Discharge Plan</b>	Discharged		
<b>Immobility due to surgery</b>	Ambulating				<b>Patient Safety</b>	Remains injury free in a safe environment.		
					<b>Skin Integrity</b>	No evidence of skin breakdown.		
					<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.		

## INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
<b>Discharge Plan</b>				<b>Nutrition</b>			
Insurance:				* Diet:			
				% of diet consumed:			
				Breakfast _____ %			
				Lunch _____ %			
				Dinner _____ %			

### INTERVENTIONS (continued)

Patient Care Categories	POD #4 Date: _____	D	E	N
<b>Assessment &amp; Treatments</b>	Vital signs q _____ hrs.			
	I & O q _____ hrs.			
	* Telemetry discontinued			
	Surgical site assessment.			
	Dressing change PRN.			
	* Maintain bilateral TEDS			
	* Incentive spirometry q1hr. while awake.			
	C&DB q1hr while awake.			
	* PO pain medications PRN			
Discontinue IV / PIID				
<b>Teaching &amp; Psychosocial</b>	Assess patient / family satisfaction.			
	Encourage verbalization of fears / concerns.			
	Learning needs / teaching plan: - Progressive post operative routine - _____ - _____ - _____ - _____			
	Discharge instructions: - incision care - food & drug interactions - MD follow-up - Modifiable risk factors.			
	Medication:			
	Activity:			
Diet:				
Other:				
<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.			
	* Tests / Procedures _____ _____ _____ _____ _____			
<b>Safety &amp; Activity</b>	Falls protocol maintained.			
	* Activity level:			
	Assist to reposition q2hrs. as needed			
	Hygiene & Comfort Protocol			
	Peripheral IV Therapy Protocol			
	Pressure Ulcer Prevention Protocol			
	* Respiratory Care provided. (See Respiratory Care Record)			