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CLINICAL PATHWAY

Bariatric Gastric Bypass Surgery

DRG NO 288

PATIENT IDENTIFICATION

Initiating UNIT:		Initiating DATE:		Initiating TIME:		DRG NO: 288		Length of Stay: < 2.0	
	Pre-Op		Day 1 - OR / PACU		Day 1 - Post-Op IN UNIT			Day 2	
	DATE:		DATE:		DATE:			DATE:	
ACTIVITY			<input type="checkbox"/> Bedrest		<input type="checkbox"/> OOB (same day of surg) <input type="checkbox"/> Turn, cough, deep breathe <input type="checkbox"/> Ambulate in corridor (evening of surgery)			<input type="checkbox"/> Ambulate in corridor as tolerated	
TEST SPECIMENS	Outpatient <input type="checkbox"/> CBC <input type="checkbox"/> EKG <input type="checkbox"/> CXR <input type="checkbox"/> BMP <input type="checkbox"/> EGD <input type="checkbox"/> Cardiac Clearance Check box if more tests are needed <input type="checkbox"/> PFT <input type="checkbox"/> Ultrasound of Abdomen <input type="checkbox"/> Urinalysis <input type="checkbox"/> Serum B12 & Folate <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> TSH <input type="checkbox"/> BETA <input type="checkbox"/> Type & Screen				<input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> Ca+ <input type="checkbox"/> Mg+ <input type="checkbox"/> P04 <input type="checkbox"/> PT / INR <input type="checkbox"/> PTT			<input type="checkbox"/> Gastrograffin UGI	
DIET	<input type="checkbox"/> NPO		<input type="checkbox"/> NPO		<input type="checkbox"/> Ice chips and sugar-free popsicles			<input type="checkbox"/> NPO until negative UGI <input type="checkbox"/> Start water after negative UGI <input type="checkbox"/> Bariatric Clear Liquid if tolerating water <input type="checkbox"/> Advance to Bariatric Full Liquid if tolerating clear liquid <input type="checkbox"/> NO PILLS <input type="checkbox"/> Discharge on Bariatric Full Liquid diet	
MEDS	Pre Op Medications <input type="checkbox"/> Reglan 10 mg IV <input type="checkbox"/> Pepcid 20 mg IV <input type="checkbox"/> Bicitra 30 ml p.o. <input type="checkbox"/> Ancef 1 gm IV <input type="checkbox"/> If allergic to PCN, give Levaquin 500 mg IV		<input type="checkbox"/> Pain Medication per Anesthesia <input type="checkbox"/> IV Ancef (Levaquin if allergic to PCN) <input type="checkbox"/> Start Dextran 40 mg IV at 25ml/hr x 1 L <input type="checkbox"/> Reglan IV for gastric emptying		<input type="checkbox"/> Continue pain medication order (PCA or IV Morphine) <input type="checkbox"/> Continue Ancef or Levaquin (if allergic to PCN) as ordered <input type="checkbox"/> Fragmin 5000 units SQ daily <input type="checkbox"/> Pepcid 20 mg IV BID <input type="checkbox"/> Reglan 10 mg IV TID			<input type="checkbox"/> Continue pain medication order (PCA or IV Morphine) <input type="checkbox"/> Fragmin 5000 units SQ daily <input type="checkbox"/> Pepcid 20 mg IV BID <input type="checkbox"/> Reglan 10 mg IV TID	
TREATMENTS <i>Continued on Next Page</i>	CHECK & CIRCLE <input type="checkbox"/> IVF Filter Placement <input type="checkbox"/> Lap Cholecystectomy <input type="checkbox"/> Pre-Op Central Line		<input type="checkbox"/> Lap Roux-en-Y Bypass <input type="checkbox"/> Open Gastric Bypass <input type="checkbox"/> Lap Cholecystectomy <input type="checkbox"/> Central Line Placement		<input type="checkbox"/> D/C Foley Catheter when fully awake <input type="checkbox"/> Incentive Spirometry 10x every hr while awake <input type="checkbox"/> Compression Stockings/TEDs			CHECK & CIRCLE Respiratory Treatments to be continued: <input type="checkbox"/> Oxygen per Oxygen Standard	

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

PART OF THE MEDICAL RECORD

	Pre-Op	Day 1 - OR / PACU	Day 1 - Post-Op IN UNIT	Day 2
	DATE:	DATE:	DATE:	DATE:
TREATMENTS <i>Continued from Prior Page</i>		<input type="checkbox"/> IVC Filter <input type="checkbox"/> Foley Catheter <input type="checkbox"/> Compression Stockings / TEDs <input type="checkbox"/> Plexi Plus	Respiratory Treatments: <input type="checkbox"/> Oxygen per Oxygen Standard <input type="checkbox"/> Chest PT every 8 hrs <input type="checkbox"/> Proventil Nebs 1-unit dose every 6 hrs <input type="checkbox"/> Bi-Pap (per Standard)	<input type="checkbox"/> Chest PT every 8 hrs <input type="checkbox"/> Proventil Nebs 1-unit dose every 6 hrs Other Treatments: <input type="checkbox"/> Incentive Spirometry 10x every hour while awake <input type="checkbox"/> Compression Stockings / TEDs
IV's	<input type="checkbox"/> Per Anesthesia	<input type="checkbox"/> Per Anesthesia Intra Op and PACU	<input type="checkbox"/> As Ordered	<input type="checkbox"/> Continue IV as ordered <input type="checkbox"/> Discontinue IV prior to discharge
VITAL SIGNS	<input type="checkbox"/> Per Routine	<input type="checkbox"/> Every 2 hrs x 4; then every 4 hrs	<input type="checkbox"/> Every 4 hrs	<input type="checkbox"/> Every 4 hrs
CONSULTS	<input type="checkbox"/> Anesthesia Screening	<input type="checkbox"/> Respiratory Therapy Consults	<input type="checkbox"/> Dietary Consult <input type="checkbox"/> Pt Consult to evaluate functional needs <input type="checkbox"/> OT for ADL's <input type="checkbox"/> Case Management for discharge planning	<input type="checkbox"/> Follow-up consults
TEACHING	Patient Attended Bariatric Program prior to surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attendance Documented	<input type="checkbox"/> Turn, cough, deep breathing reinforced <input type="checkbox"/> Pain Management, pain scale, meds + assessment discussed <input type="checkbox"/> Each Tx explained to patient <input type="checkbox"/> If on PCA, re-trained on use of equipment	<input type="checkbox"/> Dietary instructions <input type="checkbox"/> Pain Management teaching reinforced <input type="checkbox"/> Importance of Post-Op activity stressed <input type="checkbox"/> Medical Equip usage instructions (as needed) <input type="checkbox"/> Recognizing complications symptoms and signs, and what to report to Nurse	<input type="checkbox"/> Reinforce education from Day 1 <input type="checkbox"/> Discuss discharge instructions with Patient, significant other, family member.
DISCHARGE PLANNING	<input type="checkbox"/> Assess living situation, including: a. Functional / clinical status b. Support system c. Community resources	<input type="checkbox"/> Assess living situation, including: a. Functional / clinical status b. Support system c. Community resources	<input type="checkbox"/> Assess living situation, including: a. Functional / clinical status b. Support system c. Community resources <input type="checkbox"/> Case Management referral as needed	<input type="checkbox"/> Assess the following: a. Diet Regimen b. Exercise / Activity c. Meds for Home Use d. Follow up visits to MD
EVALUATION	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials 0700 1900 _____ Unit	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials 0700 1900 _____ Unit	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials 0700 1900 _____ Unit	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials 0700 1900 _____ Unit

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PATIENT NAME:		AGE:	ROOM #:	PHYSICIAN:
ADMISSION DATE:	ADMISSION TIME:	(Military Time)	DISCHARGE DATE:	DISCHARGE TIME:
				(Military Time)

PART OF THE MEDICAL RECORD