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CLINICAL PATHWAY

Cholecystitis, Cholelithiasis**

DRG NO 494

PATIENT IDENTIFICATION

Initiating UNIT:	Initiating DATE:	Initiating TIME:	DRG NO: 575.0 & 574.1	Length of Stay: < 24 Hrs
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	Pre-Admission	Post Op: Hour 0-2	Hour 2-8	Hour 8-16	Hour 16-23
	DATE:	DATE:	DATE:	DATE:	DATE:
ACTIVITY	<input type="checkbox"/> History & Physical Exam				
TEST SPECIMENS	Outpatient <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> EKG if 50 or >				<input type="checkbox"/> Diet as tolerated
DIET	<input type="checkbox"/> NPO x 8 Hours	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> Consider clear liquids	<input type="checkbox"/> Clear liquids
MEDS	<input type="checkbox"/> Ancef 1 gm IV 2 hours before surgery.	<input type="checkbox"/> Pain medication per anesthesia.	<input type="checkbox"/> Pain medication per anesthesia.	<input type="checkbox"/> Pain med per surgeon	
CONSULTS	<input type="checkbox"/> NPO x 8 Hours				
IVS	<input type="checkbox"/> RL or 1/2 N/S	<input type="checkbox"/> RL or 1/2 N/S	<input type="checkbox"/> D/C IV fluid if patient voiding, drinking		
TREATMENTS	<input type="checkbox"/> Long leg teds <input type="checkbox"/> Venodynes <input type="checkbox"/> Foley <input type="checkbox"/> NG tube } In OR		<input type="checkbox"/> Discontinue Teds <input type="checkbox"/> Discontinue Venodynes		
VITAL SIGNS	<input type="checkbox"/> Weight on admission	<input type="checkbox"/> Per PACU routines	<input type="checkbox"/> Per I & O routines		
DISCHARGE PLANNING	<input type="checkbox"/> Treatment plans discussed with patient and family by surgeon as outpatient and day of surgery.		<input type="checkbox"/> Pain medication instruction by I&O staff.	<input type="checkbox"/> Written & verbal discharge instructions with follow-up call by surgeon's office 1 day post-op & office appointment within 2 weeks post-op	
EVALUATION	_____ Initials _____ Unit	_____ Initials _____ Unit	_____ Initials _____ Unit	_____ Initials _____ Unit	_____ Initials _____ Unit

* Ancef Allergy Antibiotic variance acceptable	** Must have one of the following to conform to diagnosis (1) Abdominal sonogram (3) HIDA scan (5) MRI (2) Abdominal CT (4) Oral Cholecystogram	If admitted, documentation of medical necessity required <i>(e.g., Temp >101, Pulse > 100)</i>
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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