

UNIVERSITY MEDICAL CENTER

**Disclaimer:** \_\_\_\_\_ 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 \_\_\_\_\_

Open Gastric Bypass

ESTIMATED LOS: 4 Days

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

**INCLUSIONARY CRITERIA:**

All patients undergoing open 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.

### Open Gastric Bypass

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

\* indicates medical orders needed  
Medical Record

**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 15 hrs. until stable, q 8 hrs. thereafter  |   |   |                              | <b>Teaching &amp; Psychosocial</b>                              | Assess patient / family satisfaction.                         |   |   |  |
|   | I & O q _____ hrs.   |   |   |                              |   | Encourage verbalization of fears / concerns.                  |   |   |  |
|   | * Telemetry  |   |   |                              |   | Assess knowledge level and readiness to learn.                |   |   |  |
|   | * O <sub>2</sub> / pulse oximetry continuous   |   |   |                              |   | Learning needs / teaching plan:                               |   |   |  |
|   | * Foley catheter inserted:   |   |   |                              |   | - Post-operative routine                                      |   |   |  |
|   | May insert cath if no void after 8 hrs.  |   |   |                              |   | - Cough / deep breathing                                      |   |   |  |
|   | Assess dressing site q 2 hrs.  |   |   |                              |   | - Surgical procedure  |   |   |  |
|   |  |   |   |                              |   | - Incentive spirometry if ordered                             |   |   |  |
|   |  |   |   |                              |   | - Pain management   |   |   |  |
|   | * Tubes and drains:  |   |   |                              |   | Medication:   |   |   |  |
|   | Type: Q Pump   |   |   |                              | Activity:   |   |   |   |  |
|   | Type: _____  |   |   |                              | Diet:   |   |   |   |  |
|   | * Incentive spirometry q 2hrs. while awake.  |   |   |                              | Other:  |   |   |   |  |
|   | Encourage C&DB q 1hr. while awake.   |   |   |                              |   |   |   |   |  |
|   | * IV Fluids as ordered. D5 1/2 NS with 20 kcl @ 100cc/hr., 1amp MVI to 1st L. If FBS > 180 change IV D2.5% 1/2 NS 100 / hr & 20 meq kcl/l & 1 amp MVI in 1st L |   |   |                              | <b>Specimens &amp; Diagnostics</b>                              | Lab / diagnostics results reviewed; MD notified if indicated. |   |   |  |
| * Medicate for pain PRN   |  |   |   | * Tests / Procedures         |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
| Patient may be up to void with help, if unable after 8 hrs. please catheterize.   |  |   |   | <b>Safety &amp; Activity</b> | Falls protocol maintained.                                      |   |   |   |  |
|   |  |   |   |                              | * Activity level: Encourage movement of legs, frequent turning. |   |   |   |  |
|   |  |   |   |                              | Assist to reposition q2hrs. as needed                           |   |   |   |  |
|   |  |   |   |                              | Patient may be up to void with help if unable.                  |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
|   |  |   |   |                              |   |   |   |   |  |
| Hygiene & Comfort Protocol  |  |   |   |                              |   |   |   |   |  |
| Peripheral IV Therapy Protocol  |  |   |   |                              |   |   |   |   |  |
| Pressure Ulcer Prevention Protocol  |  |   |   |                              |   |   |   |   |  |
| * Respiratory Care provided. (See Respiratory Care Record) If history of respiratory problems, prn wheezing Proventyl .5 & 3 cc NS q 4 hrs. |  |   |   |                              |   |   |   |   |  |

### Open Gastric Bypass

[illegible]

### 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 |
|-------------------------|---|---|---|---------------------|-------------------------|------------------------------|---|---|---|
| <b>Discharge Plan</b>   | Verify discharge needs / plans with patient / family. |   |   |                     | <b>Nutrition</b>        | * Diet: occasional ice chips |   |   |   |
|                         |   |   |   | % of diet consumed: |                         |                              |   |   |   |
|                         |   |   |   | Breakfast _____%    |                         |                              |   |   |   |
|                         |   |   |   | Lunch _____%        |                         |                              |   |   |   |
|                         |   |   |   | Dinner _____%       |                         |                              |   |   |   |
|                         |   |   |   |                     |                         |                              |   |   |   |

\* indicates medical orders needed  
Medical Record

## INTERVENTIONS (continued)

[illegible]



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

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

| <b>Problem/<br/>Needs</b>          |   | <b>D</b> | <b>E</b> | <b>N</b> |
|------------------------------------|---|----------|----------|----------|
|                                    |   |          |          |          |
|                                    |   |          |          |          |
|                                    |   |          |          |          |
| <b>Nutrition</b>                   | Patient will tolerate clear liquids                             |          |          |          |
|                                    |   |          |          |          |
| <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. |          |          |          |
|                                    |   |          |          |          |

*Continued on back)*

| Patient Care Categories |                                 | D | E | N |
|-------------------------|---------------------------------|---|---|---|
| Nutrition               | * Diet: tea & water             |   |   |   |
|                         | % of diet consumed:             |   |   |   |
|                         | Breakfast _____ %               |   |   |   |
|                         | Lunch _____ %                   |   |   |   |
|                         | Dinner _____ %                  |   |   |   |
|                         | Post op diet education provided |   |   |   |
|                         |                                 |   |   |   |

\* indicates medical orders needed

### Open Gastric Bypass

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### 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 |
|-------------------------|--------------------------|---------------------|---|---|-------------------------|---------------------|---|---|---|
| <b>Discharge Plan</b>   | Completed Discharge Plan |                     |   |   | <b>Nutrition</b>        | * Diet:<br>Gastro 1 |   |   |   |
|                         |                          | % of diet consumed: |   |   |                         |                     |   |   |   |
|                         |                          | Breakfast _____ %   |   |   |                         |                     |   |   |   |
|                         |                          | Lunch _____ %       |   |   |                         |                     |   |   |   |
|                         |                          | Dinner _____ %      |   |   |                         |                     |   |   |   |
|                         |                          |                     |   |   |                         |                     |   |   |   |



**INTERVENTIONS (continued)**

| Patient Care Categories            | POD #3<br>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.                                   |   |   |  |
|                                    | I & O q _____ hrs.   |   |   |                                    |  | Encourage verbalization of fears / concerns.                            |   |   |  |
|                                    | Surgical site assessment.  |   |   |                                    |  | Learning needs / teaching plan:<br>- Progressive post operative routine |   |   |  |
|                                    | * Incentive spirometry q1hr. while awake.  |   |   |                                    |  | - _____   |   |   |  |
|                                    | C&DB q1hr while awake.   |   |   |                                    |  | - _____   |   |   |  |
|                                    | * PO pain medications PRN  |   |   |                                    |  | - _____   |   |   |  |
|                                    | Discontinue IV / PIID<br>D51/2 NS with 20 meq kcl add 1 amp<br>MVI to 1st L @ 100  |   |   |                                    | Discharge instructions:<br>• incision care<br>• food & drug interactions<br>• MD follow-up<br>• Modifiable risk factors. |   |   |   |  |
|                                    | May shower with assistance   |   |   |                                    |  | 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: ad lib   |   |   |   |  |
|                                    |  |   |   |                                    | Assist to reposition q2hrs. as needed  |   |   |   |  |
|                                    |  |   |   |                                    |  |   |   |   |  |
|                                    |  |   |   |                                    |  |   |   |   |  |
|                                    | Hygiene & Comfort Protocol   |   |   |                                    |  |   |   |   |  |
|                                    | Peripheral IV Therapy Protocol   |   |   |                                    |  |   |   |   |  |
|                                    | Pressure Ulcer Prevention Protocol   |   |   |                                    |  |   |   |   |  |
|                                    | * Respiratory Care provided.<br>(See Respiratory Care Record)<br>If history of respiratory problems,<br>Proventyl .5 & 3 cc NS q 4 hrs. prn wheezing |   |   |                                    |  |   |   |   |  |

[illegible]

### DESIRED OUTCOMES

[illegible]

| Patient Care Categories |            | D | E | N | Patient Care Categories |                     | D | E | N |
|-------------------------|------------|---|---|---|-------------------------|---------------------|---|---|---|
| <b>Discharge Plan</b>   | Insurance: |   |   |   | <b>Nutrition</b>        | * Diet:<br>Gastro 2 |   |   |   |
|                         |            |   |   |   |                         | % of diet consumed: |   |   |   |
|                         |            |   |   |   |                         | Breakfast _____ %   |   |   |   |
|                         |            |   |   |   |                         | Lunch _____ %       |   |   |   |
|                         |            |   |   |   |                         | Dinner _____ %      |   |   |   |
|                         |            |   |   |   |                         |                     |   |   |   |

### Open Gastric Bypass

Rev. 6/5/03

University Medical Center

Medical Record