UNIVERSITY MEDICAL CENTER

<u>Disclaimer:</u> 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

| interventions may be changed to meet the individual needs patient. Physician/Medical orders supersede all pre-printed | |
|---|--|
| interventions identified on the | |
| Open Gastric Bypass | |
| ESTIMATED LOS: 4 Days | Date placed on map: |
| INCLUSIONARY CRITERIA: | placed on this |
| All patients undergoing open gastric bypass surgery will be | placed on this |
| | nosis 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: | |

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.

Date/Event:

| Ор | en Gastric E | Bypass_ | 10.5 | 153.55 | | | | | | | |
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| | Afebrile | TO THE CHARGOST CONTRACTOR | | | | | | THE CONTROL OF THE CO | | | |
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| | Vital signs sta | ble. | | | | | | | | | |
| Elevation | Dressing clear | n dry and intact | | +- | \vdash | | | | \vdash | \vdash | |
| | Diessing clear | i, dry and intact. | | | | | | | | | |
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| | | | | | | | Patient Safety | environment. | - | - | |
| | functional abil | ity. | | + | + | - | | | | | |
| to surgery | | | | | | | | No evidence of skin breakdown | + | | \vdash |
| | | | | | | | Skin Integrity | | | | |
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| Signature Requiring Co-Signature DateShift Initial/Title | | | | | | | | | | | |
| | | hospital stay/care. | +- | - | 1 | | | | | | |
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| Patient Care | Day of Surgery | D | E | N | Patient Care | 9020002 | D | E | N |
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| Categories | Date: | 0 | | 14 | Categories | | 0 | _ | 14 |
| 2 | Vital signs q 15 hrs.until stable, q 8 hrs. | | | | 2210907100 | Assess patient / family satisfaction. | | | - |
| Assessment | thereafter | | | | Teaching | , tooses patient, ramily satisfaction. | | | |
| & | I & O q hrs. | | | | & | Encourage verbalization of fears / | | | |
| Treatments | | | | | Psychosocial | concerns. | | | |
| | | | | | | Assess knowledge level and readiness | | | |
| | * Telemetry | | | | | to learn. | _ | | |
| | * O ₂ / pulse oximetry continuous | | | | | Learning needs / teaching plan: | | | |
| | * Foley catheter inserted: | | | | | - Post-operative routine | - | A | |
| | May insert cath if no void after 8 hrs. | | | | | - Cough / deep breathing - Surgical procedure | - | | |
| | Assess dressing site q 2 hrs. | | -5.5.8 | | | - Incentive spirometry if ordered | | | |
| ter terminal personal automobile consideration of the consideration of t | | e Service de | Gran (righter | (C) (F) (F) | | - Pain management | | edusion to | |
| | * Tubes and drains: | | | | | Medication: | | | \neg |
| | Type: Q Pump | | | | | | Para trans | | |
| | Type: | | | | | Activity: | | | |
| | * Incentive spirometry q 2hrs. while | | | | | | | | |
| | awake. | | | | | Diet: | 0.00 | | |
| | Encourage C&DB q 1hr. while awake. | | | | | the second of th | | | |
| | * IV/ Elvide on and and DE 1/O NO with | | | | | Other: | | | |
| | * 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 | | | | | The state of the second | | | |
| | 100 / hr & 20 meq kcl/l & 1 amp MVI in | | | | er men er er er er er er en er en er | · A A A A A A A A A A A A A A A A A A A | | | |
| | 11st L | | | | | | | | |
| | * Medicate for pain PRN | | | | | | | | |
| | | 100 | | | | Lab / diagnostics results reviewed; MD | T | | |
| | Patient my be up to void with help, if | | | | Specimens | notified if indicated. | | | |
| | unable after 8 hrs. please catheterize. | | | | & | * Tests / Procedures | | | |
| | | | | | Diagnostics | | | 1265 | |
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| and the second second second second second | CONTROL OF THE PROPERTY OF THE | | 190 A 1 | | | Falls protocol maintained. | T | | 7.5 |
| | | | | | Safety | | | | |
| | | | | | & | * Activity level: Encourage movement | | | |
| te de la colonia | and the second of the second of the second second of the s | | 6 1 | 9 (0) 148 147 | Activity | of legs, frequent turning. | Control of | Service was | |
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| | | | | | | A sista sussitive (Sheet as needed | | | - |
| populación de cales es es esta portar establica establica. | | | | - and cycle is | | Assist to reposition q2hrs. as needed | A | | |
| | Hygiene & Comfort Protocol | | | | | Patient may be up to void with help if | 100 | | |
| | l'hygiene a connoit i fotocoi | | | | | unable. | | | |
| | Peripheral IV Therapy Protocol | | | | and the second s | | 1 | | \neg |
| | | | | | Take the second | (equinum) | | | |
| | Pressure Ulcer Prevention Protocol | | | | | | | | |
| | | | | | | | | | |
| | * Respiratory Care provided. | | | | (Company) | | | | |
| | (See Respiratory Care Record) | | | | | | | | 100 |
| | If history of respiratory problems, prn | | | | | | | | |
| | wheezing Proventyl .5 & 3 cc NS q 4 hrs. | | | | | | | | |
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| Ор | en Gastric L | Bypass | | | | | | | | | |
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| Post-Operative | Atebrile | | | | 0 | | | | | | |
| 1 1 | Vital signs sta | ble. | | | | | | | | | |
| | Dressing clear | n, dry and intact. | | + | \vdash | | | | | | |
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| Knowledge Deficit related to plan of care Surgical Pain Management Post-Operative Temperature Elevation | | | | | | 1 | | | | | |
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| SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature Date/Shift Initial/Title DESIRED OUTCOMES D = DAYS E = EVENINGS N Post-Operative Pain free or verbalizes pain relief Surgical Pain Management Post-Operative Temperature Elevation Immobility due to surgery Immobility due to surgery Needs Patient Fain Alebnie Patient Safety Patient Safety Remains injury free in a safe environment. No evidence of skin breakdown. | Remains injury free in a safe | | | | | | | | | | |
| | Tolerates adva | ancing activity. | | T | | | Patient Safety | | | | |
| | | | | | | | | | | | |
| to surgery | | | | | | | | IN a side and a line has a line and | _ | | |
| | | | | | | | Skin Integrity | No evidence of skin breakdown. | | | |
| | | | | | | | Okur integrity | | | | |
| Signature Title Initial Signature Requiring Co-Signature Date/Shift Initial/Title DESIRED OUTCOMES D = DAYS E = EVENINGS N = Problem/ Date: Date: Repair/Meds Date: Repair/Menly verbalize understanding of post-op treatment plan, diet, medications, and activity participates in decision making / plan of care. Pain Management Alebrile Post-Operative Immobility due to surgery Tolerates advancing activity. Patient Care Categories Nutrition Nutrition Nutrition Nutrition Nutrition Nutrition Nutrition Patient Care Categories Verify discharge needs / plans with plant and plant activity. Tolerates advancing activity. Tolerates advancing activity. Patient Safety environment. No evidence of skin breakdown. No evidence of skin breakdown. Skin Integrity Nutrition Nutrition Nutrition Nutrition Nutrition Tolerates advancing activity. Tolerates advancing activity. Tolerates advancing activity. Patient | | | | | | | | | | | |
| | | | | | | | | Patient/family verbalizes satisfaction with | | | |
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| | | | INTERV | ENTI | ONS | (co | ntinued on bac | ck) | | | |
| Patient Care | | | | D | E | N | Patient Care | | D | E | N |
| Categories | 145 | | | | | | Categories | | | | |
| Discharge | | | with | | | | Nutrition | * Diet: occasional ice chips | | | |
| | passer. | , . | | 1 | \vdash | | | % of diet consumed: | | | |
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| Patient Care Categories Date: D E N Patient Care Categories Date: | D | Ε | N |
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| Assessment & Vital signs q hrs. Assess patient / family satisfaction. Teaching & Encourage verbalization of fears / | | | |
| Assessment & Teaching & Encourage verbalization of fears / | | | |
| & I & O q hrs. | | | 1 |
| | | | |
| | | | |
| Assess knowledge level and readiness | | | |
| * Telemetry to learn. 1995 and the learn to learn. | | | |
| * O ₂ / pulse oximetry continuous Learning needs / teaching plan: | | | |
| - Post-operative routine | | | |
| Surgical site assessment, post initial - Cough / deep breathing | | | |
| dressing change Surgical procedure | | | |
| * Tubes and drains: - Incentive spirometry if ordered | | | |
| Type: Q Pump - Pain management | 1 | | |
| Type: Medication: | | | |
| * Incentive spirometry q 1hr. while | - | | |
| awake. Activity: | | | |
| C&DB q 1hr. while awake. | - | V. | |
| Diet: | | la v | |
| Continue IV/PIID | - | | |
| D51/2 NS with 20 kcl@ 150 add 1 amp MVI Other: | | | |
| | | | |
| * Advance to PO pain medication (crush) | | | |
| | i project | | |
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| | | | |
| Lab / diagnostics results reviewed; MD | + | | |
| Specimens notified if indicated. | | | |
| & * Tests / Procedures | | | |
| Diagnostics | | | |
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| 在文字 (1) A STATE OF A | | | |
| Falls protocol maintained. | 1 | | |
| Safety | | | |
| & * Activity level: ad lib | | | |
| Activity | | | |
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| | | | |
| Assist to reposition q2hrs. as needed | | | |
| Supplied to the supplied to th | | | |
| Hygiene & Comfort Protocol | | | |
| Doint and IV The cond Divining | | | |
| Peripheral IV Therapy Protocol | | | |
| Processed Higgs Proposition Proteins | | | |
| Pressure Ulcer Prevention Protocol | | | |
| * Respiratory Care provided. | | | |
| (See Respiratory Care Record) | | | |
| If history of respiratory problems, | | | |
| Proventyl .5 & 3 cc NS q 4 hrs., prn | | | |
| wheezing | | | |

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* indicates medical orders needed

Open Gastric Bypass Title Signature Initial SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature | Date/Shift Initial/Title ADDRESSOGRAPH **DESIRED OUTCOMES** D = DAYS E = EVENINGS N = NIGHTSE Problem/ **POD #2** EN Problem/ Needs Needs Date: Patient/family verbalize understanding of Knowledge post-op treatment plan, diet, medications, Deficit related and activity; participates in decision to plan of care making / plan of care. Pain free or verbalizes pain relief Surgical after intervention. Pain Management Afebrile Post-Operative Temperature Vital signs returned to baseline. Elevation Patient will tolerate clear liquids No signs or symptoms of infections. Nutrition Remains injury free in a safe Ambulating Patient Safety environment. Immobility due to surgery No evidence of skin breakdown. Skin Integrity Patient/family verbalizes satisfaction with Patient/Family hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care E N Patient Care E Categories Categories Diet: tea & water Discharge Nutrition Plan % of diet consumed: Breakfast Lunch _ % Dinner Post op diet education provided

| Patient Care | POD #2 | D | E | N | Patient Care | | D | E | N |
|--|--|-------------------------|-----------|----------------------|--|---|-------------|-------------|----|
| Categories | Date: | | - | 1,4 | | | 10 | - | 14 |
| Categories | | _ | | \vdash | Categories | | - | | |
| | Vital signs q hrs. | | | | | Assess patient / family satisfaction. | | | |
| Assessment | 4 | | | | Teaching | | | | |
| & | I & O q hrs. | | | | & | Encourage verbalization of fears / | | | |
| Treatments | | | | | Psychosocial | concerns. | | | |
| | | | | | | Learning needs / teaching plan: | | | |
| | * Telemetry | | | | | - Progressive post operative routine | | | |
| | * O ₂ / pulse oximetry continuous | | | | | Property Committee Committ | | | |
| | | | , | | de properties de la companya del companya de la companya de la companya de la companya del companya de la companya del la companya del la companya de la companya del la companya de la companya del la companya dela companya del la companya del la companya del la companya del la | | | | |
| | Surgical site assessment, post initial | | | \vdash | Berkerkow arom i somo eljásobo vezprovot ne constable. | | | | |
| | dressing change. | | | | talian di santan di s | | | | |
| | * Tubes and drains: | | | - | | | | | |
| | | | | | | | _ | | |
| | Type: Q Pump | | | 0.000 | | Discharge instructions: | | | |
| | Type: | | | | | incision care | | | |
| | * Incentive spirometry q 1hr. while | | | | | food & drug interactions | | | |
| | awake. | | | | | MD follow-up | | | |
| | C&DB q 1hr. while awake. | | | | | Modifiable risk factors. | | | |
| | | | | | | Medication: | | | |
| | * Continue IV/PIID | | _ | | | | 1 44 | | |
| | D51/2 NS with 20 meq kcl @ 100 | | | | | Activity: | | | |
| | & 1 amp MVI in 1st liter | | | | | , totally. | | | |
| | * PO pain medication, PRN. | | | - | | Diet: | | | |
| | r o pain medication, FRN. | | | | | Diet. | | | |
| | B. 4 | | | | | Other | | 4 | |
| | May shower with assistance | | | policina Policina | | Other: | | | |
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| | | | kiya l | | | | | | |
| | | | | | | | | | |
| | | | | | | Lab / diagnostics results reviewed; MD | | | |
| | | | | | Specimens | notified if indicated. | | | |
| | | | | i i Vikona | . & | * Tests / Procedures | | | |
| | | | | | Diagnostics | venous dopplers | | 35 | |
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| | | 3 113 | | | Safety | Falls protocol maintained. | | | |
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| | | | | | | Assist to reposition q2hrs. as needed | | 5-1 | |
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| | Hygiene & Comfort Protocol | | | | | | | | |
| Stranger, 1988 was die Leisenschaft von der 1980 | | | | | | | | | |
| | Peripheral IV Therapy Protocol | | | | | | | | |
| | Paral de la constant | | | | | | | | |
| | Pressure Ulcer Prevention Protocol | - | \vdash | | | | | | |
| gan in the state of the same o | Tressure dicer Frevention Frotocol | | | | | | | | |
| | * Descirator Company ded | | | | | | | | 4 |
| grand a film of the street of the territories of the | * Respiratory Care provided. | | 1 1 | | | | | | |
| | (See Respiratory Care Record) | | | | | | | | |
| | If history of respiratory problems, | | | | | | | | |
| | Proventyl .5 & 3 cc NS q 4 hrs. | | | | | | | | |
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^{*} indicates medical orders needed

Open Gastric Bypass Title Initial Signature SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature Date/Shift ADDRESSOGRAPH **DESIRED OUTCOMES** D = DAYS E = EVENINGS N = NIGHTSProblem/ POD #3 EN Problem/ Needs Date: Needs Patient/family verbalize understanding of Knowledge post-op treatment plan, diet, medications, and activity; participates in decision Deficit related to plan of care making / plan of care. Pain free or verbalizes pain relief Surgical after intervention. Pain Management Afebrile Post-Operative Temperature Vital signs returned to baseline. Elevation No signs or symptoms of infections. Remains injury free in a safe Patient Safety environment. Ambulating Immobility due to surgery No evidence of skin breakdown. Skin Integrity Patient/family verbalizes satisfaction with Patient/Family hospital stay/care. Satisfaction INTERVENTIONS (continued on back) D E Patient Care D E Patient Care Categories Categories Completed Discharge Plan Diet: Discharge Nutrition Gastro 1 % of diet consumed: Plan Breakfast _____ Lunch_ Dinner

| Patient Care | POD #3 | D | E | N | Patient Care | AND | ID | | AI |
|--|--|-----------|-----|-------------|---|--|--|---------------|----|
| Categories | Date: | 10 | - | 14 | | | D | E | N |
| Categories | | - | _ | - | Categories | | | | |
| | Vital signs q hrs. | | | | | Assess patient / family satisfaction. | | in the second | |
| Assessment | | | | | Teaching | | | | |
| & | I & O q hrs. | | | | & | Encourage verbalization of fears / | | | |
| Treatments | | | | | Psychosocial | concerns. | | | |
| | | | | | | Learning needs / teaching plan: | | | |
| | Surgical site assessment. | | | | | - Progressive post operative routine | | | |
| | | | | | | - | | | |
| | * Incentive spirometry q1hr. while awake. | | | | | - | | | |
| | # | | | | entrologica de la transportio de transportione de la companya de la companya de la companya de la companya de l La companya de la companya de | | | | |
| And the first section of the section | C&DB q1hr while awake. | | | | | | | | |
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| transport of the second of the | * PO pain medications PRN | | | 10 m / 10 m | | Discharge instructions: | | | |
| | | | | | | incision care | | | |
| Policy of Associations of States over the second | Discontinue IV / PIID | | | i | a migra fraguesia (n. 1864). | food & drug interactions | | | |
| | D51/2 NS with 20 meq kcl add 1 amp | | | | | MD follow-up | | | |
| | MVI to 1st L @ 100 | | | | | Modifiable risk factors. | 100 | | |
| | May shower with assistance | | | | | Medication: | + | | |
| | | | | | | | 20, 000 | | |
| | | | | | | Activity: | | | |
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| | | | | bertan | | Diet: | | | |
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| | | | | | | Other: | 1 | 8 | |
| | | | | | | Other. | | | |
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| | A CONTRACTOR CONTRACTO | 1000 | | | | | | | |
| | | | | | | Lab / diagnostics results reviewed; MD | | _ | _ |
| | | | | | Carriana | | | | |
| | | | | | Specimens & | notified if indicated. | + | - | - |
| | | | | | _ | * Tests / Procedures | | 100 | |
| | | | | | Diagnostics | | | | |
| | | 1002 5002 | | Control of | | | | | |
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| | est rede for tropical attitudes transfer and red but reads. I have a public of the form a more a test will be | | | | Activity | natur da til oki oz regi hi tas Sondari iz polici intropradjezovanska i umraljskih kr | | - | |
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| | | | | | | Assist to reposition q2hrs. as needed | | | |
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| | Hygiene & Comfort Protocol | | | 1.444 | er variant efergion and a variant and a variant | and the state of t | | | |
| Kalignoj a sastavi | | | | | | | | | |
| | Peripheral IV Therapy Protocol | | | | | | | | |
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| | Pressure Ulcer Prevention Protocol | | | | | | | | |
| | | | | | | | | | |
| | * Respiratory Care provided. | | | | | | | | |
| | (See Respiratory Care Record) | | | | | | | | |
| | If history of respiratory problems, | | | | | | | | |
| | Proventyl .5 & 3 cc NS q 4 hrs. prn | | | | | | | | |
| | wheezing | | | | | | | | |

Hackensack University Medical Center

* indicates medical orders needed

Open Gastric Bypass Title Signature Initial SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature Date/Shift **ADDRESSOGRAPH DESIRED OUTCOMES** D = DAYS E = EVENINGS N = NIGHTSPOD #4 EN Problem/ Ε Problem/ Needs Needs Date: Patient/family verbalize understanding of Knowledge post-op treatment plan, diet, medications, Deficit related and activity; participates in decision to plan of care making / plan of care. Pain free or verbalizes pain relief Surgical after intervention. Pain Management Afebrile Post-Operative Temperature Vital signs returned to baseline. Elevation No signs or symptoms of infections. Discharged Discharge Plan Remains injury free in a safe Ambulating Patient environment. Immobility due Safety to surgery No evidence of skin breakdown. Skin Integrity Patient/family verbalizes satisfaction with Patient/Family hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care E N Patient Care E Categories Categories Insurance: * Diet: Discharge Nutrition Gastro 2 Plan % of diet consumed: Breakfast ___ Lunch

Dinner

| Categories Assessment & Treatments Surgical site assessment. | | | |
|---|--|----------|----------|
| Assessment & I & O q hrs. Treatments I & O q hrs. Encourage verbalization of fears / concerns. | | | |
| * Po pain medications PRN Discontinue IV / PIID D51/2 NS with 20 meq kcl add 1 amp MVI to 1st L @ 100 May shower with assistance * I & O q hrs. Psychosocial * Encourage verbalization of fears / concerns. Learning needs / teaching plan: - Progressive post operative routine | | | |
| Surgical site assessment. * Incentive spirometry q1hr. while awake. C&DB q1hr while awake. * PO pain medications PRN Discontinue IV / PIID D51/2 NS with 20 meq kcl add 1 amp MVI to 1st L @ 100 May shower with assistance Psychosocial 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: | _ | | |
| Learning needs / teaching plan: - Progressive post operative routine - Incentive spirometry q1hr. while awake. C&DB q1hr while awake. * PO pain medications PRN Discontinue IV / PIID D51/2 NS with 20 meq kcl add 1 amp MVI to 1st L 100 May shower with assistance Learning needs / teaching plan: - Progressive post operative routine - Since Post operative routine - Progressive post operative routine - Progressive post operative routine - Modifiable awake. - Discharge instructions: - incision care - food & drug interactions - MD follow-up - Modifiable risk factors. Medication: Activity: Diet: | | | |
| Surgical site assessment. * Incentive spirometry q1hr. while awake. C&DB q1hr while awake. * PO pain medications PRN Discontinue IV / PIID D51/2 NS with 20 meq kcl add 1 amp MVI to 1st L @ 100 May shower with assistance - Progressive post operative routine - Discontinue IV / PIID Discharge instructions: - incision care - food & drug interactions - MD follow-up - Modifiable risk factors. Medication: Activity: Diet: | and the second of the second o | - | |
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| MVI to 1st L @ 100 May shower with assistance - Modifiable risk factors. Medication: Activity: Diet: | | | |
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| Lab / diagnostics results reviewed; M |) | | |
| Specimens notified if indicated. | | | |
| & * Tests / Procedures | | | |
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| Falls protocol maintained. Safety | | | |
| & * Activity level: ad lib | _ | \vdash | |
| Activity Activity | 21 (21) | | |
| Acuvity | | | |
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| Assist to reposition q2hrs. as needed | | | |
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| Hygiene & Comfort Protocol | 489 480 | | |
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| Peripheral IV Therapy Protocol | | | |
| | | | |
| Pressure Ulcer Prevention Protocol | | | |
| * Respiratory Care provided. | | | |
| (See Respiratory Care Record) | | | |
| If history of respiratory problems, | | | |
| Proventyl .5 & 3 cc NS q 4 hrs. prn | . 1 | | |
| wheezing | | | ۱ ۱ |

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