

**Bariatric Pre-Operative Orders**

- Status:  Admit to Inpatient Status (I certify that inpatient services are needed)  
 Place Patient in Outpatient Status  
 Place Patient in Outpatient Status and begin Observation Services

Admit to the service of:  Surgical Stepdown Unit  ICU

PATIENT NAME (LAST): \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ANESTHESIA TYPE: \_\_\_\_\_

PROCEDURE CONSENT TO STATE: \_\_\_\_\_

DATE OF SURGERY/PROCEDURE \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ PRIMARY PHYSICIAN: \_\_\_\_\_ CPT CODES: \_\_\_\_\_

**ALLERGIE(S)**

Type of Reaction(s): \_\_\_\_\_

Patient Weight: \_\_\_\_\_ kg Height \_\_\_\_\_ BMI \_\_\_\_\_

**IV fluids:**

- Place PICC line if unable to obtain peripheral Intravenous access  
 Lactated Ringers 1,000 mL over 2 hours on arrival to Preop  
 Lactated Ringers @ 30 mL/hr. on arrival to Preop  
 \_\_\_\_\_

**Preop Antibiotics:**

- Cefazolin 1 gm IV for patient weight < 60 kg, infuse within 60 minutes prior to surgery  
 Cefazolin 2 gm IV for patient weight 60-120 kg, infuse within 60 minutes prior to surgery  
 Cefazolin 3 gm IV for patient weight > 120 kg, infuse within 60 minutes prior to surgery  
 Cefazolin, dose as above and metronidazole 500 mg IV x 1 dose each preop

**If beta-lactam allergic, give:**

- Levofloxacin 500 mg IV and metronidazole 500 mg IV x 1 dose each preop

**Labs Done at:**  JFK  Outside Testing

**Please use Anesthesia Guidelines to determine testing.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A1C   | <input type="checkbox"/> CBC                            | <input type="checkbox"/> CBC With Differential          |
| <input type="checkbox"/> BMP (Basic Metabolic Panel)                               | <input type="checkbox"/> PT, PTT & INR                  | <input type="checkbox"/> Liver Profile                  |
| <input type="checkbox"/> CMP (Complete Metabolic Panel)                            | <input type="checkbox"/> Albumin                        | <input type="checkbox"/> Urine BHCG (qual)              |
| <input type="checkbox"/> Sickle Cell   | <input type="checkbox"/> CEA.                           | <input type="checkbox"/> Serum BHCG (qual)              |
| <input type="checkbox"/> Urinalysis  | <input type="checkbox"/> Urinalysis with Reflex Culture | <input type="checkbox"/> MRSA/MSSA Screening            |
| <input type="checkbox"/> Type & Screen <input type="checkbox"/> PRBC # _____ units |   | <input type="checkbox"/> Urinalysis                     |
|  |   | <input type="checkbox"/> Urinalysis with Reflex Culture |

Other Labs:

- Chest X-Ray  JFK  Outside Testing  
 EKG Done at:  JFK  PCP **Must Be Legible Copy**

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at: \_\_\_\_\_

**HCA Florida JFK Hospital, Atlantis, FL 33462**  
 BARIATRIC PRE-OPERATIVE ORDERS



Patient Identification/Label

# BARIATRIC PRE-OPERATIVE ORDERS (Con't.) ENHANCED SURGICAL RECOVERY

## Diet:

- No solid food after midnight the night before the procedure unless otherwise instructed by anesthesia.
- May have clear liquids (NO RED COLOR OR DYE) up to arrival time at JFK or until 2 hours before scheduled surgery.
- If instructed to do bowel prep prior to surgery, no solid food starting at midnight 2 nights prior to surgery.

**INSTRUCT PATIENT TO DRINK pre-surgery drink:**

- Drink 2 bottles of Gatorade Zero the evening prior to surgery.
  - Drink 2 bottles evening prior to surgery.

**Do Not Administer Pre-Surgery drink if patient is a Type 1 Diabetic on Dialysis or insulin dependent.**

**If patient is Type 1 Diabetic, or insulin dependent substitute Gatorade Zero for pre-surgery drink and instruct to drink one 20oz. bottle the evening prior to procedure and one half bottle of Gatorade Zero 2 hours prior to scheduled procedure.**

- Upon arrival to preop have patient wipe body down with 2% chlorhexidine gluconate (CHG) wipes.

## Medications:

- A. To be given in pre-op day of procedure**
- B. Patient given prescription to take the medication prior to arrival for surgery**

- Acetaminophen 975 mg PO x 1 dose
  - Acetaminophen 1gm IV x 1
  - Acetaminophen 650 mg PO x 1
  - Celecoxib 200 mg PO x 1 preop
  - Gabapentin (Neurontin) 600 mg PO x 1 preop
- Reminder: If age > 75, patient on dialysis, or <50kg weight, give:*

- Gabapentin (Neurontin) 300 mg PO x 1 preop
- Metoclopramide 10 mg IV x 1 dose
- Tramadol 50mg PO x 1
- Decadron 4mg PO x1
- Decadron 8mg IV x1
- Dexamethasone 4mg IV x1
- Dexamethasone 4mg PO x1
- 4% Lidocaine patch to be applied postoperatively proximal to the surgical site in the Recovery Room.

Other Medication Order:

## VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS (must select one)

- Enoxaparin (Lovenox) 40mg subcutaneous x 1 Pre-Op
- Heparin 5,000 units subcutaneous x1 Pre-Op
- Calf-high Sequential Compression Device to be placed in Pre-Op

**Medical Pre Op Evaluation:** Phone:

- No  Yes Dr.:

**Cardiac Pre Op Evaluation:** Phone:

- No  Yes Dr.:

**Pulmonary Pre Op Evaluation (Type):** Phone:

- No  Yes Dr.:

**Other Pre Op Evaluation (Type):** Phone:

- No  Yes Dr.:

**Other Pre Op Evaluation (Type):** Phone:

- No  Yes Dr.:

**Other Pre Op Evaluation (Type):** Phone:

- No  Yes Dr.:

**Patient From Nursing Home/Extended Care Facility?** Phone:

- No  Yes Name:

Bariatric Bed  Extra Long

Bariatric Walker

Bariatric Commode

Case Management to Arrange for Discharge Planning

Incentive Spirometer

NPO AFTER MIDNIGHT, DATE:

**PERSON COMPLETING FORM SIGNATURE:**

NAME (PLEASE PRINT):

DATE:

TIME:

**PHYSICIAN'S SIGNATURE:**

PHYSICIAN'S NAME (PLEASE PRINT):

DATE:

TIME:

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