Loma Linda Bariatric Protocols for patients of Drs. Scharf, Michelotti and Kannappan:

Roux-En-Y Gastric Bypass & Sleeve Gastrectomy

Typical Hospital Stay: 1-2 days

Gastric Bypass

Sleeve Gastrectomy

Red - MD
Blue - RN

Day of Admission to SH

Assessment/Treatment

Complete medication reconciliation - MD
For diabetic patients, monitor blood glucose levels and prescribe Insulin coverage as appropriate – MD
Endocrine consult for type 1 diabetics Hgba1c >8% preop –MD
Order UGI if appropriate – MD (dependent on case to case basis)
Assess and document if pressure ulcer, blisters or skin injury developed during OR - RN
Monitor pain, nausea, abdominal distention, bowel sounds - RN
Check wound dressings every 4 hours – RN
Incentive Spirometer every 2 hours while awake - RN

Teaching

Discuss dietary restrictions - MD. Reinforce no oral intake until after swallow study next day (usually Michelotti). Drs. Scharf and Kannappan’s patients usually restart bariatric CLD 6 hrs post-op (unless contraindicated) –RN
Discuss lifting restrictions: No lifting over 10# for 6 wks (varies for each patient). - MD Reinforce lifting restrictions - RN
Discuss post-op signs and symptoms to be aware of-MD Reinforce signs and symptoms - RN
Discuss use of Incentive Spirometer - MD Reinforce use of Incentive Spirometer - RN
Discuss discharge plans with family: transportation for discharge. Verify prescriptions were given prior to discharge from hospital. Verify bariatric booklet was given to patient – RN

Mobility

Elevate HOB 30 degrees - RN
OOB to chair when fully awake, then at least twice a day – RN
DVT Prophylaxis as ordered – RN

Nutrition

Order Nutrition Consult – MD
Dr. Scharf and Dr. Kannappan- 6 hrs postop start bariatric clears
Dr. Michelotti – NPO until postop day #1 & UGI completed/read

Medications

Opioid and multi-modal pain management - MD
Anti-nausea medications (as appropriate) - MD
DVT prophylaxis (as appropriate) - MD
Anti-hypertensives (as appropriate) – MD
NO NSAIDS - MD
Glycemic control medications (as appropriate) – MD
Evaluate for euvolemia, bolus PRN as appropriate-MD
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Roux-En-Y Gastric Bypass & Sleeve Gastrectomy

Typical Hospital Stay: 1-2 days

Red – MD
Blue – RN

Postoperative Day One

Assessment/Treatment
For diabetic patients, order Diabetes Nurse Consult or if blood sugar is > 250 during hospitalization - MD
Monitor blood glucose levels and prescribe Insulin coverage as appropriate - MD
Discontinue Foley (if appropriate, or document why Foley remains) - MD
Monitor pain, nausea, abdominal distention, bowel sounds - RN
Check wound, every 4 hours (if appropriate) - RN
Wean from PCA (if applicable and appropriate) and start on PO liquid pain medication - RN
Incentive Spirometer every 1 hour while awake - RN

Teaching
Discuss dietary restrictions-MD then 30 ml (1 oz) every 15-30 min. of bariatric clear liquid diet - RN
Discuss lifting restrictions: No lifting over 10# for 6 wks (varies for each patient). - MD Reinforce lifting restrictions - RN
Discuss post-op signs and symptoms to be aware of - MD Reinforce signs and symptoms - RN
Discuss use of Incentive Spirometer - MD Reinforce use of Incentive Spirometer - RN
Discuss discharge plans with family: transportation for discharge. Verify prescriptions were given prior to discharge from hospital. Verify bariatric booklet was given to patient – RN

Mobility
Ambulate Ad Lib, TID as tolerated
Up in Chair OOB in chair for all meals

Nutrition
Verify dietitian has visited patient -RN

Medications
Transition from IV to PO opioid analgesia – MD
Once started on bariatric CLD, DECREASE IVF to 60mL/hr - MD
Start pre-admission medications as appropriate - MD
Continue DVT Prophylaxis (as appropriate) - MD
Glycemic control medications (as appropriate) – MD
Evaluate for euvoolemia, bolus PRN as appropriate -MD

Case Management
Inform Case Manager of patient status and discharge requirements PRN if any needs– MD
Postoperative Day 2 and Discharge Day

Assessment/Treatment
Verify Nutrition Consult is completed - MD
Verify Diabetes Nurse teaching was completed on diabetic patient if blood glucose was >250 or HgA1c >8% preop - MD
Adjust glucose monitoring and prescribe Insulin coverage as appropriate for home use - MD
Monitor pain, nausea, abdominal distention, bowel sounds - RN
Check wound, 4 hours (if appropriate) – RN

Teaching
Discuss dietary restrictions on bariatric full liquid diet - MD
Discuss post-op signs and symptoms to be aware of - MD Reinforce signs and symptoms - RN
Discuss use of Incentive Spirometer - MD Reinforce use of Incentive Spirometer - RN
Discuss discharge plans with family: transportation for discharge. Verify prescriptions were given prior to discharge from hospital. Verify bariatric booklet was given to patient – RN

Mobility Ambulate Ad Lib; TID as tolerated. OOB in chair for all meals – RN

Nutrition Bariatric Clear Liquid diet - 30 ml (1 oz) every 15-30 min. Goal: 48 oz. per day – RN
If no n/v 500ml/day meets dc criteria or 240ml/shift & no n/v or minimal & controlled w/ antiemetics –MD
If discharge will happen, patient will be transitioned to Bariatric Full Liquid Diet ONCE DISCHARGED - MD

Medications
Oral analgesia medication - MD
Continue DVT Prophylaxis (as appropriate) - MD
Anti-hypertensives (as appropriate) - MD
Stool Softener - MD
Glycemic control medications (as appropriate) – MD

Case Management Inform Case Manager of patient status and discharge requirements – MD

Documentation
Complete new prescriptions and medication reconciliation – MD
Restart antidepressants upon discharge if on pre-op – MD
Hold birth control pills/HRT for females for 4 weeks postop – MD
Complete Discharge Summary - MD
Place discharge order in computer early A.M– MD

Final Discharge Step
Verify information for patient to schedule follow-up appointment - RN
Provide copy of discharge instructions and document that patient has received instructions – RN
Loma Linda Bariatric Protocols for patients of
Drs. Scharf, Michelotti and Kannappan:

Adjustable Lap. Band

Typical Hospital Stay: Same day surgery

Red - MD
Blue - RN

Day of Admission to SH

Assessment/Treatment
Complete medication reconciliation - MD
For diabetic patients, monitor blood glucose levels and prescribe Insulin coverage as appropriate - MD
NPO until approved by Attending – MD
Assess and document if pressure ulcer, blisters or skin injury developed during OR - RN
Monitor pain, nausea, abdominal distention, bowel sounds - RN
Check wound dressings every 4 hours – RN
Incentive Spirometer every 2 hours while awake - RN

Teaching
Discuss dietary restrictions - MD  Reinforce no oral intake until ordered by surgeon - RN
Discuss lifting restrictions: No lifting over 10# for 6 wks. - MD  Reinforce lifting restrictions - RN
Discuss post-op signs and symptoms to be aware of - MD  Reinforce signs and symptoms - RN
Discuss use of Incentive Spirometer - MD  Reinforce use of Incentive Spirometer - RN
Discuss discharge plans with family: transportation for discharge. Verify prescriptions were given prior to discharge from hospital. Verify bariatric booklet was given to patient – RN

Mobility
OOB to chair when fully awake, then Up Ad Lib
Admin. DVT Prophylaxis as ordered

Nutrition
NPO until ordered by surgeon, then Bariatric Clear Liquid diet - 30 ml (1 oz) every 15-30 min.
Strict I&O

Goal: 48 oz. per day – RN

If no n/v 500ml/day meets dc criteria or 240ml/shift & no n/v or minimal & controlled w/ antiemetics -MD

Medications
Parenteral narcotic Analgesics (PCA or IV Meds) - MD
Anti-nausea Medications (as appropriate) - MD
DVT Prophylaxis (as appropriate) - MD
Anti-hypertensives (as appropriate) - MD
Glycemic control medications (as appropriate) - MD
Loma Linda Bariatric Protocols for patients of Drs. Scharf, Michelotti and Kannappan:

Adjustable Lap. Band

Discharge Day

Typical Hospital Stay: Same day surgery

Assessment/Treatment
Order Nutrition Consult if patient stays overnight – MD
For diabetic patients, order Diabetes Nurse Consult or if blood sugar was >250 or HgA1c >8% preop - MD
Monitor blood glucose levels and prescribe Insulin coverage as appropriate - MD
D/C Foley (if appropriate, or document why Foley remains) - MD
NPO until ordered by surgeon, then advance to clear liquids - 30 ml (1 oz) every 15-30 min. – MD
Monitor pain, nausea, abdominal distention, bowel sounds - RN
Check wound dressing every 4 hours (if appropriate) - RN

Teaching
Discuss dietary restrictions-MD Reinforce no oral intake until approved by MD - RN
Discuss lifting restrictions: No lifting over 10# for 6 wks. - MD Reinforce lifting restrictions - RN
Discuss post-op signs and symptoms to be aware of-MD Reinforce signs and symptoms - RN
Discuss use of Incentive Spirometer - MD Reinforce use of Incentive Spirometer - RN
Discuss discharge plans with family: transportation for discharge. Verify prescriptions were given prior to discharge from hospital. Verify bariatric booklet was given to patient – RN

Mobility Ambulate Ad Lib, tid as tolerated

Nutrition Start Bariatric Clear Liquid diet when ordered by MD – 30 ml (1 oz) q 15-30 min.

Medications
When cleared by Attending, advance to PO liquid pain medication; DC PCA - MD
Start pre-admission medications (as appropriate) - MD
Glycemic control medications (as appropriate) – MD

Case Management Inform Case Manager of patient status and discharge requirements PRN if any identified needs MD

Documentation
Complete new prescriptions and medication reconciliation - MD
Place discharge order in computer early A.M– MD

Final Discharge Step
Verify information for patient to schedule follow-up appointment - RN
Give patient copy of discharge instructions and document that patient has received instructions - RN