

**Roux-En-Y Gastric Bypass &  
Sleeve Gastrectomy**

**Typical Hospital Stay: 1-2 days**

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

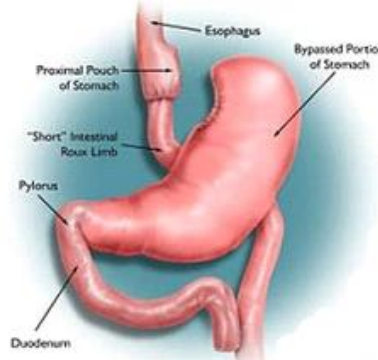
Anti-hypertensives (as appropriate) – MD

NO NSAIDS - MD

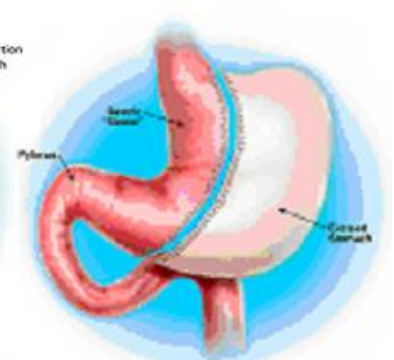
Glycemic control medications (as appropriate) – MD

Evaluate for euolemia, bolus PRN as appropriate -MD

**Gastric Bypass**



**Sleeve Gastrectomy**





**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**

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 euvolemia, bolus PRN as appropriate -MD

### Case Management

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



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

**Roux-En-Y Gastric Bypass &  
Sleeve Gastrectomy**

**Postoperative Day 2 and Discharge Day**

Red - MD

Blue – RN

**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

**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

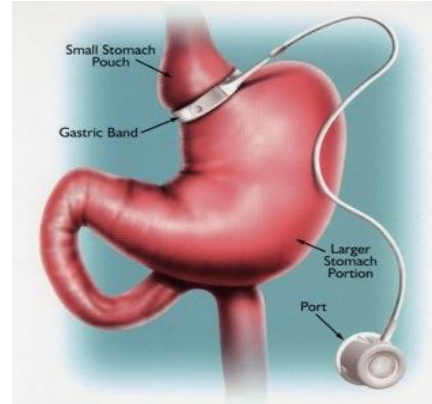
Parenteral narcotic Analgesics (PCA or IV Meds) - MD

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**

Red – MD    Blue – RN

### 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