

GI (Biliary Tract) Post-op

Admit To:

- Inpatient Observation
- Med-Surg Telemetry ICU

Vital Signs & Monitoring

Vital signs

- q 15 mins x 1 hour, q hour x 3 and then
- q4h q8h

Activity

- Bed rest Up independently
- Up to chair _____ times per day
- Ambulate _____ times per day

Interventions

- Measure intake & output
- Discontinue indwelling urinary catheter within 24 hours of insertion unless order obtained to keep in.
- Cardiac monitor
- Remove NG/orogastric tube
- Drain management bulb suction (if any)
- SCDs/PAS: DC when ambulating
- Below the knee Elastic Stockings
- Other _____

Respiratory

- Incentive spirometry q hour while awake. Goal is 20 puffs/hour

Diet

- NPO except ice chips
- Clear liquid diet first meal, advance to full liquid diet & then advance to regular diet
- Therapeutic diet, low fat
- Therapeutic diet, diabetic _____ ADA

IV Fluids

- Saline lock when taking PO well (flush per protocol)
- IV soln _____ @ _____ ml/hr; KCl additive _____ mEq/L

Medications

- VERIFY HOME MEDICATIONS

Analgesics - Oral

- acetaminophen (TYLENOL) 650 mg PO q4h PRN pain &/ or fever
- oxycodone (OXY-IR) _____ mg PO q6h PRN pain
- acetaminophen-hydrocodone (VICODIN) _____ tablet(s) PO q6h PRN pain

Analgesics - IV

- morphine _____ mg IV q _____ hours PRN pain
- hydromorphone (DILAUDID) _____ mg IV q _____ hours PRN pain

Antacids

- MAALOX 15 mL PO q4h PRN indigestion
- famotidine (PEPCID) 20 mg IV q12h

Sedatives - Oral

- zolpidem (AMBIEN) 5 mg PO qHS PRN insomnia

Antibiotics - IV

- Discontinue prophylactic antibiotics within 24 hours after surgery end time @ _____ unless infection noted.
- cefazolin (ANCEF) 1 gm IV q8h x 1 dose

Antibiotics(B-lactam allergy) - IV

- levofloxacin (LEVAQUIN) 500 mg IV q24h x1 dose

****AND****

clindamycin (CLEOCIN) 600 mg IV q6h x1 dose

Antibiotics:If infection suspected or noted must indicate reason, med, dose, route, and frequency below

***Indication:** _____

Antiemetics - IV

- ondansetron (ZOFRAN) 4 mg IV q6h PRN nausea/vomiting

DVT Prophylaxis

- enoxaparin (LOVENOX) 40 mg subQ daily
- heparin 5,000 units subQ q8h

Laboratory (Indicate Schedule following the order)

- CMP (CHEM 14) _____ BMP (CHEM 8) _____
- CBC with diff _____ PT with INR _____
- Amylase, serum _____ Lipase _____

Consults

- Consult to _____

Reason: _____

Provider Signature

Date _____ **Time** _____

Patient Information

St. Elizabeth's Hospital
Belleville, Illinois

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Form # 1454

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