

GI (Esophageal/Gastroduodenal/Hernia)

Post-op - DEBMPOEGH

Admit To: Inpatient Observation
 Med-Surg Telemetry ICU

Vital Signs & Monitoring

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

Laboratory (Indicate Schedule following the order)

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

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

clindamycin (CLEOCIN) 600 mg IV q6h x1 dose
****AND****
levofloxacin (LEVAQUIN) 500mg IV q24h 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

Consults

Consult to _____
Reason: _____

Provider Signature

Date _____ **Time** _____

Patient Information

St. Elizabeth's Hospital
Belleville, Illinois

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Post-op**

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