

CLINICAL PATHWAY: LAPAROSCOPIC OUTPATIENT LAPBAND SURGERY

Updated: 12/2015 [Quilici – Tovar]

Date	Day of Admit/Surgery- SAU	Day of Surgery -PACU	Day of Surgery- Bariatric Unit DISCHARGE – SHORT STAY	POD #1 - Discharge	POD #2 - Discharge
Assessments	Adult Admission History & Assessment Pre-Op Checklist Baseline VS, O2 Sat, pain score	VS per PACU routine Pain assessment/management I&O	VS q 1h x4, q4h x24 Assess for pain and nausea per routine orders I&O Notify MD for ↑ Temp, unmanaged N/V, pain, ↑ BP and Pulse per MD parameters	VS routine Assess pain and nausea per routine orders straight cath prn Notify MD for ↑ Temp, unmanaged N/V, pain, ↑ BP and pulse per MD parameters	VS routine Assess pain and nausea per routine orders
Tests	Accucheck if diabetic –contact surgeon if blood sugar abnormal	Accucheck if diabetic –contact anesthesia if BG <80 or >200 CBC w diff/ BMP	Obtain MD order for insulin sliding scale if diabetic	Obtain MD order for insulin sliding scale if diabetic	Obtain MD order for insulin sliding scale if diabetic
Consults	if CPAP or BiPAP indicated: RT to set-up post op Pt may use own CPAP or <u>BiPAP</u> as per RT policy	if CPAP or BiPAP is indicated: RT to set-up Pt may use own CPAP or <u>BiPAP</u> as per RT policy	NONE	Psych, Social Worker, Wound Care consults prn RT, PT, OT, Dietitian per MD order	Psych, Social Worker, Wound Care consults prn RT, PT, OT, Dietitian per MD order
Activities	Admission weight		Ambulate 30 laps [Short stay – 7 NEB] CPAP or <u>BiPAP</u> as ordered per RT policy, HOB up for comfort	Ambulate 30 laps around Nurses station	Ambulate QID With a minimum of 1 mile per day
Perioperative and Anesthesia	Activate Perioperative clinical pathway PC laparoscopic gastric bypass	Airway and Post Anesthesia care management	Airway and Post Anesthesia care management	Airway and Post Anesthesia care management	
Medications / Treatments	Insert IV Void prior to OR	Glucose management per anesthesia Pain Management per MD orders Nausea Management per MD orders SCD's Oxygen prn	Pain medication & antiemetics, heparin, SCD per MD orders CPAP or <u>BiPAP</u> per order-RT protocol Wean oxygen as <u>tolerated</u> to maintain O2 Sat >92% IS q1hr after awake Check if Pre-op ANTICOAGULATION – if YES, Orders or Call MD.	Manage pain/nausea per MD orders CPAP or <u>BiPAP</u> per RT protocol IS q 1hr while awake	Manage pain/nausea per MD orders Pain managed on oral elixirs D/C SCD when ambulating
Nutrition	NPO	NPO	1 hours post-op may have sips of water then advance to Bariatric clear liquids as tolerated	Bariatric clear liquids Add protein shake	Bariatric clear liquid diet and High protein shake as tolerated
Discharge Planning/ Instruction	Orient patient to environment Orient family to surgery waiting room Pre-Op Teaching:		Post op IS use, ambulation progression Review discharge instructions/ Handouts and discharge meds. Diet progression Start post op training		Review discharge instructions/Handouts and discharge meds. Diet progression
Outcomes	Adm. <u>History & Assessment</u> complete Pre-Op Checklist complete Pre-Op Meds given H&P on chart	Pain Management	N/V managed VS WNL, Sats >92% Pain <u>managed</u> , absence of DVT's Ambulation progressed as tolerated Determine DISCHARGE READINESS, DISCHARGE and level of support D/C TRANSFER to 7NEB if admission required	VS WNL Amb progressed Pain managed	Return to Pre- <u>Surg</u> ambulation activity Intact skin & healing