

PSJMC CLINICAL PATHWAY: LAPAROSCOPIC GASTRIC BYPASS SURGERY Updated: 12/2015 [Quilici-Tovar]

Date	Day of Admit/Surgery- SAU	Day of Surgery -PACU	Day of Surgery- Bariatric Unit POTENTIAL DISCHARGE	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 - Straight cath prn Notify MD for ↑ Temp, unmanaged N/V, pain, ↑ BP and Pulse per MD parameters Check drain and Op sites Qshift ASSESS DISCHARGE STATUS	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 Check drain and Op sites Qshift	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, CBC,CMP	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 BiPAP as per RT policy	If CPAP or BiPAP is indicated: RT to set-up Pt may use own CPAP or BiPAP as per RT policy	Psych, Social Worker, Wound Care consults prn RT, PT, OT, Dietitian per MD order Eval to inpatient nutrition	Psych, Social Worker, Wound Care consults prn RT, PT, OT, Dietitian per MD order	Psych, Social Worker, Wound Care consults prn RT, PT, OT, Dietician per MD order
Activities	Admission weight		Ambulate 30 laps – 1 MILE CPAP or BiPAP as ordered per RT policy. HOB up for comfort	Ambulate 30 laps – 1 MILE Begin increasing as tolerated.	Ambulate 30 laps – 1MILE – Begin increasing as tolerated.
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 Check if patient is on Antihypertensive Meds and Hypoglycemic agents / Insulin [Note if taken this AM].	Antiemetics per N/V guidelines: Glucose management per anesthesia Pain - Nausea Management – SCD per MD orders Oxygen prn	PCA, pain medication, SDC & antiemetics, Heparin per MD orders CPAP or BiPAP per order-RT protocol Wean oxygen as tolerated to maintain O2 Sat >90% IS q1hr while awake Check if Pre-op ANTICOAGULATION – If YES, Orders or Call MD.	Manage pain/nausea per MD orders CPAP or BiPAP per RT protocol IS q 1hr while awake Check if Pre-op ANTICOAGULATION – If YES, Orders or Call MD.	Manage pain/nausea per MD orders Pain managed on oral elixirs D/C SCD when ambulating JP drain dc'd if ordered
Nutrition	NPO	NPO	2 Hours post-op may have sips of water then advance to bariatric clear liquid 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 Post op ambulation progression Review discharge instructions/ handouts and discharge meds. Diet progression. Start post op training	Review discharge instructions/Handouts and discharge meds. Diet progression	Review discharge instructions/Handouts and discharge meds. Diet progression
Outcomes	Adm. History & Assessment complete Bariatric Qualifications Checked Pre-Op Checklist complete Pre-Op Meds given H&P on chart	Pain Management Oxygenation Level Drain: Non Bloody	VS WNL, Sats >92%, N/V managed Pain managed Absence of calf pain, DVT, SOB Ambulation progressed as tolerated Determine Discharge status - level of support D/C	VS WNL - Amb progressed. Pain managed. Drain: Non Bloody Ready for Discharge	Return to Pre-Surg ambulation activity Intact skin & healing