



**BARIATRIC PROTOCOL ORDERS
PRE-OPERATIVE (Page 1 of 1)**

Date: _____ Time: _____	Height: _____ Feet _____ Inches	Weight: _____ Pounds (Actual on day of surgery)
Allergy/Sensitivities and Reactions:		

☒ = Automatic ☐ Physician's option - check off to order

- **ADMIT TO:** ☐ _____
- **ADMIT AS:** ☐ 23:59 Observation ☐ Full Admission
- **DIAGNOSIS:** Morbid Obesity

1. CONSENTS / REQUIRED DOCUMENTATION PRESENT ON CHART:

- | | |
|---|--|
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Surgical Consent |
| <input type="checkbox"/> Update required on the Day of Surgery | <input type="checkbox"/> Anesthesia Consent |
| <input type="checkbox"/> All Ordered Clearances | <input type="checkbox"/> All Ordered Laboratory and Diagnostic Testing |
| <input type="checkbox"/> Psychological Evaluation on Chart | |

2. SURGICAL ANTIBIOTIC PROPHYLAXIS: to be given 30-60 minutes before cut time

- ☐ Cefazolin (Ancef®) two (2) grams Intravenous Piggyback

OR

- ☐ If Allergy to Cefazolin (Ancef®) or Penicillin or Cephalosporins then: Cleocin 600mg Intravenous Piggyback **AND** Gentamicin one (1) mg/kg intravenous Piggyback, based on **ADJUSTED BODY WEIGHT** - Pharmacy to dose

3. DEEP VEIN THROMBOSIS PROPHYLAXIS: (See DVT Prophylaxis Form)

- ☐ Lovenox 30mg subcutaneously upon arrival after step one (1) verified.
- ☒ Apply Sequential compression devices bilaterally, on arrival to Pre Admission Testing.

4. REFLUX AND ASPIRATION PRECAUTIONS:

- ☐ Pantoprazole (Protonix®) 40 mg Intravenous push times one (1)

Physician Signature:	Date:	Time:
Printed Physician:		
Transcriber's Signature:	Date:	Time:
Noting Nurses Signature:	Date:	Time: