

② PR: BORMAN: PATRICIA.
DOB: 09/11/61
D.O.B.: 05/21/23

SURGICAL CENTER	
PRE-ANESTHESIA EVALUATION AND PAST MEDICAL HISTORY	
PROPOSED PROCEDURE: VRS - ANT. VEG IMPLANTS.	
Cardiac: MVP ⊕	Renal: ♂ GERD: ♂
Respiratory: ♂	Hepatic: ♂ Other: OSA ⊕ - (CRAP)
STOP-bang score: ⊕ OSA.	⊕ VARIATION
Neuro: ♂	Endocrine: ♂ Social History: STUB / SEC. STUB / 2 DRUGS
Diagnostics:	Labs: 5.1 15.5 289 24 HCG ⊕ 42 104 104 81 5.4 5 25 1.0
EKG: NOR	CXR: ANAHC 5.5
Current Medications: NONE	ALLERGIES: NONE SULFA.
Past Surgical/Anesthesia History: NONE.	
PHYSICAL EXAM Female: <input checked="" type="checkbox"/> Male: <input type="checkbox"/> Height: 5'4 Weight: 155# IBW: 26	
ASA STATUS: I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> NPO: 2 HOURS	
HR: 70 BP: 117/65 SpO2: 98% Temp: 97.4 RR: 20	
AIRWAY	PHYSICAL ASSESSMENT
Mallampati: II	ROM: FLEX - NEK.
TMD: STUJ.	Teeth: (IMPLANTS) 1st FRONT.
Cardiac auscultation: S1S2 - AML	Pulmonary auscultation: CLEAR
Other:	
Anesthesia Plan: <input checked="" type="checkbox"/> GA <input type="checkbox"/> MAC	Notes: MED. GEORGE (5/23/23) S. BORMAN, MD.
Notes: TIVA	
ANESTHESIA PROVIDER: [Signature]	DATE/TIME: 5/31/23 @ 1150.
POST-ANESTHESIA EVALUATION	
Pt Condition: <input checked="" type="checkbox"/> Awake <input type="checkbox"/> Stable <input type="checkbox"/> Drowsy <input type="checkbox"/> Unarousable	
Airway: <input type="checkbox"/> Nasal Cannula L/min <input type="checkbox"/> Facemask L/min 8L	
Vital signs stable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Anesthesia Complications: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
NOTES: [Signature]	
ANESTHESIA PROVIDER: [Signature]	DATE/TIME: 5/31/23 1345

PHYSICIAN'S ORDERS

DATE	TIME	PRE OPERATIVE ORDERS AND INTRAOPERATIVE ORDERS (check all that apply)
5/31	1130	<input checked="" type="checkbox"/> Obtain baseline vital signs
		<input checked="" type="checkbox"/> Start IV T.K.O. with LR or NS
		<input checked="" type="checkbox"/> Antibiotic: <input type="checkbox"/> 1 gram Ancef I.V. given within 60 minutes of surgical start time
		<input checked="" type="checkbox"/> Antibiotic:
		<input checked="" type="checkbox"/> Tumescant Solution: per preference Card
		Procedure: <u>lipedema reduction surgery anterior legs and thighs</u>
		Valium 10 mg 1 tab po pre operatively
		Fentanyl 12.5-25mcg IVP Q5-15 min PRN pain intraoperatively NTE 200mcg
		<input checked="" type="checkbox"/> Zofran 4mg IVP x 2 PRN nausea intraoperatively
		<input checked="" type="checkbox"/> Pre-Operative Labs: CBC, CMP, PTT, PT, UA fields Tests, HIV antibody, Hepatitis C titer, Hepatitis B Surface antigen
		<input checked="" type="checkbox"/> EKG
		Finger stick blood glucose
Order Noted by RN Initials: <u>GV</u> PHYSICIAN SIGNATURE: <u>[Signature]</u>		

DATE	TIME	POST OPERATIVE ORDERS: (check all that apply)
5/31	1335	<input checked="" type="checkbox"/> Vital signs every 5 minutes for the first 15 minutes, then every 15 minutes if stable until D/C
		<input checked="" type="checkbox"/> Continue the current I.V. solution @ _____ cc/Hr
		Continue with IV solution until _____ ml given prior to discharge.
		<input checked="" type="checkbox"/> Discontinue I.V. when stable; after dressed without N/V
		Discharge patient to aftercare facility with I.V., to be discontinued at aftercare facility
		<input checked="" type="checkbox"/> Oxygen @ 2-10 L/min via Cannula or Mask; PRN SOB O2 Sat < 92%. D/C O2 when stable, sitting without N/V/SOB
		Apply ice packs to operative area
		Elevate operative area
		Void before discharge
		<input checked="" type="checkbox"/> Assess surgical site/ dressing every 15 minutes or more frequently as needed during recovery period until discharge
		<input checked="" type="checkbox"/> Activity: As tolerated with supervision
		<input checked="" type="checkbox"/> Diet: Advance as tolerated
		<input checked="" type="checkbox"/> Medications:
		<input checked="" type="checkbox"/> Pain Medication:
		<input checked="" type="checkbox"/> Nausea Medication:
		Other:
		Discharge Patient to responsible adult when stable and meets all discharge criteria
Order Noted by RN Initials: <u>WV</u> PHYSICIAN/ ANESTHESIOLOGIST SIGNATURE: <u>[Signature]</u>		

TLC Surgical Center
 240 S. La Cienega, Suite 210
 Beverly Hills, Ca 90211
 310-882-5454

Pre- Procedure checklist and Nursing Assessment

Age: 61 Sex: ☐ Male ☒ Female Patient identification: ☒ Verbal ☐ Chart ☐ Armband ☒ ID ☒ DOB
 Language Preference: ☒ English ☐ Spanish Other: ☐ _____
 Interpreter: ☒ No ☐ Yes Name of Translator: _____ Relationship to patient: _____
 Scheduled Procedure(s): lipedema reduction surgery anterior legs and thighs
 BP: 143/97 HR: 72 Temp: 97.7 Resp: 14 SpO2: 97 Wt: 115.5 Ht: 5'4 Pain Level 0 /10
 I.V. Started: Right/ Left: _____ with a _____ gauge needle, infusing LR/NS; site clear.
 Allergies/ Abnormal Reaction: ☐ NKA or sulfa
 Medications taken today prior to arrival: ☐ None, or: Acetaminophen, Gabapentin (1000)
 Skin Condition: ☒ Dry ☒ Warm ☒ Pink ☐ Pale ☐ Cyanotic ☐ Diaphoretic ☐ Other: _____
 Abdominal Assessment: ☒ Flat ☒ Soft ☐ Firm ☐ Tender ☐ Distended ☐ Other: _____
 Physical Limitations: ☒ None ☐ Visual ☐ Mobility ☐ Auditory ☐ Language ☐ Other: _____
 LOC: ☒ Alert ☐ Calm ☒ Oriented ☐ Confused ☐ Nonverbal ☐ Agitated ☐ Other: _____
 Cognitive Evaluation: ☒ Cognizant/ aware ☐ Confused/ Unaware ☐ Other: _____
 Glucose test: ☒ No ☐ Yes, Results: _____ Time: _____ MD/ Anesthesiologist Notified: ☐ Yes Orders give: ☐ No ☐ Yes

Neurological Problems: ☐ Yes ☐ No Diabetes ☐ Yes ☐ No Hypertension ☐ Yes ☐ No
 Bleeding Problems: ☐ Yes ☐ No Hepatitis ☐ Yes ☐ No Asthma ☐ Yes ☐ No
 Fainting/ Dizziness: ☐ Yes ☐ No Smoking ☐ Yes ☐ No Heart Disease ☐ Yes ☐ No
 Other: _____

Prior surgeries: _____					
Reactions to anesthesia: <input type="checkbox"/> None or describe: _____					
Pre-Op Meds Given	Time	Dose	Route	Initials	Note

Yes	No	N/A	PRE - PROCEDURE CHECKLIST:
✓			1. Consents signed.
✓			2. History & Physical complete.
✓			3. Labs completed as ordered by physician.
✓			4. Physician notified of abnormal results
✓			5. Pregnancy Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> N/A <u>0000 024/01 Exp 09/17/24</u> <input checked="" type="checkbox"/> Control result validated <input type="checkbox"/> Negative <input type="checkbox"/> Invalid <u>If control result is invalid inform the Clinical Supervisor ASAP</u>
✓			6. Physical assessment is unchanged since pre-admission evaluation
✓			7. Valuables (clothing, jewelry) <input type="checkbox"/> None <input checked="" type="checkbox"/> Removed <input type="checkbox"/> Retained
✓			8. Dentures/partial plates <input checked="" type="checkbox"/> None <input type="checkbox"/> Removed <input type="checkbox"/> Retained
✓			9. Contact lens/glasses <input checked="" type="checkbox"/> None <input type="checkbox"/> Removed <input type="checkbox"/> Retained
✓			10. Hearing aid <input checked="" type="checkbox"/> None <input type="checkbox"/> Removed <input type="checkbox"/> Retained
✓			11. Other belongings: <input type="checkbox"/> None <input checked="" type="checkbox"/> Removed <input type="checkbox"/> Retained
✓			12. Voided
✓			13. Discharge instructions reviewed with patient
✓			14. Patient reports nothing to eat or drink (including water) since: <u>9:30 am</u> Date: <u>05/30/2023</u>
Does the patient have an Advance Directive: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Center policy explained to patient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Advance Directive Forms provided and in the chart			

RN Signature: Gallam A Date: 05/31/2023 Time: 1145


TLC Surgical Center
 240 S. La Cienega, Suite 210
 Beverly Hills, Ca 90211
 310-882-5454

PT: BARNETT, PATRICK
DOB: 09/16/61
DOB: 05/28/23

TLC Surgical Center

ANESTHESIA START 11:50		PRE-OP: 11:50	DATE: 05/28/23
TIME IN OR 11:58		BP: 116/72	
TIME OUT 12:16		HR: 76	
SURGERY START 12:17		RR: 20	
SURGERY STOP 12:27		SPO2: 98%	
TIME OUT OF OR 12:35		ASA: 1 2 4	
ANESTHESIA STOP 12:45		ALLERGIES: PNEA	
		SURGEON: SCHWARTZ, MD.	
		Proposed Procedure: VRS - ANT. THYROID + LENS	
		EKG:	
		CXR:	
		PMHx:	> SEE HTP.

TIME:	11:45	12:00	12:15	12:30	12:45	13:00	TOTALS:
O ₂ % L/min	2	2	2	2	2	2	> 45
SEVO % ET							
PROPOFOL mcg/kg/min							160 mg
PROPOFOL mg	160						40 mg
LIDOCaine mg	40						25 mg
KETAMINE mg			25				15 mg
MAGNESIUM mg							2 mg
PRECEDEX mcg			5	5	5		
VERSED mg	2						8 mg
ROC / SUX mg							4 mg
FENTANYL mg							
DECADRON mg			8				
ZOCOR mg					4		
NEOSTIG / BRIDION mg							
GLYCOPYRRELATE mg							
Pantone (mcg)	25		25		25	25	100 mg
HYDROLYSIN 1000 mg							
ANALGESIC mg							
EKG	SL	SL	SL	SL	SL	SL	
O ₂ Saturation %	98	98	98	98	98	98	
EtCO ₂	35	35	35	35	35	35	
Temp °C	37	37	37	37	37	37	
PATIENT POSITION	Sup	Sup	Sup	Sup	Sup	Sup	
PRE-INDUCTION:							
HR	76						
BP	121/70						
SPO ₂	98%						
TEMP	37.3						
POST-OP:							
HR	67						
BP	116/69						
SPO ₂	98%						
TEMP	36.5						
REPORT TO:	KATIE						
FLUIDS							
URINE OUTPUT							
EBL							
NOTES:	1. 1st 1000 mg of propofol given at 11:45. 2nd 1000 mg given at 12:00. 3rd 1000 mg given at 12:15. 4th 1000 mg given at 12:30. 5th 1000 mg given at 12:45. 6th 1000 mg given at 13:00. 7th 1000 mg given at 13:15. 8th 1000 mg given at 13:30. 9th 1000 mg given at 13:45. 10th 1000 mg given at 14:00. 11th 1000 mg given at 14:15. 12th 1000 mg given at 14:30. 13th 1000 mg given at 14:45. 14th 1000 mg given at 15:00. 15th 1000 mg given at 15:15. 16th 1000 mg given at 15:30. 17th 1000 mg given at 15:45. 18th 1000 mg given at 16:00. 19th 1000 mg given at 16:15. 20th 1000 mg given at 16:30. 21st 1000 mg given at 16:45. 22nd 1000 mg given at 17:00. 23rd 1000 mg given at 17:15. 24th 1000 mg given at 17:30. 25th 1000 mg given at 17:45. 26th 1000 mg given at 18:00. 27th 1000 mg given at 18:15. 28th 1000 mg given at 18:30. 29th 1000 mg given at 18:45. 30th 1000 mg given at 19:00. 31st 1000 mg given at 19:15. 32nd 1000 mg given at 19:30. 33rd 1000 mg given at 19:45. 34th 1000 mg given at 20:00. 35th 1000 mg given at 20:15. 36th 1000 mg given at 20:30. 37th 1000 mg given at 20:45. 38th 1000 mg given at 21:00. 39th 1000 mg given at 21:15. 40th 1000 mg given at 21:30. 41st 1000 mg given at 21:45. 42nd 1000 mg given at 22:00. 43rd 1000 mg given at 22:15. 44th 1000 mg given at 22:30. 45th 1000 mg given at 22:45. 46th 1000 mg given at 23:00. 47th 1000 mg given at 23:15. 48th 1000 mg given at 23:30. 49th 1000 mg given at 23:45. 50th 1000 mg given at 00:00. 51st 1000 mg given at 00:15. 52nd 1000 mg given at 00:30. 53rd 1000 mg given at 00:45. 54th 1000 mg given at 01:00. 55th 1000 mg given at 01:15. 56th 1000 mg given at 01:30. 57th 1000 mg given at 01:45. 58th 1000 mg given at 02:00. 59th 1000 mg given at 02:15. 60th 1000 mg given at 02:30. 61st 1000 mg given at 02:45. 62nd 1000 mg given at 03:00. 63rd 1000 mg given at 03:15. 64th 1000 mg given at 03:30. 65th 1000 mg given at 03:45. 66th 1000 mg given at 04:00. 67th 1000 mg given at 04:15. 68th 1000 mg given at 04:30. 69th 1000 mg 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13:15. 104th 1000 mg given at 13:30. 105th 1000 mg given at 13:45. 106th 1000 mg given at 14:00. 107th 1000 mg given at 14:15. 108th 1000 mg given at 14:30. 109th 1000 mg given at 14:45. 110th 1000 mg given at 15:00. 111th 1000 mg given at 15:15. 112th 1000 mg given at 15:30. 113th 1000 mg given at 15:45. 114th 1000 mg given at 16:00. 115th 1000 mg given at 16:15. 116th 1000 mg given at 16:30. 117th 1000 mg given at 16:45. 118th 1000 mg given at 17:00. 119th 1000 mg given at 17:15. 120th 1000 mg given at 17:30. 121st 1000 mg given at 17:45. 122nd 1000 mg given at 18:00. 123rd 1000 mg given at 18:15. 124th 1000 mg given at 18:30. 125th 1000 mg given at 18:45. 126th 1000 mg given at 19:00. 127th 1000 mg given at 19:15. 128th 1000 mg given at 19:30. 129th 1000 mg given at 19:45. 130th 1000 mg given at 20:00. 131st 1000 mg given at 20:15. 132nd 1000 mg given at 20:30. 133rd 1000 mg given at 20:45. 134th 1000 mg given at 21:00. 135th 1000 mg given at 21:15. 136th 1000 mg given at 21:30. 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mg given at 09:00. 471st 1000 mg given at						

POST ANESTHESIA CARE ORDERS		RN Initials	Time Noted
OXYGEN			
<input checked="" type="checkbox"/> 3-10 liters per minute via facemask to maintain O2 saturation >95%	KD	1335	
<input type="checkbox"/> 2-4 liters per minute via nasal cannula to maintain O2 saturation >95%			
IV			
<input checked="" type="checkbox"/> Run current IV at: 120 cc 1hr			
<input type="checkbox"/> Saline lock IV			
<input checked="" type="checkbox"/> D/C prior to discharge			
Pain Management – ORAL (when tolerating liquids by mouth)			
<input type="checkbox"/> Tylenol 1000mg PO <input checked="" type="checkbox"/> Tylenol 500mg PO			
<input checked="" type="checkbox"/> Gabapentin 300mg PO			
<input type="checkbox"/> Gabapentin 600mg PO			
<input checked="" type="checkbox"/> Percocet (Oxycodone) 5/325mg PRN pain 5/10 X 1			
Pain Management – Intravenous			
<input type="checkbox"/> Toradol 30mg PRN pain			
<input checked="" type="checkbox"/> Demerol 12.5mg PRN shivering			
<input checked="" type="checkbox"/> Dilaudid 0.2mg PRN pain may repeat Q 5 minutes, max dose 1mg, hold for RR <12			
Post-op Nausea and Vomiting			
<input checked="" type="checkbox"/> Zofran 4mg IV			
Additional Orders:			
<input checked="" type="checkbox"/> VO/RB&C (verbal order read back and confirmed)			
<input checked="" type="checkbox"/> May discharge patient when alert, vital signs stable, discharge criteria met AND evaluated by discharge practitioner			
Anesthesia Provider Signature	Date/Time		
			5/31/20 @ 1235

Allergies: ☐ NKA or list: SUHA

Verbal report provided by anesthesia re: pre-op condition and anesthesia course: ☐ Yes If comments, list below.

TIME TO PACU: 1335

ADMIT CONDITION: TEMP: 96.5 BP: 146/82 P: 103 R: 18

TIME	1335	1340	1345	1350	1405
180					
160					
140	✓	✓	✓	✓	
120					
100					
80	^	^	^	^	^
60
40					
20					
0					
RR	10	10	14	14	14
SAO2	100	97	97	98	98
Pain	7/10	7/10	7/10	7/10	7/10

O2 VIA face mask @ 6 L/M

O2 DISCONTINUED @ 1340 (Time) OF _____ % MIST

AIRWAY: ORAL ☐ NASAL ☐ REMOVED @ _____ (Time)

IV DISCONTINUED @ 2:30 pm (Time) SITE CLEAR: ☒ YES ☐ NO**

☒ IV CATHETER REMOVED INTACT **COMMENT/EXPLAIN: _____

DISCHARGE by MD

☐ Vitals Stable ☐ Pt. Alert/Orient ☐ No Dizzy/Active Vomiting ☐ Patient Voided/
☐ N/A ☐ No wound compromise ☐ Able to Ambulate

M.D. or CRNA Evaluation:

I have evaluated the patient and the patient is stable and ready for discharge.

Time: 2:30 pm [Signature]

DISCHARGE by Nurse

Patient discharged in satisfactory condition at: 2:30 AM/PM Ambulatory ☒ Wheelchair ☐ Patient released to: Home Via: David

☒ Post-op follow-up appt. confirmed Name of accompanying adult: David Relationship to patient: Husband

Valuables given to/received by: David Written instruction reviewed ☐ Received by: David

Discharging Nurse Signature: [Signature]

RECOVERY ROOM RECORD

ALDRETE EVALUATION/SCORE

ABLE TO:			ADMIT	15 MIN	30MIN	DISCHARGE
move 4 extremities	2	ACTIVITY	2	2	2	2
move 2 extremities	1					
move 0 extremities	0					
ABLE TO:		RESPIRATION	2	2	2	2
Breath deep & cough	2					
Limited breathing & good airway	1					
Apneic or obstructed airway	0	CIRCULATION	2	2	2	2
BP +/-25% Pre-anes level	2					
BP +/-25-50% Pre-anes level	1					
BP +/-50% Pre-anes level	0	CONSCIOUSNESS	2	2	2	2
Awake & oriented	2					
Arousable on calling	1					
Not responding	0	COLOR	2	2	2	2
Normal for Race	2					
Pale, dusky, blotchy, jaundice	1					
Cyanotic	0					
POST ANESTHESIA RECOVERY SCORE			Total	Total	Total	Total
POLICY: Score must be ≥ Pre-Op to Discharge			10	10	10	10
initials: <u>[initials]</u>			initials: <u>[initials]</u>	initials: <u>[initials]</u>	initials: <u>[initials]</u>	initials: <u>[initials]</u>
Pain Assessment - No pain = 0 to Severe Pain = 10 1 to 5 on Picture scale.			ADMIT	15MIN	30MIN	D/C
			7/10	7/10	7/10	5/10

INITIAL PACU ASSESSMENT:

Color: ☒ Pink ☐ Pale ☐ Dusky ☐ Ruddy

Dressing: ☒ Dry/Intact ☐ N/A ☐ Drainage

IV Site: ☒ Healthy/No Redness ☐ Infiltrated ☐ Reddened

Skin: ☒ Warm/Dry ☐ Cold/Clammy

Level of Consciousness: ☐ Drowsy ☐ Reactive

☒ Awake ☐ Restless

N/V: ☐ Present ☐ N/A ☐ Total Emesis PACU _____ cc

IV Fluid: _____ BTL# _____

IV Intake: OR 1500 cc PACU 500 cc

Urine Output: OR 150 cc PACU 50 cc

Drain Output: OR _____ cc PACU _____ cc

Time	Med/Amt/Route	Reason	Initial
1345	Percocet 5/325 PO	Pain	[initials]

DISCHARGE INSTRUCTIONS

Patient Name: Patricia Baumann Post Op Phone #: _____

1. GENERAL ANESTHESIA OR LOCAL WITH SEDATION

- ☒ Do not drive or operate any mechanical tools or devices for 24 hours
- ☒ Do not consume alcohol or aspirin containing products for 24 hours
- ☒ Do not sign any legal documents or make any important personal or business decisions for 24 hours.

2. ACTIVITY

- ☒ You are advised to go directly home and restrict your activities and rest today.
- ☒ No strenuous activities, heavy lifting or exercise until directed otherwise
- ☐ You may shower/bathe in _____ hours.

3. FLUIDS AND DIET

- ☒ Begin with clear liquids and light foods and advance as tolerated.

4. PRESCRIPTIONS

- ☒ Use as directed and discussed with surgeon
- ☒ You may resume your daily prescription medication schedule as discussed
- ☒ Do not resume COUMADIN for _____ days, unless specifically instructed.
- ☒ Do not take aspirin unless specifically instructed.
- ☒ Take all pain medication with food.
- ☒ Finish all antibiotic prescriptions until empty or otherwise instructed.

5. OPERATIVE SITE

- ☒ Keep dressing clean and dry
- ☒ Do not remove dressings or garment until seen by your doctor or until directed.
- ☒ Signs of infection are redness, swelling, temperature, and unusual drainage. Call your surgeon if these occur.

6. FOLLOW UP CARE

- ☐ Your appointment is scheduled 6/01/2023 @ 11:00am

7. SPECIAL INSTRUCTIONS

PLEASE CALL 310-882-5454 IF YOU HAVE ANY CONCERNS. If emergency call 911.

Signing below acknowledges that you have received these instructions and understood.

<u>K. Dwyer</u>	<u>* [Signature]</u>	<u>5/31/23 2:5pm</u>
Nurse Signature	Responsible Party Name/ Signature	Date/ Time

TLC Surgical Center
240 S. La Cienega, Suite 210
Beverly Hills, Ca 90211
310-882-5454



What Medication Will I Take for Pain Postoperatively?

While we strive to ensure you have a serene journey through surgery, it is normal to experience some discomfort following your procedure. Our goal is to provide you with a comprehensive strategy to minimize any discomfort. With a focus on patient safety, we have elected to prescribe an antibiotic for prevention of infection. Below is a list of medications commonly prescribed for your surgery. **Please let us know if you have an allergy to any of these medications.** Please call 310-882-5454 with any questions

Post-operative appointment:

Date: 6/01/2023 Time: @11:00am

****Please take a 600mg dose of Gabapentin BEFORE arrival for your post-operative visit**

STARTING THE EVENING OF YOUR SURGERY:

Acetaminophen 500mg (pain prevention) *MAX dose in 24 hours is 4000mg

Take 2 pills (1000mg) - only 1 pill if taking Percocet

START AT: 10:00 pm

RE-DOSE AT: 2:00 Am REPEAT EVERY 8 HOURS (rotate with Ibuprofen)

Ibuprofen 600mg (pain prevention) DO NOT TAKE IF YOU HAVE HAD GASTRIC BYPASS * MAX dose in 24 hours is 3600mg

Take 1 pills (600mg) by mouth every 8 hours (rotate with Acetaminophen)

START AT: 10:00 pm

RE-DOSE AT: 6:00 Am REPEAT EVERY 8 HOURS (rotate with Acetaminophen)

Gabapentin 300mg (pain prevention)

Take 1 pill (300mg) by mouth every 8 hours

START AT: 10:00 pm

RE-DOSE AT: 2:00 Am

***May increase to 600mg for each dose if pain is persistent**

Acetaminophen and ibuprofen should be alternated. For example, you will take acetaminophen (1000mg) at 6pm and FOUR hours later at 10pm you will take ibuprofen (600mg) - then repeat each of them 8 hours after the initial dose. This will allow you to take pain prevention medication every 4 hours.



DAY 1 POST-OP:

Acetaminophen 500mg (pain prevention) *MAX dose in 24 hours is 4000mg*
Take 2 pills (1000mg) by mouth every 8 hours
Ibuprofen 600mg (pain prevention) DO NOT TAKE IF YOU HAVE HAD GASTRIC BYPASS
Take 1 pills (600mg) by mouth every 8 hours <i>* MAX dose in 24 hours is 3600mg</i>
Gabapentin 300mg (pain prevention)
Take 1 pill (300mg) by mouth every 8 hours <i>*May increase to 600mg for each dose if pain is persistent</i> Please take a 600mg dose of Gabapentin BEFORE arrival for your post-operative visit
Cefadroxil 500mg (antibiotics)
Take 1 pill (500mg) by mouth every 12 hours <i>*make sure to take with food</i>
Colace 100mg (stool softener)
Take 2 pills by mouth, three times a day <i>*Discontinue after first bowel movement</i>
Xarelto 10mg (clot prevention) - IF PRESCRIBED
Take one pill a day by mouth

DAY 2 - 7 POST-OP:

Acetaminophen 500mg (pain prevention)
Take 2 pills (1000mg) by mouth every 8 hours <i>*MAX dose in 24 hours is 4000mg*</i>
Gabapentin 300mg (pain prevention)
Take 1 pill (300mg) by mouth every 8 hours <i>*May increase to 600mg for each dose if pain is persistent</i>
Cefadroxil 500mg (antibiotics)
Take 1 pill (500mg) by mouth every 12 hours <i>*make sure to take with food</i>
Colace 100mg (stool softener)
Take 2 pills by mouth, three times a day <i>*Discontinue after first bowel movement</i>
Xarelto 10mg (clot prevention) - IF PRESCRIBED
Take one pill a day by mouth

TAKE BELOW MEDS IF NEEDED:

Oxycodone 5mg/Acetaminophen 325mg "5/325" (treatment of pain)
Take 1 pill (5/325mg) by mouth every 4-6 hours as needed <i>*Reduce dose of Acetaminophen to 500mg if taking Oxycodone</i>

LAST DOSE 5/31 2:00 pm

NEXT DOSE 5/31 6:00 pm