



Post-Op Bariatric Education for Roux-En-Y Patients

Name _____ Phone # (time to call) _____ (_____)
 Room# _____ Account # _____ MRN# _____ DOS: _____ BMI: _____
 Comorbidites: _____

Home Medications:	Discharge Medications:

Counseling:	(√)	Comment(s)
Multivitamins – 2 Chewable Children’s Complete MVI or 2 Adult Chewable Centrum or 2 Bariatric Advantage Chewable Multiformula (1 po bid)		
Calcium citrate 1200mg per day (max 500mg per dose taken)		
Vitamin B-12 – 500mcg sublingual daily		
Thiamine (B-1) – 100mg daily		
Absorption (no extended release products)		
Medications to avoid (Nsaid etc.)		
Tylenol Content of Pain Meds/Max doses		

Vitals/POCT Ranges: (monitor to aid in adjustments to drug therapy/clinical status)

Date					
HR/RR					
SBP					
DBP					
Blood Glucose					
Pain Scores					
Temperature					

Interventions (Pre or Post Surgery):

Intervention	Solution	F/U Yes/No	Documented in Clini-Doc

Date/Time of Post-Op Education: _____
 Completed by/Documented: _____

Follow up Call:

Questions	Comment/Intervention	Additional Follow-Up Needed/Comment
Pain control		
Supplements – -Do they have? -When starting?		
Tolerating crushing/opening of meds		
Blood Glucose		
Blood Pressure		
Follow up questions from above		
Bariatric Line # (655-6805)		

Date/Time of Follow-up Call: _____
 Completed by/Documented: _____