

Patient Name \_\_\_\_\_ MRN \_\_\_\_\_

**General****Case Request**

<input type="checkbox"/> Case Request GI	Pre-Procedure, Pre-Procedure
<input type="checkbox"/> Other	

**Nursing****Activity**

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, Pre-Procedure
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: Pre-Procedure
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance Pre-Procedure
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-Procedure
<input type="checkbox"/> Other	

**Consent**

<input type="checkbox"/> Complete consent for Esophagogastroduodenoscopy	Routine, Once Procedure: Esophagogastroduodenoscopy and indicated procedures Diagnosis/Condition: Physician: Use upper endoscopy addendum form, Pre-Procedure
<input type="checkbox"/> Complete consent for Colonoscopy	Routine, Once Procedure: Colonoscopy and indicated procedures Diagnosis/Condition: Physician: Use lower endoscopy addendum form, Pre-Procedure
<input type="checkbox"/> Complete consent for Flexible Sigmoidoscopy	Routine, Once Procedure: Flexible Sigmoidoscopy and indicated procedures Diagnosis/Condition: Physician: Use lower endoscopy addendum form, Pre-Procedure
<input type="checkbox"/> Complete consent for Esophagogastroduodenoscopy with PEG insertion	Routine, Once Procedure: Esophagogastroduodenoscopy with PEG insertion and indicated procedures Diagnosis/Condition: Physician: Use upper endoscopy addendum form, Pre-Procedure
<input type="checkbox"/> Complete consent for Endoscopic Retrograde Cholangiopancreatogram	Routine, Once Procedure: Endoscopic Retrograde Cholangiopancreatogram and indicated procedures Diagnosis/Condition: Physician: Use upper endoscopy addendum form, Pre-Procedure
<input type="checkbox"/> Complete consent for Endoscopic Ultrasound	Routine, Once Procedure: Endoscopic Ultrasound and indicated procedures Diagnosis/Condition: Physician: Use upper endoscopy addendum form, Pre-Procedure

<input type="checkbox"/> Complete consent for Enteroscopy	Routine, Once Procedure: Enteroscopy and indicated procedures Diagnosis/Condition: Physician: Pre-Procedure
<input type="checkbox"/> Complete consent for Anesthesia/Sedation	Routine, Once Procedure: Anesthesia/Sedation Diagnosis/Condition: Physician: Pre-Procedure
<input type="checkbox"/> Complete consent for Capsule Endoscopy	Routine, Once Procedure: Capsule Endoscopy Diagnosis/Condition: Physician: Pre-Procedure
<input type="checkbox"/> Other	

## Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-Procedure
<input type="checkbox"/> Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Common Diets: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Additional Instructions: Foods to Avoid: Pre-Procedure
<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Water flush (30 mL) frequency: Free water restriction: Pre-Procedure
<input type="checkbox"/> Hold tube feedings	Routine, Once, Pre-Procedure
<input type="checkbox"/> Other	

## Medications

### Restricted Medications

<input type="checkbox"/> No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S Verify that all antiplatelets except aspirin have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any antiplatelets given day of procedure, Pre-Procedure
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Verify that all antiplatelets have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any antiplatelets given day of procedure, Pre-Procedure

<input type="checkbox"/> No anticoagulants EXcluding UNfractionated heparin	Routine, Until discontinued, Starting S Verify that all anticoagulants except heparin have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any anticoagulants given day of procedure, Pre-Procedure
<input type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Verify that all anticoagulants have been held, suspended, or discontinued on the day of endoscopic procedure. Notify GI endoscopist if any anticoagulants given day of procedure, Pre-Procedure
<input type="checkbox"/> Other	

#### Colon Prep - GoLYTELY - Full and Split Dose option (Single Response)

<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	4,000 mL, oral, once, S at 9:00 PM, For 1 Doses, Pre-Procedure
<input type="checkbox"/> Split Dose Option: polyethylene glycol (GoLYTELY) solution 2000 mL x 2 Doses	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	2,000 mL, oral, once, S at 5:00 PM, For 1 Doses, Pre-Procedure
<input type="checkbox"/> polyethylene glycol (GoLYTELY) solution	2,000 mL, oral, once, S+1 at 3:00 AM, For 1 Doses, Pre-Procedure
<input type="checkbox"/> Other	

#### Other Colon Preps

<input type="checkbox"/> magnesium citrate solution	1 Bottle, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily, Pre-Procedure
<input type="checkbox"/> senna (SENOKOT) tablet	2 tablet, oral, once, For 1 Doses, Pre-Procedure
<input type="checkbox"/> Other	

#### Antibiotics

<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	2 g, intravenous, S+1 at 7:00 AM, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	
<input type="checkbox"/> ceFAZolin (ANCEF) IV	3 g, intravenous, S+1 at 7:00 AM, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ampicillin IV	2 g, intravenous, for 30 Minutes, once, S+1 at 7:00 AM, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> gentamicin (GARAMYCIN) IVPB	80 mg, intravenous, for 30 Minutes, once, S+1 at 7:00 AM, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, S+1 at 7:00 AM, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ertapenem (INVanz) injection	1 g, intravenous, once, S+1 at 7:00 AM, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

#### Labs

## Labs

<input type="checkbox"/> CBC with differential	Once, Pre-Procedure
<input type="checkbox"/> Basic metabolic panel	Once, Pre-Procedure
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-Procedure
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-Procedure
<input type="checkbox"/> hCG qualitative, urine	Once, Pre-Procedure
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-op
<input type="checkbox"/> Other	

## Cardiology

### EKG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician: Pre-Procedure
<input type="checkbox"/> Other	

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_