1. **ALLERGIES/REACTIONS:**

2. **PROCEDURE:**

3. **PROCEDURE DATE:**

4. **CONSENT:**
   - Obtain consent including EGD with PEG, possible PEJ, possible biopsy and procedural sedation

5. **NUTRITION:**
   - NPO for _______ hours
   - NPO after midnight
   - Hold tube feedings after midnight

6. **LABS:**
   - PT/INR
   - PTT

7. **MEDICATIONS:**
   - **Preoperative Antibiotic Administration:** (To be given within 60 minutes of incision)
     - Cefazolin (Ancef) 1g IV
     - Cefazolin (Ancef) 2 g IV [for patients greater than 80 kg]
   - **If PCN Allergic PLUS Documented Beta-Lactam Allergy:**
     - Clindamycin 600 mg IV
     - PLUS Gentamicin (Garamycin) 1.5 mg/kg (not to exceed 120 mg)
     - Clindamycin 900 mg IV [for patients greater than 100 kg]
     - PLUS Gentamicin (Garamycin) 1.5 mg/kg (not to exceed 120 mg)
   - **Intra Procedure Medications:** (Moderate Procedural Sedation)
     - Midazolam (Versed) 1 mg IV as often as every 2 minutes to achieve sedation (maximum dose 10 mg)
     - Use 0.5 mg IV for patients 65 years of age and over (unless weight greater than 100 kg), or those weighing less than 50 kg
     - Fentanyl (Sublimaze) 50 mcg IV as often as every 2 minutes to achieve sedation (maximum dose 300 mcg)
     - Use 25 mcg IV for patients 65 years of age and over (unless weight greater than 100 kg), or those weighing less than 50 kg
     - Diazepam (Valium) 2.5 mg IV as often as every 2 minutes to achieve sedation (maximum dose 10 mg)
     - Morphine sulfate 2 mg IV as often as every 2 minutes to achieve sedation (maximum dose 10 mg)
   - **Other Non-Procedural Sedation medications:**

8. **OTHER ORDERS:**

---

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

**DATE** | **TIME** | **PHYSICIAN’S SIGNATURE**
--- | --- | ---

---

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐