Endoscopy Pre-Procedure [30400055]

**Physician Orders**

**Patient Information**

- **Height**: _______________________
- **Weight**: _______________________
- **Allergies**: _______________________

If appropriate for this patient:
- Stop or hold therapeutic anticoagulation:
  - Stop heparin infusion 4 to 6 hours prior to surgery
  - Hold prophylactic LMWH for at least 12 hours before anticipated neuraxial anesthetic
  - Hold LMWH for 24 hours if therapeutic dose being used prior to neuraxial anesthetic

**General**

**Case Request**

<table>
<thead>
<tr>
<th></th>
<th>Case Request GI</th>
<th></th>
<th>Case Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Provider: ___________________________ Required</td>
<td>Location: ___________________________ Required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-op diagnosis: ___________________________ Required</td>
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</tbody>
</table>

**Consent**

- **Verify informed consent**
  - Routine, Once, Starting today For 1 Occurrences
  - Consent for procedure and treatment of: ___________________________ Required
  - Verify consent by completing approved hospital consent form for procedure, Pre-Procedure

**Imaging**

**Imaging - Fluoro**

- **Fluoro less than than 1 hour**
  - Routine, 1 time imaging, Starting today For 1 Occurrences
  - Reason for Exam: ___________________________ Required
  - Is the patient pregnant?
  - Reason for Exam (USE SIGNS AND SYMPTOMS):
  - Transport Mode: Bed
  - Intra-Procedure

- **Fluoro ERCP**
  - Routine, 1 time imaging, Starting today For 1 Occurrences
  - Reason for Exam: ___________________________ Required
  - Is the patient pregnant?
  - Reason for Exam (USE SIGNS AND SYMPTOMS):
  - Transport Mode: Bed
  - Intra-Procedure

**Date/Time** ________________ **Provider Initials** ________________
### IV Fluids

<table>
<thead>
<tr>
<th>Item</th>
<th>Dose/Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Fluids</td>
<td></td>
</tr>
<tr>
<td>Saline Lock and Flush Panel</td>
<td>10 mL, IntraCatheter, Every 8 hours, Pre-Procedure (Cath), Routine</td>
</tr>
<tr>
<td>Saline lock IV</td>
<td>Routine, Continuous, Starting today, Pre-Procedure (Cath)</td>
</tr>
<tr>
<td>Insert peripheral IV</td>
<td>Routine, Continuous, Starting today, Insert IV site below elbow., Pre-Procedure</td>
</tr>
<tr>
<td>lidocaine (XYLOCAINE) 1% local injection</td>
<td>0.5-5 mL, SubCutaneous, Once, For 1 Doses, Pre-Procedure Local anesthetic for IV access. Routine</td>
</tr>
<tr>
<td>sodium chloride 0.9% (NS) infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Pre-Procedure Saline lock when taking adequate PO post procedure Routine</td>
</tr>
<tr>
<td>dextrose 5% and sodium chloride 0.45% infusion</td>
<td>100 mL/hr, IntraVENous, Continuous, Pre-Procedure Saline lock when taking adequate PO Routine</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### Medications

**Intra Procedure Medications (Moderate Sedation)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Dose/Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>midazolam (VERSED) injection</td>
<td>1 mg, IntraVENous, Code/trauma/sedation medication PRN, sedation, Intra-Procedure Give as often as every 2 minutes to achieve sedation (max dose 10mg) Use 0.5mg IV for patients 65 years of age and older and over (unless weight greater than 100kg), or those weighing less than 50kg. Routine</td>
</tr>
<tr>
<td>fentaNYL (SUBLIMAZE) injection</td>
<td>50 mcg, IntraVENous, Code/trauma/sedation medication PRN, other, to acheive sedation, Intra-Procedure Give as often as every 2 minutes to achieve sedation (max dose 300mcg) Use 25mcg IV for patients 65 years of age and older and over (unless weight greater than 100kg), or those weighing less than 50kg. Routine</td>
</tr>
<tr>
<td>diazepam (VALIUM) injection</td>
<td>2.5 mg, IntraVENous, Code/trauma/sedation medication PRN, sedation, Intra-Procedure Give as often as every 2 minutes to achieve sedation (max dose 10mg) Routine</td>
</tr>
</tbody>
</table>

### Date/Time

DATE/TIME _________________________ PROVIDER INITIALS ________________________
[] morphine 2 mg/mL injection

2 mg, IntraVENous, Code/trauma/sedation medication PRN, other, sedation, Intra-Procedure
Give as often as every 2 minutes to achieve sedation (max dose 10mg)
Routine

[] Other

Date/Time _________________________ Print Provider Name _______________________.
Provider Signature _________________________

Date / Time ______________________ RN Signature Acknowledgement _________________________