

ENDOSCOPY ANESTHESIA PRE-OP SCREEN SDO - DR.
R. BANISTER

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Communication

Please order under Dr. R. Banister MD and use STANDING DELEGATION per policy #PC-53.

IV Solutions

For all patients without an order for IV fluids on the surgeon's Pre-Op orders

Notify Nurse (DO NOT USE FOR MEDS)

Begin all IV accesses with an 18 or 20 gauge IV catheter, or as otherwise ordered by the physician.

Order LR for all surgical and interventional GI or pulmonary procedures

LR

IV, 20 mL/hr, x 1 dose

Per Endoscopy Anesthesia Pre-Op Screening Standing Delegated Order. Discontinue IV fluid post-procedure.

Order NS for all other procedures

NS

IV, 20 mL/hr, x 1 dose

Per Endoscopy Anesthesia Pre-Op Screening Standing Delegated Order. Discontinue IV fluid post-procedure.

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution)

3 mL, inhalation, soln, ONE TIME, shortness of breath or wheezing

Laboratory

***WITH PATIENT'S CONSENT, order Urine Beta hCG on all menstruating female patients within five days of the scheduled procedure. If pt unable to void, order Serum Beta HCG ***

POC Urine Pregnancy

STAT

Beta HCG Serum Qualitative

STAT Outpatient/PACU, T;N

POC

Order POC Blood Sugar Check as recommended by Adult Preoperative Testing Guidelines

POC Blood Sugar Check

Upon arrival

Notify Provider (Misc)

Notify Notify Anesthesia provider assigned to the case, Reason: if blood sugar result greater than 200 mg/dL.

Order POC Chem 8 as recommended by Adult Preoperative Testing Guidelines

POC Chem 8

Upon arrival

Notify Provider (Misc)

Notify Notify Anesthesia provider assigned to the case, Reason: result of POC Chem 8

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

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PHYSICIAN ORDERS

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ORDER ORDER DETAILS

Diagnostic Tests

Order EKG on all patients over the age of 50 years if an EKG has not been performed within the last 6 months as recommended by Adult Preoperative Testing Guidelines

EKG-12 Lead

Respiratory

Oxygen (O2) Therapy

Keep sats greater than: 93%

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

