

UMC Health System FMT COLONOSCOPY PLAN - Phase: FMT Colonoscopy Specimen Processing	Patient Label Here
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
	Admit/Discharge/Transfer
	Schedule Endoscopy Procedure <input type="checkbox"/> Colonoscopy, for Fecal Microbiota Transplant (FMT)
	Patient Care
	Fecal Microbiota Transplant Algorithm
	Laboratory
	Fecal Specimen Processing <input type="checkbox"/> Transplant Route: Colonoscopy Procedure

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

FMT COLONOSCOPY PLAN
- Phase: FMT Colonoscopy Intra-Procedure

PHYSICIAN ORDERS

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

Patient Care

Perform Fecal Microbiota Transplant (FMT (Perform Fecal Microbiota Transplant (FMT))

Transplant Route: Colonoscopy

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System FMT COLONOSCOPY PLAN - Phase: FMT Colonoscopy Post-Procedure	Patient Label Here
PHYSICIAN ORDERS	
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
Patient Care	
	Patient Position <input type="checkbox"/> Lying on Right Side, Remain lying on right side for minimum of 1 hour post procedure.
	Patient Activity <input type="checkbox"/> Bedrest, Bed Position: As Tolerated, Patient to be on bedrest 4 hours post fecal transplant.
Dietary	
	Oral Diet
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Patient to resume diet 8 hours post FMT.
	NPO Diet
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	loperamide <input type="checkbox"/> 4 mg, PO, tab, q24h, x 1 dose, Administer second dose of loperamide 4 hours post FMT procedure. Administer second dose of loperamide 4 hours post FMT procedure.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>FMT COLONOSCOPY PLAN - Phase: FMT Colonoscopy Pre-Procedure</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

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
	Dietary
	<p>NPO Diet</p> <p><input type="checkbox"/> NPO, Patient to be NPO 6 hours prior to procedure.</p>
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	<p>loperamide</p> <p><input type="checkbox"/> 4 mg, PO, tab, q24h, x 1 dose, Administer loperamide 1 hour prior to FMT procedure. Administer loperamide 1 hour prior to FMT procedure.</p>
	Bowel Preparation
	<p>polyethylene glycol 3350 with electrolyt (GoLYTELY)</p> <p><input type="checkbox"/> 4,000 mL, PO, liq, ONE TIME</p>
	<p>magnesium citrate</p> <p><input type="checkbox"/> 150 mL, PO, liq, ONE TIME <input type="checkbox"/> 300 mL, PO, liq, ONE TIME</p> <p><input type="checkbox"/> 300 mL, PO, liq, BID, x 2 dose</p>
	<p>sodium biphosphate-sodium phosphate (Fleet Enema)</p> <p><input type="checkbox"/> 1 ea, rectally, enema, ONE TIME <input type="checkbox"/> 1 ea, rectally, enema, q1h, x 2 dose</p>
	<p>bisacodyl</p> <p><input type="checkbox"/> 10 mg, PO, tab ec, ONE TIME Do not crush or chew.</p> <p><input type="checkbox"/> 10 mg, PO, tab ec, BID, x 2 dose Do not crush or chew.</p>

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____