

UMC Health System INPATIENT COLONOSCOPY PREPARATION PLAN	Patient Label Here
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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

Patient Care

Schedule Endoscopy Procedure
 Colonoscopy Colonoscopy

Communication

Notify Nurse (DO NOT USE FOR MEDS)
 Start clear liquid diet (no red or purple liquids) on date _____ @ time _____
 Start clear liquid diet (no red or purple liquids) on date _____ @ time _____

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Strict NPO past 0700 on day of procedure T;N, Strict NPO past 0700 on day of procedure

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Administer bowel preparation via nasogastric tube if unable to tolerate PO administration of preparation medication
 T;N, Administer bowel preparation via nasogastric tube if unable to tolerate PO administration of preparation medication

Notify Provider (Misc)
 T;N, Reason: If patient is not cleared by 0800 on day of procedure.
 T;N, Reason: If patient is not cleared by 0800 on day of procedure.

Dietary

NPO Diet
 NPO After Midnight, Except for preparation medication on day of the procedure
 NPO After Midnight, Except for preparation medication on day of the procedure

Medications

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

Bowel Preparation

polyethylene glycol 3350 with electrolyt (GoLYTELY)
 4,000 mL, PO, liq, ONE TIME, (one day prep)
 Give 2,000 mL on _____ at _____ then 2,000 mL on _____ at _____. Have prep completed by 0700 on _____
 4,000 mL, PO, liq, ONE TIME, (one day prep)
 Give 2,000 mL on _____ at _____ then 2,000 mL on _____ at _____. Have prep completed by 0700 on _____

polyethylene glycol 3350 with electrolyt (GoLYTELY)
 4,000 mL, PO, liq, ONE TIME, (two day prep)
 Start after magnesium citrate. Give 2,000 mL on _____ at _____ then 2,000 mL on _____ at _____. Have prep completed by 0700 on _____
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 Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	<input type="checkbox"/> 4,000 mL, PO, liq, ONE TIME, (two day prep) Start after magnesium citrate. Give 2,000 mL on _____ at _____ then 2,000 mL on _____ at _____. Have prep completed by 0700 on _____
	magnesium citrate <input type="checkbox"/> 150 mL, PO, liq, ONE TIME <input type="checkbox"/> 300 mL, PO, liq, ONE TIME <input type="checkbox"/> 300 mL, PO, liq, BID <input type="checkbox"/> 150 mL, PO, liq, ONE TIME <input type="checkbox"/> 300 mL, PO, liq, ONE TIME <input type="checkbox"/> 300 mL, PO, liq, BID
	sodium biphosphate-sodium phosphate (Fleet Enema) <input type="checkbox"/> 1 ea, rectally, enema, ONE TIME <input type="checkbox"/> 1 ea, rectally, enema, q1h, x 2 dose Do not give to renal patients <input type="checkbox"/> 1 ea, rectally, enema, q1h, x 2 dose Do not give to renal patients <input type="checkbox"/> 1 ea, rectally, enema, ONE TIME
	bisacodyl <input type="checkbox"/> 10 mg, PO, tab ec, ONE TIME Do not crush or chew. <input type="checkbox"/> 10 mg, PO, tab ec, ONE TIME Do not crush or chew. <input type="checkbox"/> 10 mg, PO, tab ec, BID Do not crush or chew. <input type="checkbox"/> 10 mg, PO, tab ec, BID Do not crush or chew.
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q6h, nausea <input type="checkbox"/> 4 mg, IVPush, soln, q6h, nausea
	Only select Miralax if GoLYTELY is unavailable due to backorder. polyethylene glycol 3350 (MiraLax) <input type="checkbox"/> 14 packet, PO, liq, ONE TIME, [14 packets=238 g] (one day prep) Start prep at _____, Have prep completed by 0700 on _____. Mix 238 grams (14 packets) of Miralax in 64 oz (1,920 mL) of water, juice, soda, coffee, tea or Gatorade. Shake the solution until the Miralax is dissolved. Give 8 oz. (240 mL) every 10 minutes until the entire solution is gone. <input type="checkbox"/> 14 packet, PO, liq, ONE TIME, [14 packets=238 g] (one day prep) Start prep at _____, Have prep completed by 0700 on _____. Mix 238 grams (14 packets) of Miralax in 64 oz (1,920 mL) of water, juice, soda, coffee, tea or Gatorade. Shake the solution until the Miralax is dissolved. Give 8 oz. (240 mL) every 10 minutes until the entire solution is gone.
	polyethylene glycol 3350 (MiraLax) <input type="checkbox"/> 7 packet, PO, liq, q12h, x 2 dose, [7 packet=119 g] (two day prep) Start after magnesium citrate. Give 960 mL on _____ at _____ then 960 mL on _____ at _____. Have prep completed by 0700 on _____. Mix 119 grams (7 packets) of Miralax in 32 oz. (960 mL) of water, juice, soda, coffee, tea or Gatorade. Shake the solution until the Miralax is dissolved. Dose 1: Evening before colonoscopy: Oral: 240 mL (8 oz) every 10 minutes for 4 doses until 960 mL (32 oz) is consumed. Dose 2: On the morning of the colonoscopy (typically given 5 hours prior to procedure):

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



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	<input type="checkbox"/> 7 packet, PO, liq, q12h, x 2 dose, [7 packet=119 g] (two day prep) Start after magnesium citrate. Give 960 mL on _____ at _____ then 960 mL on _____ at _____. Have prep completed by 0700 on _____. Mix 119 grams (7 packets) of Miralax in 32 oz. (960 mL) of water, juice, soda, coffee, tea or Gatorade. Shake the solution until the Miralax is dissolved. Dose 1: Evening before colonoscopy: Oral: 240 mL (8 oz) every 10 minutes for 4 doses until 960 mL (32 oz) is consumed. Dose 2: On the morning of the colonoscopy (typically given 5 hours prior to procedure): Oral: 240 mL (8 oz) every 10 minutes for 4 doses until 960 mL (32 oz) is consumed.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

