

INPATIENT ENDOSCOPY PROCEDURE PLAN
- Phase: Diagnostic/Pre-Op Orders

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

Request for Endoscopy Services

Patient Care

Obtain Consent

Vital Signs

Per Unit Standards

POC by Nursing

POC Chem 8

POC Blood Sugar Check

POC Hemoglobin and Hematocrit

IV Solutions

NS

IV, 25 mL/hr

LR

IV, 25 mL/hr

Medications

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

Antimicrobials

Primary therapy

ceFAZolin

1 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis

Reconstitute with 10 mL of Sterile Water or NS

Administer IV Push over 3 minutes

2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis

Reconstitute with 10 mL of Sterile Water or NS

Administer IV Push over 3 minutes

cefuroxime (Zinacef)

1.5 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis

Reconstitute with 16 mL of Sterile Water or NS

Administer Slow IV Push over 3-5 minutes.

cefOXitin

1 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis

Reconstitute with 10 mL of NS or Sterile Water. Administer IV Push over 3 minutes.

2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis

Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.

cefoTEtan

2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis

Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	<p>cefTRIAxone</p> <p><input type="checkbox"/> 1 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes</p>
	<p>ampicillin-sulbactam</p> <p><input type="checkbox"/> 1.5 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 3 g, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
	<p>fluconazole</p> <p><input type="checkbox"/> 200 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis</p>
	<p>May add ONE of the following:</p> <p>metronIDAZOLE</p> <p><input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis Do not refrigerate. Do not give with drugs containing alcohol.</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery</p>
	<p>.</p> <p>For penicillin and/or cephalosporin allergy:</p> <p>clindamycin</p> <p><input type="checkbox"/> 600 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min Administer 1 hour before surgery</p>
	<p>May add ONE of the following:</p> <p>levoFLOxacin</p> <p><input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 750 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis</p>
	<p>gentamicin</p> <p><input type="checkbox"/> 80 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis</p>
Other Medications	
	<p>heparin</p> <p><input type="checkbox"/> 5,000 units, subcut, inj, OCTOR</p>
	<p>Celiac Plexus Block</p> <p>bupivacaine (BUPIvacaine 0.25% injectable solution)</p> <p><input type="checkbox"/> 20 mL, locally, inj, OCTOR, for celiac plexus block Send in two 10 mL syringes.</p>

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	triamcinolone (triamcinolone acetonide 40 mg/mL injectable suspension) <input type="checkbox"/> 80 mg, IVPush, inj, OCTOR, for celiac plexus block Send in a 3 mL syringe.
	Celiac Plexus Neurolysis bupivacaine (BUPIvacaine 0.25% injectable solution) <input type="checkbox"/> 20 mL, locally, inj, OCTOR, for celiac plexus neurolysis Send in two 10 mL syringes.
	ethanol <input type="checkbox"/> 20 mL, AsDir, soln, OCTOR, for celiac plexus neurolysis 100% ethanol
	For ERCP patients with confirmed iodine allergies, order: gadobutrol <input type="checkbox"/> 0.1 mL/kg, AsDir, soln, OCTOR, for ERCP procedure
Diagnostic Tests	
	EKG-12 Lead <input type="checkbox"/> Routine
	DX Chest Single View <input type="checkbox"/> Routine
Respiratory	
	Bedside Spirometry (Bedside PFT) <input type="checkbox"/> Perform Pre and Post HHN
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op Endo Procedure.

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UMC Health System

Patient Label Here

INPATIENT ENDOSCOPY PROCEDURE PLAN
- Phase: Schedule Endo Procedure

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ORDER	ORDER DETAILS
	<p>Consults/Referrals</p> <p>Schedule Endoscopy Procedure</p>

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