

OUTPATIENT ENDOSCOPY (GI) 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 Endoscopy Services-GI

Patient Care

Obtain Consent

Vital Signs

Per Unit Standards

Insert Peripheral Line

POC by Nursing

POC Blood Sugar Check

POC Chem 8

POC Hemoglobin and Hematocrit

POC Urine Pregnancy

Bowel Preparation

sodium biphosphate-sodium phosphate (Fleet Enema)

1 ea, rectally, enema, OCTOR, PRN other, x 2 dose
For bowel preparation before procedure.

Communication

Code Status

Code Status: Full Code

Code Status: DNR/AND (Allow Natural Death)

Code Status: Directive to Physician

Dietary

Outpatient Diet

NPO

NPO, except meds.

IV Solutions

NS

IV, 25 mL/hr, x 1 dose
DC IV fluid post procedure

LR

IV, 25 mL/hr, x 1 dose
DC IV fluid post procedure

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

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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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
	<input type="checkbox"/> 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) <input type="checkbox"/> 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 <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> 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.
	cefTRIAxone <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
	ampicillin-sulbactam <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
	fluconazole <input type="checkbox"/> 200 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis
	May add ONE of the following: metronIDAZOLE <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.
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery
	For penicillin and/or cephalosporin allergy: clindamycin <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
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min Administer 1 hour before surgery

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ORDER	ORDER DETAILS
	May add ONE of the following: levoFLOXacin <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
	gentamicin <input type="checkbox"/> 80 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis
Other Medications	
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, OCTOR
	Celiac Plexus Block bupivacaine (BUPIvacaine 0.25% injectable solution) <input type="checkbox"/> 20 mL, locally, inj, OCTOR, for celiac plexus block Send in two 10 mL syringes.
	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
Laboratory	
	CBC <input type="checkbox"/> Routine, T;N, Vendor Bill No
	CBC with Differential <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Platelet Count <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Prothrombin Time with INR <input type="checkbox"/> Routine, T;N, Vendor Bill No
	PTT <input type="checkbox"/> Routine, T;N, Vendor Bill No

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OUTPATIENT ENDOSCOPY (GI) PROCEDURE PLAN
- Phase: Diagnostic/Pre-Op Orders

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
	Basic Metabolic Panel <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Hepatic Function Panel <input type="checkbox"/> Routine, T;N, Vendor Bill No
	BUN <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Creatinine <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Beta HCG Serum Qualitative <input type="checkbox"/> Routine, T;N, Vendor Bill No
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.
	Consult CRNA for OPGI Anesthesia <input type="checkbox"/> T;N, Routine, Proceed with anesthesia delivery at CRNA discretion.

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<p>UMC Health System</p> <p>OUTPATIENT ENDOSCOPY (GI) PROCEDURE PLAN - Phase: Discharge Orders</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
	Admit/Discharge/Transfer
	General
	Discharge Patient (Outpatient)
	Discharge Condition <input type="checkbox"/> Discharge Condition: Stable <input type="checkbox"/> Discharge Condition: Improved <input type="checkbox"/> Discharge Condition: Fair
	Discharge Disposition <input type="checkbox"/> Discharge To: Home <input type="checkbox"/> Discharge To: Home with Home Health <input type="checkbox"/> Discharge To: SNF <input type="checkbox"/> Discharge To: Nursing Home - Intermediate Care <input type="checkbox"/> Discharge To: Home with Hospice <input type="checkbox"/> Discharge To: Long term care <input type="checkbox"/> Discharge To: TDCJ or any other jail
	Discharge Instructions
	Diet
	Discharge Diet <input type="checkbox"/> Diet: Resume pre-hospital diet <input type="checkbox"/> Diet: ADA <input type="checkbox"/> Diet: AHA <input type="checkbox"/> Diet: Low sodium (Less than 2 grams) <input type="checkbox"/> Diet: Regular <input type="checkbox"/> Diet: Renal
	Activity
	Discharge Lifting Instructions
	Discharge Activity/Activity Precautions <input type="checkbox"/> Activity: As tolerated No restrictions <input type="checkbox"/> Activity: As tolerated <input type="checkbox"/> Activity: Bed rest <input type="checkbox"/> Activity: Do NOT lift arms above shoulders <input type="checkbox"/> Activity: Exercise per OT/PT instructions <input type="checkbox"/> Activity: Keep splint on at all times <input type="checkbox"/> Activity: Knee precautions <input type="checkbox"/> Activity: No restrictions <input type="checkbox"/> Activity: No pushing or pulling with arms <input type="checkbox"/> Activity: No straining or heavy lifting <input type="checkbox"/> Activity: Posterior hip precautions <input type="checkbox"/> Activity: Sternal precautions <input type="checkbox"/> Activity: With assistance
	Discharge Bathing Instructions
	Discharge Driving Instructions
	Line, Drain, and Wound Care
	Discharge Open Wound Care Instructions
	Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site Care Instructions)
	Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/Tube Care Instructions)
	Follow Up
	Discharge Follow-up Appointment
	Discharge Follow-up Appointment
	Discharge Follow-up Lab
	Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)
	Communication
	Patient May Return to Work/School

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OUTPATIENT ENDOSCOPY (GI) PROCEDURE PLAN
- Phase: Post-Op Orders

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
	Convert IV to INT
	Discontinue Peripheral Line <input type="checkbox"/> When vital signs stable and tolerating po fluids.
	POC by Nursing
	POC Blood Sugar Check
	Communication
	Notify Provider of VS Parameters
	Code Status <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: Directive to Physician
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	albuterol <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h, PRN wheezing
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution) <input type="checkbox"/> 2.5 mL, inhalation, soln, q4h, PRN wheezing
	loperamide <input type="checkbox"/> 4 mg, PO, cap, ONE TIME
	Laboratory
	CBC <input type="checkbox"/> Routine, T;N, Vendor Bill No
	CBC with Differential <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Prothrombin Time with INR <input type="checkbox"/> Routine, T;N, Vendor Bill No
	PTT <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N, Vendor Bill No
	Diagnostic Tests
	DX Chest Single View
	EKG-12 Lead
	Respiratory
	Bedside Spirometry (Bedside PFT) <input type="checkbox"/> Perform Pre and Post HHN

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Order Taken by Signature: _____ Date _____ Time _____

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OUTPATIENT ENDOSCOPY (GI) PROCEDURE PLAN
- Phase: OUTPATIENT BB TYPE AND SCREEN

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
Laboratory	
	BB Blood Type (ABO/Rh) <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	BB Antibody Screen <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No
	BB Clot to Hold <input type="checkbox"/> Routine Outpatient/PACU, T;N, Vendor Bill No

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