

OUTPATIENT ENDOSCOPY (PULM) 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

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

Laboratory

CBC

Routine, T;N, Vendor Bill No

CBC with Differential

Routine, T;N, Vendor Bill No

Platelet Count

Routine, T;N, Vendor Bill No

Prothrombin Time with INR

Routine, T;N, Vendor Bill No

PTT

Routine, T;N, Vendor Bill No

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT ENDOSCOPY (PULM) 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.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OUTPATIENT ENDOSCOPY (PULM) PROCEDURE PLAN
- Phase: Discharge 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
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 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 Lifting Instructions
	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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Physician Signature: _____ Date _____ Time _____



OUTPATIENT ENDOSCOPY (PULM) 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: Full Code <input type="checkbox"/> Code Status: Directive to Physician <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death)
	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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Physician Signature: _____ Date _____ Time _____



OUTPATIENT ENDOSCOPY (PULM) 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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Physician Signature: _____ Date _____ Time _____

