#### **Patient Label Here**

# 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					
	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				
	Code Status  Code Status: Full Code  Code Status: Directive to Physician	Code Status: DNR/AND (A	Allow Natural Death)		
	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				
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan		
Order Taken by Signature:         Time			Time		
Physician S		Date	Time		

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#### **Patient Label Here**

# 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 deta	ail box(es) where applicable.
ORDER			
	Basic Metabolic Panel Routine, T;N, Vendor Bill No		
	Comprehensive Metabolic Panel ☐ Routine, T;N, Vendor Bill No		
	Hepatic Function Panel ☐ Routine, T;N, Vendor Bill No		
	BUN ☐ Routine, T;N, Vendor Bill No		
	Creatinine ☐ Routine, T;N, Vendor Bill No		
	Beta HCG Serum Qualitative Routine, T;N, Vendor Bill No		
	Diagnostic Tests		
	EKG-12 Lead ☐ Routine		
	DX Chest Single View Routine		
	Respiratory		
	Bedside Spirometry (Bedside PFT)  Perform Pre and Post HHN		
	Consults/Referrals		
	Consult MD  Service: Anesthesiology, Reason: Pre-Op Endo Procedure.		
	Consult MD		
□ то	Consult MD Service: Anesthesiology, Reason: Pre-Op Endo Procedure.	Scanned Powerchart	Scanned PharmScan
	Consult MD Service: Anesthesiology, Reason: Pre-Op Endo Procedure.	Scanned Powerchart	Scanned PharmScan

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#### Patient Label Here

OUTPATIENT ENDOSCOPY (PULM) PROCEDURE PLAN - Phase: Discharge Orders

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order deta	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	Admit/Discharge/Transfer		
	General		
	Discharge Patient (Outpatient)		
	Discharge Condition  Discharge Condition: Stable Discharge Condition: Fair	☐ Discharge Condition: Improved	
	Discharge Disposition  Discharge To: Home  Discharge To: SNF  Discharge To: Home with Hospice  Discharge To: TDCJ or any other jail	☐ Discharge To: Home with Home Health ☐ Discharge To: Nursing Home - Intermediate Care ☐ Discharge To: Long term care	
	Discharge Instructions		
	Diet		
	Discharge Diet  Diet: Resume pre-hospital diet  Diet: AHA  Diet: Regular	☐ Diet: ADA ☐ Diet: Low sodium (Less than 2 g ☐ Diet: Renal	grams)
	Activity		
	Discharge Activity/Activity Precautions  Activity: As tolerated   No restrictions  Activity: Bed rest  Activity: Exercise per OT/PT instructions  Activity: Knee precautions  Activity: No pushing or pulling with arms  Activity: Posterior hip precautions  Activity: With assistance	☐ Activity: As tolerated ☐ Activity: Do NOT lift arms above shoulders ☐ Activity: Keep splint on at all times ☐ Activity: No restrictions ☐ Activity: No straining or heavy lifting ☐ Activity: Sternal precautions	
	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	l 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		
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician S	Signature:	Date	Time

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

Patient Care Convert IV to INT Discontinue Peripheral Line  When vital signs stable and tolerating po fluids.  POC by Nursing POC Blood Sugar Check Communication Notify Provider of VS Parameters  Code Status  Code Status: Code Status: Code Status: Code Status: Code Status: Code Status: Double Status: Code Status: Co					
PRIER ORDER DETAILS  Patient Grov Convert IV to INT  Discontinue Peripheral Line   When what signs stable and tolerating po fluids.  POC by Nursing   POC Blood Sugar Check Communication   Notify Provider of Vs Parameters   Code Status: Directive to Physician   Midifactions   Motifactions   Medication sentences are per dose. You will need to calculate a total daily dose if needed.     albuterol   2.5 mg, inhalation, soin, q4h, PRN wheezing     pratropium (partorpium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)     2.5 mL, inhalation, soin, q4h, PRN wheezing     operamide   4 mg, PO, cap, ONE TIME		PHYSICIAN ORDERS			
Patient Care Convert IV to INT Discontinue Peripheral Line   When vital signs stable and tolerating po fluids.   POC by Nursing   POC Blood Sugar Check   Communication   Notify Provider of VS Parameters   Code Status   Provider of VS Parameters   Code Status   Foil Code   Code Status   Code Stat		Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
Convert IV to INT	ORDER	ORDER DETAILS			
Discontinue Peripheral Line   When vital signs stable and tolerating po fluids.   POC By Mursing   POC Blood Sugar Check   Communication   Notity Provider of VS Parameters   Code Status		Patient Care			
When vital signs stable and tolerating po fluids.   POC by Nursing		Convert IV to INT			
POC Blood Sugar Check  Communication Notity Provider of VS Parameters  Code Status Code Status: Directive to Physician  Medications Medications Medications Medications sentences are per dose. You will need to calculate a total daily dose if needed. albuterol  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mg, inhalation, soin, q4h, PRN wheezing ipratropium (pratropium (prat					
Communication Notify Provider of VS Parameters  Code Status: Full Code Code Status: Full Code Code Status: Directive to Physician  Medications Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed. albuterol 2.5 mg, inhalation, soin, q4n, PRN wheezing ipartropium (ipratropium (Arrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution) 2.5 mg, inhalation, soin, q4n, PRN wheezing ipoperamide I amg, PO, cap, ONE TIME  Laboratory  CBC Routine, T,N, Vendor Bill No  CBC with Differential Routine, T,N, Vendor Bill No  Prothrombin Time with INR IR Routine, T,N, Vendor Bill No  Prothrombin Time with INR Comprehensive Metabolic Panel Routine, T,N, Vendor Bill No  Discnostic Tests DX Chest Single View  EKG-12 Lead  Resipiratory  Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN  To Read Back Scanned Powerchart Scanned PharmScan					
Notify Provider of VS Parameters  Code Status: Cull Code Code Status: Directive to Physician  Medications entences are per dose. You will need to calculate a total daily dose if needed. albuterol  Ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mL, inhalation, soln, q4h, PRN wheezing  ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)  2.5 mL, inhalation, soln, q4h, PRN wheezing  ioperamide  4 mg, PO, cap, ONE TIME  Laboratory  CBC  Routine, T,N, Vendor Bill No  Prothrombin Time with INR Routine, T,N, Vendor Bill No  Prothrombin Time with INR Comprehensive Metabolic Panel Routine, T,N, Vendor Bill No  Disanostic Tosts  DX Chest Single View  EKC-12 Lead  Respiratory  Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN  To Read Back  Scanned Powerchart Scanned PharmScan					
Code Status: Full Code   Code Status: DNR/AND (Allow Natural Death)					
Code Status: Full Code   Code Status: DNR/AND (Allow Natural Death)					
Medication sentences are per dose. You will need to calculate a total daily dose if needed.   albutorol   2.5 mg, inhalation, soln, q4h, PRN wheezing   ipratropium (knrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)   2.5 mL, inhalation, soln, q4h, PRN wheezing   loperamide   4 mg, PO, cap, ONE TIME   laboratory   logoration		☐ Code Status: Full Code ☐ Code Status: DNR/AND (Allow Natural Death)			
albuterol					
2.5 mg, inhalation, soln, q4h, PRN wheezing   ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution)   2.5 mL, inhalation, soln, q4h, PRN wheezing   loperamide   4 mg, PO, cap, ONE TIME   Laboratory   CBC   Routine, T:N, Vendor Bill No   Prothrombin Time with INR   Routine, T:N, Vendor Bill No   Prothrombin Time with INR   Routine, T:N, Vendor Bill No   Prothrombin Time with INR   Routine, T:N, Vendor Bill No   Prothrombin Time with INR   Routine, T:N, Vendor Bill No   Prothrombin Time with INR   Routine, T:N, Vendor Bill No   Prothine, T:N,		·			
Q.5 mL, inhalation, soln, q4h, PRN wheezing   Operamide   4 mg, PO, cap, ONE TIME   Laboratory		2.5 mg, inhalation, soln, q4h, PRN wheezing			
d + mg, PO, cap, ONE TIME   Laboratory   CBC					
CBC   Routine, T;N, Vendor Bill No  CBC with Differential   Routine, T;N, Vendor Bill No  Prothrombin Time with INR   Routine, T;N, Vendor Bill No  PTT   Routine, T;N, Vendor Bill No  Comprehensive Metabolic Panel   Routine, T;N, Vendor Bill No  Diagnostic Tests  DX Chest Single View  EKG-12 Lead  Respiratory  Bedside Spirometry (Bedside PFT)   Perform Pre and Post HHN  DIAGNOSTIC Tests  Scanned Powerchart   Scanned PharmScan					
Routine, T;N, Vendor Bill No  CBC with Differential Routine, T;N, Vendor Bill No  Prothrombin Time with INR Routine, T;N, Vendor Bill No  PTT Routine, T;N, Vendor Bill No  Comprehensive Metabolic Panel Routine, T;N, Vendor Bill No  Diagnostic Tests  DX Chest Single View  EKG-12 Lead  Respiratory  Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN  To Read Back  Scanned Powerchart Scanned PharmScan		Laboratory			
Routine, T;N, Vendor Bill No  Prothrombin Time with INR Routine, T;N, Vendor Bill No  Comprehensive Metabolic Panel Routine, T;N, Vendor Bill No  Diagnostic Tests DX Chest Single View  EKG-12 Lead  Respiratory  Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN  To Read Back  Respiratory  Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN					
Routine, T;N, Vendor Bill No					
☐ Routine, T;N, Vendor Bill No   Comprehensive Metabolic Panel   ☐ Routine, T;N, Vendor Bill No   Diagnostic Tests   DX Chest Single View   EKG-12 Lead   Respiratory   Bedside Spirometry (Bedside PFT)   ☐ Perform Pre and Post HHN     TO ☐ Read Back   ☐ Scanned Powerchart ☐ Scanned PharmScan   Order Taken by Signature:  Date					
Routine, T;N, Vendor Bill No   Diagnostic Tests   DX Chest Single View     EKG-12 Lead     Respiratory     Bedside Spirometry (Bedside PFT)     Perform Pre and Post HHN     TO   Read Back   Scanned Powerchart   Scanned PharmScan     Order Taken by Signature:   Date   Time					
DX Chest Single View  EKG-12 Lead  Respiratory  Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN  TO Read Back  Order Taken by Signature:  Date  Time					
EKG-12 Lead   Respiratory   Bedside Spirometry (Bedside PFT)   Perform Pre and Post HHN   Scanned Powerchart   Scanned PharmScan   Scanned Powerchart   Scanned Powerchart   Scanned PharmScan   Scanned Powerchart   Scanned		Diagnostic Tests			
Respiratory Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN  TO Read Back Scanned Powerchart Scanned PharmScan  Order Taken by Signature: Date Time		DX Chest Single View			
Bedside Spirometry (Bedside PFT) Perform Pre and Post HHN  TO Read Back Order Taken by Signature: Date Time		EKG-12 Lead			
Perform Pre and Post HHN  TO Read Back Scanned Powerchart Scanned PharmScan  Order Taken by Signature:  Date					
Order Taken by Signature: Date Time					
Order Taken by Signature: Date Time					
Order Taken by Signature: Date Time					
Order Taken by Signature: Date Time					
	□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Physician Signature: Date Time	Order Take	n by Signature: Date Time			
	Physician S	Signature: Date Time			

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**Patient Label Here** 

## 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 a	an "x" in the specific order deta	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	Laboratory  BB Blood Type (ABO/Rh)		
	Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Antibody Screen  Routine Outpatient/PACU, T;N, Vendor Bill No		
	BB Clot to Hold Routine Outpatient/PACU, T;N, Vendor Bill No		
□ то	☐ Read Back ☐ S	Scanned Powerchart	Scanned PharmScan
Order Taken by Signature:         Time		Time	
Physician S	Signature:	Date	Time

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