

OUTPATIENT 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

Insert Peripheral Line

POC by Nursing

POC Chem 8

POC Blood Sugar Check

POC Hemoglobin and Hematocrit

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: Directive to Physician

Code Status: DNR/AND (Allow Natural Death)

Dietary

Outpatient Diet

NPO

NPO, except meds.

IV Solutions

NS

IV, 25 mL/hr

LR

IV, 25 mL/hr

\*\*\*Order 500 mL IV fluid below for patients with heart failure or end stage renal disease\*\*\*

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.

Antibiotics

Primary therapy

ceFAZolin

1 g, IVPush, inj, OCTOR

Reconstitute with 10 mL of Sterile Water or NS

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Administer IV Push over 3 minutes  
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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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ORDER	ORDER DETAILS
	<p><b>cefuroxime (Zinacef)</b>  <input type="checkbox"/> 1.5 g, IVPush, inj, OCTOR                      Reconstitute with 16 mL of Sterile Water or NS                      Administer Slow IV Push over 3-5 minutes.</p>
	<p><b>cefOXitin</b>  <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.</p>
	<p><b>cefoTEtan</b>  <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.</p>
	<p><b>cefTRIAxone</b>  <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><b>ampicillin-sulbactam</b>  <input type="checkbox"/> 1.5 g, IVPB, ivpb, OCTOR, Infuse over 30 min                      <input type="checkbox"/> 3 g, IVPB, ivpb, OCTOR, Infuse over 30 min</p>
	<p>If anaerobic coverage is needed with cefazolin or cefuroxime, add order for metronidazole.  <b>metronIDAZOLE</b>  <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr                      Do not refrigerate. Do not give with drugs containing alcohol.</p>
	<p>If patient has penicillin and/or cephalosporin allergy, order clindamycin.  <b>clindamycin</b>  <input type="checkbox"/> 600 mg, IVPB, ivpb, OCTOR, Infuse over 30 min                      <input type="checkbox"/> 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min</p>
	<p>If patient has penicillin and/or cephalosporin allergy AND MRSA risk, order vancomycin.  <b>vancomycin</b>  <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:  <b>levoFLOxacin</b>  <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 60 min                      <input type="checkbox"/> 750 mg, IVPB, ivpb, OCTOR, Infuse over 90 min</p>
	<p><b>gentamicin</b>  <input type="checkbox"/> 80 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr</p>
<b>Laboratory</b>	
	<p><b>CBC</b>  <input type="checkbox"/> Routine, T;N, Vendor Bill No</p>

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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- Phase: Diagnostic/Pre-Op Orders

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<b>CBC with Differential</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>Platelet Count</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>Prothrombin Time with INR</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>PTT</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>Basic Metabolic Panel</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>Comprehensive Metabolic Panel</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>Hepatic Function Panel</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>BUN</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>Creatinine</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
	<b>Beta HCG Serum Qualitative</b> <input type="checkbox"/> Routine, T;N, Vendor Bill No
<b>Diagnostic Tests</b>	
	<b>EKG-12 Lead</b> <input type="checkbox"/> Routine
	<b>DX Chest Single View</b> <input type="checkbox"/> Routine
<b>Respiratory</b>	
	<b>Bedside Spirometry (Bedside PFT)</b> <input type="checkbox"/> Perform Pre and Post HHN
<b>Consults/Referrals</b>	
	<b>Consult MD</b> <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op Endo Procedure.
	<b>Consult CRNA for OPGI Anesthesia</b> <input type="checkbox"/> T;N, Routine, Proceed with anesthesia delivery at CRNA discretion.

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  <b>OUTPATIENT ENDOSCOPY PROCEDURE PLAN</b> - Phase: Discharge Orders	<b>Patient Label Here</b>
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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
	<b>Admit/Discharge/Transfer</b>
	<b>General</b>
	<b>Discharge Patient (Outpatient)</b>
	<b>Discharge Condition</b> <input type="checkbox"/> Discharge Condition: Stable <span style="margin-left: 200px;"><input type="checkbox"/> Discharge Condition: Improved</span> <input type="checkbox"/> Discharge Condition: Fair
	<b>Discharge Disposition</b> <input type="checkbox"/> Discharge To: Home <span style="margin-left: 200px;"><input type="checkbox"/> Discharge To: Home with Home Health</span> <input type="checkbox"/> Discharge To: SNF <span style="margin-left: 200px;"><input type="checkbox"/> Discharge To: Nursing Home - Intermediate Care</span> <input type="checkbox"/> Discharge To: Home with Hospice <span style="margin-left: 200px;"><input type="checkbox"/> Discharge To: Long term care</span> <input type="checkbox"/> Discharge To: TDCJ or any other jail
	<b>Discharge Instructions</b>
	<b>Diet</b>
	<b>Discharge Diet</b> <input type="checkbox"/> Diet: Resume pre-hospital diet <span style="margin-left: 200px;"><input type="checkbox"/> Diet: ADA</span> <input type="checkbox"/> Diet: AHA <span style="margin-left: 200px;"><input type="checkbox"/> Diet: Low sodium (Less than 2 grams)</span> <input type="checkbox"/> Diet: Regular <span style="margin-left: 200px;"><input type="checkbox"/> Diet: Renal</span>
	<b>Activity</b>
	<b>Discharge Activity/Activity Precautions</b> <input type="checkbox"/> Activity: As tolerated   No restrictions <span style="margin-left: 200px;"><input type="checkbox"/> Activity: As tolerated</span> <input type="checkbox"/> Activity: Bed rest <span style="margin-left: 200px;"><input type="checkbox"/> Activity: Do NOT lift arms above shoulders</span> <input type="checkbox"/> Activity: Exercise per OT/PT instructions <span style="margin-left: 200px;"><input type="checkbox"/> Activity: Keep splint on at all times</span> <input type="checkbox"/> Activity: Knee precautions <span style="margin-left: 200px;"><input type="checkbox"/> Activity: No restrictions</span> <input type="checkbox"/> Activity: No pushing or pulling with arms <span style="margin-left: 200px;"><input type="checkbox"/> Activity: No straining or heavy lifting</span> <input type="checkbox"/> Activity: Posterior hip precautions <span style="margin-left: 200px;"><input type="checkbox"/> Activity: Sternal precautions</span> <input type="checkbox"/> Activity: With assistance
	<b>Discharge Lifting Instructions</b>
	<b>Discharge Bathing Instructions</b>
	<b>Discharge Driving Instructions</b>
	<b>Line, Drain, and Wound Care</b>
	<b>Discharge Open Wound Care Instructions</b>
	<b>Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site Care Instructions)</b>
	<b>Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/Tube Care Instructions)</b>
	<b>Follow Up</b>
	<b>Discharge Follow-up Appointment</b>
	<b>Discharge Follow-up Appointment</b>
	<b>Discharge Follow-up Lab</b>
	<b>Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)</b>
	<b>Communication</b>
	<b>Patient May Return to Work/School</b>

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 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

OUTPATIENT ENDOSCOPY 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
	<b>Patient Care</b>
	Convert IV to INT
	Discontinue Peripheral Line <input type="checkbox"/> When vital signs stable and tolerating po fluids.
	<b>POC by Nursing</b>
	POC Blood Sugar Check
	<b>Communication</b>
	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)
	<b>Medications</b>
	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
	<b>Laboratory</b>
	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
	<b>Diagnostic Tests</b>
	DX Chest Single View
	<b>Respiratory</b>
	Bedside Spirometry (Bedside PFT) <input type="checkbox"/> Perform Pre and Post HHN

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

