

Endoscopy Pre Procedural Orders

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To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name:

Phone:

Fax:

Patient Name :

Date of Birth

Surgery confirmation #

Procedure _____

WEIGHT (kg): _____ **ALLERGIES:** _____

- General/MAC/Regional Anesthesia** **Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**
- **POCT Glucose** day of surgery **required** – if diabetic
 - **Potassium** day of surgery **required** – if: 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant)
 - **Urine pregnancy** (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – **required** if female with no history of hysterectomy **and:**
 - 1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal
- IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)**
- Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr
 - D5 ½ NS @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr
 - Other IV _____

- Moderate Sedation** **Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**
- POCT Glucose** day of surgery **required** – if diabetic
 - Urine pregnancy** (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – **required** if female with no history of hysterectomy **and:**
 - 1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal
- IV: Insert Peripheral IV day of surgery**
- Normal Saline @ 30 ml/hr (500 ml bag)
 - D5 ½ NS @ 30ml/hr (500 ml bag)

Local Anesthesia

Pre-operative consultation to evaluate for risk factors prior to surgery

per PCP, may use hospitalists if not available per hospitalist per surgeon: date _____

Nursing: Notify MD on all insulin dependent diabetics if blood sugar is greater than 200 or less than 70.

Labs: CBC PT/INR PTT Basic Metabolic Panel (EP1) LDH
 Liver Profile Amylase Lipase Urinalysis Other: _____

Diagnostic Studies: Chest X-ray PA & Lateral Other: _____
Reason: _____
 ECG Reason: _____

No preop antibiotics needed

Pre Operative Antibiotics:

***Required- *Percutaneous G-tube**

Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 **Alternate if allergy give Clindamycin 900mg IVPB x1 plus Levofloxacin 750mg IVPB x1**



Physician Signature _____ Date: _____ Time: _____