Endoscopy Pre Procedural Orders
R7052 Rev. 3/2022 Page 1 of 1
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, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia

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

PT/INR day of surgery **required – if** no documented INR of 1.1 or less within 48 hours of surgery of on Warfarin in the last 30 days

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
☐ Lactate Ringers @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr

☐ **Moderate Sedation** **Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**

POCT Glucose day of surgery **required – if** diabetic
Notify MD on all diabetics if blood sugar is greater than 180 or less than 71.

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

PT/INR day of surgery **required – if** no documented INR of 1.1 or less within 48 hours of surgery of on Warfarin in the last 30 days

IV: Insert Peripheral IV day of surgery
☐ Normal Saline @ 125 ml/hr (500 ml bag) unless diagnosed with CRF then @ 50 ml/hr
☐ D5 ½ NS @ 125 ml/hr (500 ml bag) unless diagnosed with CRF then @ 50 ml/hr

Pre-operative consultation to evaluate for risk factors prior to surgery
☐ **per PCP, may use hospitalists if not available** ☐ **per hospitalist** ☐ **per surgeon: date** _____

Labs: ☐ CBC ☐ PT/INR ☐ PTT ☐ Basic Metabolic Panel (EP1) ☐ LDH ☐ COVID19
☐ Liver Profile ☐ Amylase ☐ Lipase ☐ Other: _____

Diagnostic Studies:
☐ **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:_____

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