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(PROCEED WITH CHECKED ORDERS ONLY)

PRE-PROCEDURE

Patient name _____ Date of Birth _____

- Place in outpatient for same day procedure.
- RN to witness patient/other legally responsible person sign consent for procedure. Procedure to be performed:

Diagnosis: _____

- Vital signs
- Confirm NPO status. If patient has not been NPO for minimum indications for procedure/scheduled time, notify provider.
- Confirm patient has a driver prior to procedure.
- If patient has diabetes, check bedside blood glucose x1.
- Bedside urine pregnancy as needed per hospital policy.
- Start IV with saline lock.
- Start LR 1000ml bag @ KVO as needed if patient receiving anesthesia.

Physician: _____ Date: _____ Time: _____

POST- PROCEDURE (only use this section for CC1 downtime)

- Admit to Phase II/PACU
- Vital signs every 15 minutes x2 or PRN
- Pt. may be discharged in 30 minutes if patient meets discharge criteria.
- Discontinue IV/Saline lock once tolerating fluids.
- May advance to regular diet.
- May discharge without voiding.

Medications:

- Ondansetron (Zofran) 4mg IVP PRN nausea x1
- Flumazenil (Romazicon) 0.2 mg IVP PRN excessive sedation x1 dose
- Hydrocodone/Acetaminophen 5mg/325mg 1 tab PO PRN pain level 1-3 x1 dose
- Hydrocodone/Acetaminophen 5mg/325mg 2 tabs PO PRN pain level 4-7 x1 dose

Physician: _____ Date: _____ Time: _____