

Allergies: \_\_\_\_\_

Patient status:  Inpatient       Same Day Care       To be admitted

**A. PRE-Colonoscopy with EUS (Endoscopic Ultrasound) PROCEDURE ORDERS:**

NPO per procedural sedation policy/anesthesia protocol  
Sign consent  
Enter computer order for procedure

**B. NURSING CARE:** (Check box and/or fill in to activate)

Start saline lock/ IV  
 0.9 N/S at \_\_\_\_\_ mL/hr  
 LR at \_\_\_\_\_ mL/hr  
 D5W at \_\_\_\_\_ mL/hr  
 O<sub>2</sub> PRN to keep SaO<sub>2</sub> greater than 92%, call physician if greater than 6L O<sub>2</sub> required.

**C. MEDICATION THERAPY:** (Check box and/or fill in to activate)

May take any routine heart or blood pressure meds with a sip of water in AM at least 2 hours before exam unless MD advises otherwise  
Colon prep per individual physician: \_\_\_\_\_  
 Antibiotic for procedure (please send to SPU): Ampicillin/Sulbactam (Unasyn) 3 g IV x 1 dose

Other \_\_\_\_\_  
\_\_\_\_\_

**D. POST-Colonoscopy with EUS (Endoscopic Ultrasound) PROCEDURE ORDERS:** (Check box and/or fill in to activate)

Resume pre-procedure diet and medications unless otherwise specified  
Vital signs per procedural sedation protocol  
Call physician if there is:  

- Severe abdominal or shoulder pain
- Significant pulse, temperature or blood pressure change
- Rectal bleeding

Discontinue IV/saline lock when discharged  
May be discharged to a responsible person when discharge criteria according to procedural sedation policy is met  
Send written discharge instructions home with patient  
 O<sub>2</sub> PRN to keep SaO<sub>2</sub> greater than 92%; call physician if greater than 6L O<sub>2</sub> required

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature

Date

Time

