## **PHYSICIAN'S ORDERS**



NAME: ROOM NO: (ADDRESS) HOSP. NO. PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. $\Box$
Inpatient ERCP Order Set
Dr. Charles Bluhm Dr. David Landy
Preoperative
<ol> <li>After procedure is explained to patient by MD, have permit signed for: Endoscopic Retrograde Cholangio-Pancreatography (ERCP) and Possible Gall-Stone Extraction, Sphincterotomy or Stent Placement.</li> </ol>
2. Review and document consent with patient prior to signing and notify physician of any unanswered questions.
<ol> <li>Give patient procedure pamphlet to read.</li> <li>Schedule with Radiology and Endoscopy.</li> </ol>
5. Start IV D5 <sup>1</sup> / <sub>2</sub> NS at KVO rate in right arm morning of procedure.
6. NPO after 2200 except medications (includes ALL tube feedings).
7. Labs: PT, PTT, Platelet count on day prior to procedure.
<ol> <li>Pregnancy Test – Serum/Urine HCG for all women of childbearing age (menses to 55) within two days of procedure. (EXCEPTION: History of tubal ligation or hysterectomy.)</li> </ol>
9. Document teaching
10. Consult Anesthesia / Have anesthesia consent signed.
Post-Op
1. NPO until alert post ERCP
2. Bed rest with rails up until alert with stable vital signs.
3. Vital signs q 15 minutes until stable, then q 1 hour x 4, call MD if obtundation temp greater than 101, drop or rise in BP, and/or abdominal pain.
4. Give Indomethacin 100 mg per rectal suppository within 30 minutes post ERCP.
5. Cepacol lozenge q 1 hr PRN sore throat.
6. Discontinue IV when alert if started before procedure.
7. Resume diet when alert if no complaints of abdominal pain or distention.
Physician Signature:
Cullman RegionalPlease use Ball Point Pen ONLYPhysician's OrdersDO NOT USE:UIUQDQODMSMSO4MgSO4
Revised & approve d by P&T, Drs. Bluhm, Landy: 9/4/19 Page 1 of 1