



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

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

Another brand of drug identical in form and content may be dispensed unless checked. ☐

ERCP Order Set - Surgical Arts

Pre-Procedure:

1. NPO 8 hours prior to procedure (includes ALL tube feedings).
2. Schedule with Resource Scheduling @ 2667 and Diagnostic Imaging, and order appropriate procedure in computer with Endoscopy Services.
3. After procedure is explained to the patient by the physician, have permit signed for: Endoscopic Retrograde Cholangio-pancreatography with possible stone extraction, possible Sphincterotomy.
4. Give patient a procedure pamphlet to read if available.
5. Pre-procedure labs: CBC, Renal within 48 hours, Pt, PTT, platelet count morning of procedure; call abnormals to physician. 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.)
6. Start IV D5W at KVO back of left arm if possible.
7. Claforan 1 gm on call to the Endoscopy Services.

Intra-Procedure:

1. Hurracaine spray to throat prior to procedure.
2. Demerol 25-100 mg and Versed 1-10 mg to be given as IV conscious sedation during procedure - titrate to desired level of sedation.
3. Nubain 10 – 10 mg IV for sedation if allergic to Demerol.
4. Narcan 0.4 mg IV PRN for reversal of narcotics.
5. Romazicon 0.2 mg IV PRN for reversal of benzodiagepines.
6. O2 @ 2 L/min NC PRN for hypoxia (Check O2 sat prior to beginning oxygen).
7. Zofran 4 mg IV PRN for nausea.
8. Glucagon 0.25 – 1.0 mg IV PRN for colon spasms.

Post-Procedure:

1. NPO until alert post ERCP, at least 1 hour. Elevate HOB 30 degrees.
2. Bedrest with rails up until alert with stable vital signs.
3. Vital signs every 15 minutes until stable then every 1 hour x 4.
4. Call physician if obtundation, temperature greater than 101, drop or rise in blood pressure and/or persistent abdominal pain.
5. Cepacol lozenges PRN sore throat.
6. If Medical Day Hospital admit, discontinue IV prior to discharge or as ordered by physician.

MD Signature: _____ Date & Time: _____

Please use Ball Point Pen ONLY