## **PHYSICIAN'S ORDERS**



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

| Another brand of drug identical in form and content may be dispensed unless checked. $\Box$   |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| <b>Gastroscopy Order Set - Surgical Arts</b><br>Dr. Evans, Dr. Moody, Dr. Windham   |  |  |  |  |  |  |  |  |
| Pre-procedure   |  |  |  |  |  |  |  |  |
| 1. NPO past 2200 the night before procedure (includes ALL tube feedings).   |  |  |  |  |  |  |  |  |
| 2. Start IV D5W @ KVO @ 0600, if patient does not have IV.  |  |  |  |  |  |  |  |  |
| 3. Schedule with Resource Scheduling at 2667 and order appropriate procedure in the computer with<br>Endoscopy Services.  |  |  |  |  |  |  |  |  |
| 4. Have permit signed for: Esophagogastroduodenoscopy with possible biopsy.   |  |  |  |  |  |  |  |  |
| 5. Pregnancy Test – Serum/Urine HCG for all women of childbearing age (menses to 55) within two day so procedure. (EXCEPTION: History of tubal ligation or hysterectomy.) |  |  |  |  |  |  |  |  |
| 6. Anesthesia Pre-Op Orders for Endoscopy.  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Post-procedure  |  |  |  |  |  |  |  |  |
| 1. NPO until awake and alert with stable vital signs.   |  |  |  |  |  |  |  |  |
| 2. IF IV started for this procedure, DC when alert.   |  |  |  |  |  |  |  |  |
| 3. Elevate head of bed 30 degrees.  |  |  |  |  |  |  |  |  |
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| MD Signature: Date & Time:  |  |  |  |  |  |  |  |  |
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## Please use Ball Point Pen ONLY

| <b>DO NOT USE:</b> | TI | TTI | OD | 000 | MS | MSO4  | ΜσϚΟ4  |
|--------------------|----|-----|----|-----|----|-------|--------|
| DO NOT USE.        | U  | 10  | Vν | VUD |    | TUDUT | MIGDUT |

Revised: 07/30/18 Page 1 of 1 Revised and approved by Director of Endoscopy 07/30/18