Physician Orders ADULT: GI Lab Pre Procedure Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
   T;N, Phase: GI Lab Pre Procedure Phase, When to Initiate: ________________________

GI Lab Pre Procedure Phase
Admission/Transfer/Discharge
☑ Patient Status Initial Outpatient
   T;N, Attending Physician: ________________________
   Reason for Visit: ________________________
   Bed Type: ________________________ Specific Unit: ________________________
Outpatient Status/Service OP-Ambulatory Surgery

Vital Signs
☑ Vital Signs Per Unit Protocol
   T;N, Monitor and Record T,P,R,BP

Activity
☐ Bedrest
   T;N
☐ Bedrest w/BRP
   T;N
☑ Out Of Bed
   T;N, Up Ad Lib
☐ Out Of Bed
   T;N, With Assistance

Food/Nutrition
☑ NPO
   Start at: T;N
☐ Regular Adult Diet
   Start at: T;N
☐ Clear Liquid Diet
   Start at: T;N
☐ American Heart Association Diet
   Start at: T;N

Patient Care
☑ Consent Signed For
   T;N
☐ NGT Insert
   T;N
☐ NGT
   T;N
☐ NGT Remove
   T;N
Physician Orders ADULT: GI Lab Pre Procedure Plan

- **INT Insert/Site Care**
  
  T;N,q4day

- **Nursing Communication**
  
  T;N, Hold heparin prior to GI procedures

- **Nursing Communication**
  
  T;N, Hold Lovenox prior to GI procedures

### Continuous Infusion

- **Sodium chloride 0.45% D5W KCl 20 mEq**
  
  1,000 mL, IV, 75 mL/hr

### Medications

- **+1 Hours** polyethylene glycol 3350 with electrolytes
  
  4 L, Oral Soln, PO, once, Routine
  
  Comments: Administer 8 oz q10min until 4L consumed

- **+1 Hours** polyethylene glycol 3350 with electrolytes
  
  4 L, Oral Soln, NG, once, Routine
  
  Comments: Administer 8oz q10min per NGT until 4L consumed

- **+1 Hours** sodium biphosphate-sodium phosphate
  
  133 mL, Enema, PR, q2h, Routine, (for 2 dose)

- **+1 Hours** ondansetron
  
  4 mg, Injection, IV Push, OnCall, (for 1 dose)
  
  Comments: On Call to GI Lab

- **+1 Hours** ondansetron
  
  4 mg, Injection, IV Push, q6h, PRN Nausea

- **+1 Hours** glycopyrrolate
  
  0.4 mg, Injection, IV Push, OnCall, (for 1 dose)
  
  Comments: On call to GI Lab

- **+1 Hours** meperidine
  
  50 mg, IV Push, OnCall, Routine
  
  Comments: On Call to GI lab

- **+1 Hours** metroNIDAZOLE
  
  500 mg, IV Piggyback, IV Piggyback, q6h, Routine

- **+1 Hours** ciprofloxacin
  
  400 mg, IV Piggyback, IV Piggyback, q12h, Routine

- **+1 Hours** cefTRIAXone
  
  1 g, IV Piggyback, IV Piggyback, once, Routine

### Laboratory

- **PTT**
  
  Routine, T;N, once, Type: Blood

- **PT/INR**
  
  Routine, T;N, once, Type: Blood

- **CBC**
Physician Orders ADULT: GI Lab Pre Procedure Plan

- **Routine**, **T;N**, once, Type: **Blood**
  - Hct
  - Fe Profile

### Diagnostic Tests
For ERCP you must place both orders below:(NOTE)*
- GI Lab Request To Schedule
  - **T;N**, **Routine**, **ERCP**
- Endoscopic Cath Combined Biliary & Pancreatic
  - **T;N**
Lap Banding procedure only performed at University hospital. If ordering a Lap Banding procedure, you must order all 3 orders below:(NOTE)*
- GI Lab Request To Schedule
  - **T;N**, **Routine**
  - Comments: Lap Banding - GI Lab
- Fluoro Guide BX/ASP/INJ/LOCAL
  - **T;N**, Reason for Exam: Lap Band Adjustment, Other reason: Lap Band Adjustment, Routine, Stretcher
- GI Upper W/WO Delayed Films WO KUB
  - **T;N**, Reason for Exam: Other, Enter in Comments, Other reason: Upper GI Assessment, Routine, Stretcher
- GI Lab Request To Schedule
  - **T;N**, Procedure: **PEG**, **Routine**
- GI Lab Request To Schedule
  - **T;N**, Procedure: **Colonoscopy**, **Routine**
- GI Lab Request To Schedule
  - **T;N**, Procedure: **EGD**, **Routine**
- GI Lab Request To Schedule
  - **T;N**, Procedure: **FSC procedure**, **Routine**

### Consults/Notifications/Referrals
- Notify Physician—Once
  - **T;N**, room number upon arrival to unit

---

**Date** __________________________ **Time** __________________________ **Physician’s Signature** __________________________ **MD Number** __________________________

*Report Legend:
- **DEF** - This order sentence is the default for the selected order
- **GOAL** - This component is a goal
- **IND** - This component is an indicator
Physician Orders ADULT: GI Lab Pre Procedure Plan

INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order