



Coffee Regional MEDICAL CENTER

PRE-PROCEDURE ENDOSCOPY ORDERS



Patient name:		
DOB:Phor	ne#:	
Precert Number:		
Physician:		
Diagnosis:		
_	ner:	
Schedule for:		
☐ EGD	☐ Colonoscopy	
☐ FFS	☐ ERCP	
☐ Small Bowel Scope	☐ Dilatation	
☐ Peg	☐ Other	
IV Access:		
☐ Saline lock ☐ NS at KVO rate	☐ Other:	
Labs:		
☐ HCG (to be done on all females <50 ;	years old with no H/O surgical sterilization)	
☐ CBC ☐ Amylase/Lipase ☐	PT-INR PTT Other:	
Cardiopulmonary:		
☐ EKG (males > 40 y/o; females > 50 y. Radiology:	/o)	
☐ KUB ☐ CXR (1 view) ☐ Oth	ner:	
Pre-Procedure medications:		
☐ Robinul 0.2 mg IV ☐ Benadryl 25	img IV	
☐ Ancef 1gm IVPB on call to SSU if <u>no</u>	allergy to Penicillin	
☐ Vancomycin 1gm IVPB on call to SSI	Jif allergy to Penicillin	
Other:	·	