

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type: _____

ADULT ROUTINE PEG ORDERS

Version 4 05/14/2014

- Consent patient for "moderate sedation, esophagogastroduodenoscopy with percutaneous stomach tube placement" with:
 - JT Molloy MD or GD Spencer MD
- Contact GI Lab (5224)) for day and time for procedure.
- NPO (including dohoff / NG tube feeds off) at least 6 hours prior to procedure.
- Saline lock, if no IV currently running.
- Ancef 2 grams IV 0-60 minutes prior to procedure. (See alternate below for Ancef or cephalosporin allergy).
- Clindamycin 900 mg IV 0-60minutes prior to procedure. (Use for patient allergic to Ancef or significant documented allergy to cephalosporins).
- PT/INR, PTT if history of bleeding and no PT, PTT result done within last 7 days found on chart.
- Other _____

Provider Signature: _____ Date: _____ Time: _____