

(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: \_\_\_\_\_

**ENDOSCOPY PROCEDURE ORDERS**

Version 4 11/7/2011

PRE-ENDOSCOPY

1. Obtain permit.
2. IV: 1000 ml NS \_\_\_\_\_ D5 1/2 NS \_\_\_\_\_ Other: \_\_\_\_\_
3. Oxygen at 2 L/NC, increase prn.
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POST-ENDOSCOPY PROCEDURE ORDERS**

1. IV Medications:  
Demerol \_\_\_\_\_mg      Versed \_\_\_\_\_mg      Fentanyl \_\_\_\_\_mcg  
Morphine \_\_\_\_\_mg      Glucagon \_\_\_\_\_mg      Narcan \_\_\_\_\_mg  
Romazicon \_\_\_\_\_mg      Other \_\_\_\_\_
2. Vital signs: Monitor until stable.
3. When stable, dc IV and discharge patient.
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_