

(place patient label here)
Patient Name: _____



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: _____

**Lower Endoscopy/Colonoscopy Pre-procedure
General**

Version 2 Approved 4/10/18

Order for Procedure

Date of Procedure: _____

*****Obtain the Written Authorization for Ordered Procedure*****

- Anoscopy
- Colonoscopy
- Colonoscopy through colostomy
- Colonoscopy with fecal microbiotic transplant
- Rectal Ultrasound
- Rectal Ultrasound with fine needle aspiration
- Rectal Ultrasound with fine needle biopsy
- Flexible Sigmoidoscopy
- Flexible Sigmoidoscopy with dilatation
- Flexible Sigmoidoscopy with foreign body removal
- Jejunal Pouch Endoscopy: Additional information: _____

Nursing Orders

If having general anesthesia, initiate pre-operative anesthesia protocol

IV/ Line Insert and/or Maintain

Peripheral IV insert/maintain, avoid antecubital site

IV Fluids

Sodium Chloride 0.9% IV

_____ milliliter/hour continuous intravenous infusion

Dextrose 5% and 0.45% Sodium Chloride IV

_____ milliliter/hour continuous intravenous infusion

IV Fluid-Maintenance

Fluid: _____

Additive: _____

Rate: _____

Duration (If rate not selected): _____

Diet

NPO (diet) [] Enter Time: _____ [] Midnight [] Now

NPO Modifications: [] Except Meds [] Strict [] With Ice Chips [] With Sips

Initials _____

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

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Medications

*For a comprehensive procedure list please see the *Pre-Operative Antibiotic Prophylaxis Guidelines*

- INITIATE Surgical Antibiotic Prophylaxis Protocol
- No Prophylaxis Antibiotic
- Other: _____

Bowel Preps

GoLYTELY

- 240 milliliter orally every 10 minutes until 2 liters are consumed; administer the day before colonoscopy polyethylene glycol 3350 (MIRALAX)
- 238 gram in 32 ounces of lemon-lime Gatorade orally once over 4 hours

Fleet Enema

- 2 enema rectally once

bisacodyl (DULCOLAX)

- 20 milligram orally once

Additional Medication

- Other: _____

Provider Signature: _____ Date: _____ Time: _____