

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

**Upper Endoscopy Pre-procedure**

**Version 2 Approved 4/10/18**

**General**

- Order for Procedure  
Date of Procedure: \_\_\_\_\_  
**\*\*\*Obtain the Written Authorization for Ordered Procedure\*\*\***
- Bravo Placement
- Esophagogastroduodenoscopy (EGD)
- Endoscopic Retrograde Cholangiopancreatogram (ERCP)
- Endoscopic Ultrasound with fine needle biopsy
- Endoscopic Ultrasound with cyst drainage
- Endoscopic Ultrasound with celiac plexus neurolysis
- Esophageal Manometry Study  
Additional Instructions: \_\_\_\_\_
- Percutaneous Endoscopic Gastric Tube Placement (PEG)
- Percutaneous Endoscopic Gastric/Jejunal Feeding Tube Placement (PEG/PEJ)

**Nursing Orders**

- If having general anesthesia, initiate pre-operative anesthesia protocol

**Diet**

- NPO (diet) [ ] Enter Time: \_\_\_\_\_ [ ] Midnight [ ] Now  
NPO Modifications: [ ] Except Meds [ ] Strict [ ] With Ice Chips [ ] With Sips

**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): \_\_\_\_\_

Initials \_\_\_\_\_

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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: \_\_\_\_\_

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