

Patient Name: \_\_\_\_\_  
 Procedure Date: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

**SANTA BARBARA SURGERY CENTER  
 ENDOSCOPY  
 PERIOPERATIVE ORDERS**

**PREOPERATIVE ORDERS**

The risks, benefits and alternatives relating to this (these) procedure(s) were explained to the patient. Questions were elicited and answered. The patient consented to the procedure(d).

Patient to sign consent form(s):  Flex Sigmoidoscopy  Colonoscopy  EGD  Dilation  
 Sedation Analgesia  **REQUEST ANESTHESIOLOGIST SERVICES**

Start IV:  LR  NS @TKO RATE \_\_\_\_\_  Saline Lock  Sodium Citrate 30 ml PO

- a. Hang Normal Saline instead of LR if patient is Diabetic  
 b. All IV starts may be performed using 0.5% or 1% lidocaine subcutaneous infiltration unless known allergy.

Hemacue (HGB)  Blood Glucose  Urine Pregnancy Test

Antibiotics: \_\_\_\_\_ Order Tests: \_\_\_\_\_

Signature: \_\_\_\_\_ M. D. Date: \_\_\_\_\_ Time \_\_\_\_\_

**INTRAPROCEDURE/POST PROCEDURE ORDERS**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Meperidine IV _____mg | <input type="checkbox"/> Atropine IV _____mg  | <input type="checkbox"/> Procardia _____mg                    |
| <input type="checkbox"/> Midazolam IV _____mg  | <input type="checkbox"/> Glucagon IV _____mg  | <input type="checkbox"/> Other: _____mg                       |
| <input type="checkbox"/> Sublimaze IV _____mcg | <input type="checkbox"/> Romazicon IV _____mg | <input type="checkbox"/> Other: _____mg                       |
| <input type="checkbox"/> Morphine IV _____mg   | <input type="checkbox"/> Naloxone IV _____mg  | <input type="checkbox"/> Cetacaine/Lidocaine 4% topical spray |

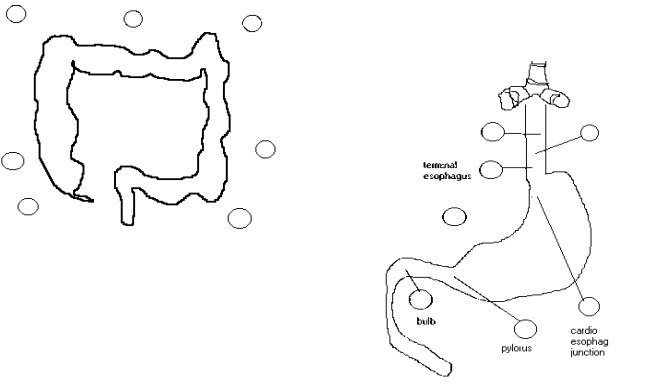
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Vital signs per PACU protocol    | <input checked="" type="checkbox"/> Atropine 0.4 mg IV for HR < 40           | <input checked="" type="checkbox"/> Dispense post care sheet ST: _____ |
| <input checked="" type="checkbox"/> Test gait and balance on arising | <input checked="" type="checkbox"/> Notify anesthesia for Vtach > 6 beat     | <input checked="" type="checkbox"/> NPO until alert with gag CT: _____ |
| <input checked="" type="checkbox"/> LR 500 cc bolus for BPS < 90     | <input checked="" type="checkbox"/> Ephedrine 5mg IV pm BPS < 85 pm q 5" x 3 | ET: _____  |

Discharge to:  Home  23 HR Admit  Hospital Admit  
 Prescription attached / called in  Call MD office for appointment  Call MD office for results  
 Recall procedure at:  NA  6 months  1 year  3 years  5 years  Pending Pathology

Additional Follow-up Plans: \_\_\_\_\_

Signature: \_\_\_\_\_ M. D. Date: \_\_\_\_\_ Time \_\_\_\_\_

**POST PROCEDURE NOTES**



Procedure: \_\_\_\_\_  
 Findings: \_\_\_\_\_  
 Specimens: \_\_\_\_\_  
 Post Procedure Diagnosis: \_\_\_\_\_  
 Complications:  None  Other: \_\_\_\_\_  
 Signature: \_\_\_\_\_ M. D. Date: \_\_\_\_\_ Time \_\_\_\_\_