

Scottsdale Endoscopy Center

Ht. _____
Wt. _____

DATE: _____

Do Not Bring Valuables Into Procedure Room

ARRIVAL TIME: _____	<input type="checkbox"/> AMB	Transport _____	Time: _____
PROCEDURE TIME: _____	<input type="checkbox"/> W/C	Relationship _____ Info RR OK <input type="checkbox"/> Yes <input type="checkbox"/> No	Envelope Signed <input type="checkbox"/> Initials: _____

_____ EGD _____ COLONOSCOPY _____ SIGMOIDOSCOPY
_____ ANES _____ ABX

YES	NO	LIST ALL SURGERIES	
<input type="checkbox"/>	<input type="checkbox"/>	HEART DISEASE	
<input type="checkbox"/>	<input type="checkbox"/>	VALVE REPLACEMENT	
<input type="checkbox"/>	<input type="checkbox"/>	ATRIAL FIBRILLATION	
<input type="checkbox"/>	<input type="checkbox"/>	HIGH BLOOD PRESSURE	
<input type="checkbox"/>	<input type="checkbox"/>	LUNG DISEASE	
<input type="checkbox"/>	<input type="checkbox"/>	G.I. DISORDERS	
<input type="checkbox"/>	<input type="checkbox"/>	CANCER	
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD DYSCRASIA	
<input type="checkbox"/>	<input type="checkbox"/>	PROSTHESIS/IMPLANT	
<input type="checkbox"/>	<input type="checkbox"/>	MUSCULOSKELETAL	
<input type="checkbox"/>	<input type="checkbox"/>	LIVER DISEASE	
<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY DISEASE	
<input type="checkbox"/>	<input type="checkbox"/>	DIABETES →	Last Taken _____ BS _____
<input type="checkbox"/>	<input type="checkbox"/>	TIA/STROKE	Insulin dependent _____ yes _____ no
<input type="checkbox"/>	<input type="checkbox"/>	SLEEP APNEA	
<input type="checkbox"/>	<input type="checkbox"/>	SEIZURE DISORDER	
<input type="checkbox"/>	<input type="checkbox"/>	CURRENT/RECENT TOBACCO USE	

ALLERGIES TO MEDICATIONS:

LATEX ALLERGY: Yes No SURGICAL TAPE ALLERGY: Yes No
Please Check Preparations Taken For This Procedure Below

Nulyte Prepopik Miralax Enemas Dulcolax
 Osmo Prep Halflytely Movi Prep Trilyte Suprep

LIST CURRENT MEDICATIONS INCLUDE OVER THE COUNTER MEDICATIONS ALSO

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

******* DO NOT WRITE BELOW THIS SPACE *******

ASA Yes No **ANTICOAGULANTS** Yes No **NSAID** Yes No

LAST TAKEN: Do you feel safe at home? Yes No

Medication taken this AM? Yes No N/A Circle # on Meds Taken

NPO since: _____ Last solid food: _____

Identiband / **Allergy Band** on and Information / Procedure Verified Yes No

Patient Teaching / Verbalizes Understanding / No Further Questions Yes No

Dental Appliances Upper Lower Removed Yes No N/A

Pregnancy refusal signed Yes No Pregnancy test Pos Neg N/A

Glasses Contact Lens Hearing Aids Jewelry Watch **Piercings** N/A

TIME	PLACED	RH	RW	RFA	RAC	INITIAL
IV CATHETER	20 22 24	LH	LW	LFA	LAC	

Time _____ LR NS IV 500 mL 1000 mL TKO _____ RN

Time _____ Ampicillin 1GM 2GM _____ RN

Time _____ Vancomycin 1GM 2GM _____ RN

Time _____ Gentamycin 80 MG IV 80 MG IM _____ RN

Ventilation Respiration: Regular Shallow Labored Wheezing

Abdomen: Soft Firm Round Tender Distended

Circulation/Perfusion: Skin: Warm Dry Moist Cool Jaundiced Pale Cyanotic

Cognition/Communication Behavior: A&O X4 Calm Anxious

Comfort C/O Pain: None Location _____

NOTES: Call light given with instructions for use Side Rails Up

Signature _____

SCOPE # EGD COLON FLEX SIG

ROOM #: START: END:

Pt. to R.R. Via Cart Report To: RN Time:

Notes: Patient tolerated procedure: Well Other (see gCare notes)

EXTENT OF EXAM: See gCare Record

CAUTERY	COAG/WATTS	CUT/WATTS	GROUNDING SITE
ERBE	<input type="checkbox"/> 20 <input type="checkbox"/>	<input type="checkbox"/> 20 <input type="checkbox"/>	<input type="checkbox"/> R Thigh <input type="checkbox"/> Other

Skin Condition: Pre: WNL Post: WNL

"Spot" Tattoo mL Epinephrine mL NS mL

BX FX Hot BX FX Snare Gold Probe Inj Needle Coag Probe Endo Clip

Balloon 1 mm x sec Balloon 2 mm x sec

Biopsies obtained from:

Esophagus GE Junction Antrum Duodenum Fundus

Gastric Body

Random/Whole Colon RT Colon LT Colon

TI Cecum Ascending

Hepatic Transverse Splenic

Descending Sigmoid Rectum

Stool Sample

TIME	MEDICATION	DOSE/UNIT	RTE	RESPONSE	INITIALS
	Versed	mg	IV	/	
	Fentanyl	mcg	IV	/	
	Versed	mg	IV	/	
	Fentanyl	mcg	IV	/	
				/	
				/	

Drug Totals: Fentanyl Versed Benadryl

See Anesthesia Record for medications and LOC

RN Initials Signature

Tech Initials Signature

Specimens Sent To: TAACH ADH Miraca Total No Specimens

O2 ON PER NC 2L 3L 4L 5L MASK 6L

Initials Signature