

PRE-PROCEDURE	Reason for Procedure
Date	(use ICD9 codes if automated)
Dute	Abdominal pain
Time of arrival AM/PM	Colorectal Cancer Screening
History obtained from	Constipation
History obtained from: Patient	Bleeding
	Dysphasia
☐ Spouse ☐ Parent	☐ GERD/heartburn
□ Child	☐ IBS
	Pain
☐ Sibling ☐ Friend	Other
☐ Significant other ☐ Other	Scheduled procedure
Li Other	(pick multiple choices)
A muitral me a d a	(link this to post procedure to link with
Arrival mode	actual procedure performed)
☐ Ambulatory	☐ EGD
Wheelchair	Scheduled
Stretcher	Repeated
T	Unscheduled
Transportation	Endoscopic Ultrasound (EUS)
☐ Private ☐ Public	☐ Fine Needle Aspiration (FNA)
L Public	Scheduled
Arrived with:	Repeated
Alone	☐ Flexible Sigmoidoscopy
Spouse	Scheduled
Parent	Repeated
☐ Child	O Unscheduled
□ Sibling	Colonoscopy
Friend	Scheduled
Significant other	Repeated
Significant other	Unscheduled
Discharge arrangements	□ ERCP
Driver	Scheduled
☐ In Lobby	Repeated
Need to call	O Unscheduled
	☐ Dilatation
Signed generic post-op instructions Yes No	O Scheduled
	Repeated
Date:	Emergency
Time	



☐ Manometry & Motility	Pre-op teaching
O Biliary	Date:
Esophageal	Time:
O Rectal	Method
O Scheduled	☐ Verbal
O Repeated	☐ Written
24-hour pH	Video
Scheduled	Reason for procedure
Repeated	☐ Verbalizes understanding
☐ Capsule Endoscopy	_
O Scheduled	Individuals present for teaching
O Repeated	O Patient
Repeated	Spouse
Pre-op contact	Parent
	Child
Date:	○ Sibling
Time:	Friend
Person contacted	Significant other
Relationship	Verbalized understanding of teaching
Person who initiated contact	content:
	O Patient
□ No	O Spouse
Reason	O Parent
	O Child
Procedure and patient verified	O Sibling
Yes No	O Friend
Reason:	Significant other
Patient	o biginificant other
Physician	Potential barriers to learning
Family/significant other	O Anxiety level
, ,	O Cognitive ability
Patient issued:	O Hearing
☐ ID band	O Language
Allergy ID band	O Sight
Mastectomy band	-
Not indicated	Primary language
☐ Shunt band	□ English
Not indicated	☐ Spanish
Comments:	Other
	Translator utilized



People present for teaching (write in	☐ Heart
names)	 Automatic internal cardiac
	defibrillator
	O Hypertension
Comments:	O Pacemaker
	Valve replacement
Review of medical history	Other
	Lung
Previous sedation analgesia problems	O Asthma
Fainted	Chronic obstructive pulmonary disease
Hyperexcitability	Ostomy
Hypotension	Liver/GI
Persistent nausea	
Persistent vomiting	Yes (Comments: free text field)
Prolonged sedation	Kidney/ GU
Tachycardia	Yes (Comments: free text field)
Unstable blood pressure	Airway (Mallampati classification per
None	MD)
None	O 1-4
Patient allergies	Mouth opens adequately
Latex	O Airway patent
☐ Meds	Neuro/seizures
Wieds	☐ Sleep apnea
	Orthopedic
	(flag intraprocedure grounding pad/pad
	placement)
Food	Appliance
Dye (radiology)	O Neck
Other	O Back
Other	Upper extremity
	Left
	Right
	Lower extremity
	O Left
	Right
Previous medical procedures	
Mastectomy	Significant family history
O Right	Colorectal cancer
O Left	Gardner syndrome
Shunt	Peutz-Jaegers Disease
Right	



	□ Drugs
Medications	O Yes
Anticoagulants	☐ History of (free text)
O Aspirin	O None
O Coumadin	Tobacco
O Plavix	Amount (free text)
O Heparin	O Years
Date last taken	None
☐ Time last taken	
Herbals	History of:
Date last taken	Glaucoma
Time last taken	☐ Previous endoscopic procedures (list)
MAO inhibitors	Previous surgeries (list)
O Date last taken	<i>G</i> • • • • • • • • • • • • • • • • • • •
Time last taken	Comments:
Nonsteroidal anti-inflammatories	Comments.
O Date last taken	Condition upon arrival
Time last taken	Condition upon arrivar
Exposure to: HIV Hepatitis A Hepatitis B Hepatitis C Sexually Transmitted Disease	American Society of Anesthetists (ASA) Scoring (per physician) 1 2 3 4 5
TB	
Other (free text)	Aldrete scoring per facility choice
	Activity
Endocrine	Able to move 4 extremities (2)
Insulin dependent/non-insulin dependent	Able to move 2 extremities (1)
Last blood glucose	Able to move 0 extremities (0)
	Respiration
O Date	Deeply breaths, coughs freely (2)
O Time	O Dyspnea or limited breathing (1)
	O Apneic (0)
Substance use	Circulation
Alcohol	Systolic BP +/- 20 mmHg pre-
Amount (free text)	procedure level (2)
O None	Systolic BP +/- 20 mmHg to 50
Caffeine	mmHg pre-procedure level (1)
Amount (free text)	Systolic BP +/- 50 mmHg or more of
O None	pre-procedure level (0)



Consciousness Fully awake (2) Arises on calling (1) Unresponsive (0) Color Pink (2) Pale, dusky, blotchy, jaundiced (1) Cyanotic (0)	Sedation plan Moderate Deep General Local Topical General Assessment
 Arrived in unit with oxygen at liters How administered Cannula 	Skin temperature Warm Cool
MaskTracheostomyET tube	Skin status Dry Moist Intact
Pain No Yes Location Duration	 Yes No Body piercing (free text to note location) Other
☐ 0-10 ☐ What 0-10 would be acceptable for patient? ☐ Frequency	Follows command Yes No
 Symptoms relieved by Symptoms worsened by Description Free text 	Psychological state Agitated Anxious Cooperative Oriented Restless
Vital sign base line readings Blood pressure Pulse Respiratory rate O2 SAT	Tranquil Weight Stated Actual
Capnography (CO2)Temperature	Height ☐ Stated ☐ Actual



Pregnant	
□ No	O Site
☐ Yes	L Hand
Physician notified	R Hand
☐ Date of last menstrual period	L posterior forearm
-	R posterior forearm
Respiratory Assessment	L anterior forearm
☐ Clear	R anterior of forearm
☐ Congested	L anticubital space
_	R anticubital space
Abdominal assessment	Other
☐ Distended	Solution
Firm	□ D5/W
☐ Flat	Normal saline
Nontender	Lactated ringers
Round	□ D5 1/2 NS
□ Soft	□ D5 1/4 NS
☐ Tender	Packed red blood cells
	Platelets
Intravenous (IV) access	Fresh frozen plasma (FFP)
☐ Extremity restriction	Amount remaining
O Left	Rate ordered
O Right	Other
☐ New insertion	
☐ Time	Arrived with IV access in place
☐ Name of person inserting/credentials	Type of IV (need option for more than
☐ Type of IV	1 IV)
(need option for more than 1 IV)	Size
O Size	Number of attempts
Number of attempts	O Patency
O Patency	O Peripheral
O Peripheral	☐ Angiocath
☐ Angiocath	Butterfly
☐ Butterfly	Other
Other	Central
O Central	☐ Triple lumen
☐ Triple lumen	☐ Port
Port	



 Site □ L Hand □ R Hand □ L posterior forearm □ R posterior forearm □ L anterior forearm □ R anterior of forearm □ L anticubital space □ R antecubital space □ Other ○ Solution 	Risk/screen Abuse Physical Emotional Mental Verbal Sexual Fall risk Nutrition Psychosocial Comments:
D5/WNormal salineLactated ringers	Preparation for procedure ☐ NPO
D5 1/2 NS D5 1/4 NS Packed red blood cells Platelets Fresh frozen plasma (FFP) Amount remaining	 Last solid food Date Time Last liquids ingested Date Time
Rate orderedOther	Bowel prepTypePEG solution
Oral Assessment Dentures Yes Removed Upper Lower Loose teeth Yes Location Tongue pierced	Biscodyl tablets Biscodyl suppositories Fleets enema Fleets oral Citrate of Magnesia Tap water enemas Soap suds enemas Visical Other Taken as instructed Yes No Reason Description of last stool Consistency Liquid Semi-solid Solid



	O Color
	O Clear
	O Yellow
	O Brown
	Other
	Other
Re	view of lab results
	Within normal limits
	Within normal limits Physician notified of abnormality Not available
Н	Not available
	Not available
7 4	vance directives
_	Living will
	Yes
	O No
	Additional information provided for
	patient Patient does not wish more information
Н	Patient does not wish more information
	Durable power of attorney for medical
	affairs
т.	
Be	longings removed
	Dentures
	Glasses
Н	Hearing aids
	Other
	sposition
Н	With patient
	With significant other Other
	Who completed assessment
	ack staff with number system- unique
ide	ntifier per facility policy)
Co	mments:



Procedural information

INTRA-PROCEDURE

Procedure and Patient re-verified	Scopes
Yes	Scope utilized (drop down box with all
Patient	available scopes)
Physician	Not applicable
Family/significant other	Scope ID number
• 0	☐ Time scope inserted in patient
Verify allergies with patient	☐ Time endoscopist reached cecum (only
yes	for colonoscopy)
•	☐ Time scope removed from patient
Verify sedation planned	-
yes	Events/Occurrences
•	None
Verify consent forms signed	Abdominal pressure applied
Procedure	(link to colonoscopy/flex sigmoidoscopy
Sedation	procedures)
Observation (people in the room)	Allergic reaction
Permission to discuss findings with	Anatomical variances
	Compromised airway
Procedure Room number	Required airway support
Time entered room	ET tube
	Jaw lift
Personnel	Oral airway
Nurse (drop down menu, free text)	Nasal trumpet
GI Tech (drop down menu, free text)	AMBU bag
Radiology Tech	Dental injury
(drop down menu, free text)	Equipment malfunctioning
Attending physician	Equipment not available
(drop down menu, free text)	Failed sedation
Fellow (drop down menu, free text)	Anesthesia called
Pathologist (drop down menu, free text)	Procedure terminated
Resident (free text)	Incomplete bowel prep
Student (free text)	Incomplete procedure
Observer (free text)	Nausea
	O2 at 10%< baseline for 2 minutes or
	more and/or 85%
	Required cardiopulmonary resuscitation
	(airway and circulation)
	 Required cardiovascular medication
	administration
	(list of meds comes up when drug given)



Required reversal agent administration	☐ Stomach
(comes up when drug given)	 Esophagogastric junction
☐ Suspected aspiration	O Cardia
Suspected perforation	Body
☐ Unanticipated bleeding	Fundus
Uncooperative patient	Antrum
□ Vomiting	Pylorus
C	Random
Vital signs	O H Pylori
☐ Blood pressure	Duodenum
Heart rate	Duodenal bulb
Heart rhythm	Jejunum
Respiratory rate	☐ Biliary tract
O2 saturation	Ampulla
Capnography (CO2)	Common bile duct
Oxygen atliters	Common hepatic duct
Time initiated	Pancreatic duct
 Time discontinued 	Colon
 How administered 	Ileocecal valve
Cannula	Ascending
☐ Mask	Splenic flexure
Tracheostomy	Transverse
ET tube	Hepatic flexure
In some situations, ICU nurse will be asked	O Sigmoid
to stay to monitor patients in this condition;	Rectum
provision for linking to ICU documentation	☐ Anus
forms would be helpful.	Number of specimens from each site
Comments:	(minimum 0, maximum 60)
Specimens	Location (text)
(need option for multiple site selections with	
number of specimens and cm level 0-60)	Sent to laboratory for:
	Cytology
Organ	Pathology
Esophagus	Microbiology
Midcm	
O Proximalcm	Specimens labeled and documented
O Distalcm	(Labels to be generated by above
Random	information)
Or specimens at cm	
Specimens at cm	



Media	☐ Bicap hemostasis/heater probe
	Manufacturer
Documentation video of	O Serial #
	Probe size
#	Coagulation power (0-10)
Disposition	O Watts
To patient	
To archives	☐ Biopsy forceps
Documentation photo of	O Hot
	upper
#	lower
Disposition	Cold
O To patient	upper
O To archives	lower
O To chart	O Both
Comments:	 Manufacturer
Theremoutic devices	Identification code
Therapeutic devices	Number used
☐ Argon plasma coagulator	O Type
Serial #/ Unit ID	(drop down menu per institution)
O Manufacturer	(arop down menu per mismunon)
Site (pull from specimen list)	Capsule
O Gas Flow (check?)	Signal verified
O Watts	O Lot #
Seconds	Time ingested
O Pulses #	C
 Watt seconds (multiplication of watts 	Cautery
x seconds)	Manufacturer
	Serial # / Unit ID
O Balloons	Settings
Manufacturer	O Watts
Serial #	Monopolar
\square Size(s)	Cut (0-10 or range)
French	Coag (0-10 or range)
Length	Blend (0-10 or range)
PSI (Pounds per square inch)	Bipolar
☐ Time (minutes, seconds)	O Cut (0-10 or range)
	Coag (0-10 or range)
	Dlend (0-10 or range)



☐ Grounding Pad	Dilatation
O Placement	Balloons
☐ Thigh	Manufacturer
O L	Serial #
O R	\square Size(s)
Other	French
Skin preparation	Length
☐ Yes	PSI (Pounds per square inch)
□ No	Time (minutes, seconds)
☐ Not applicable	O Bougie
Skin condition at pad removal	Maloney
☐ Same as preprocedure	O French
☐ Erythematous	(multiple choice per institution, free text)
Abrasion	Hurst
Other	French
	(multiple choice per institution, free text)
Cytology brush	O Savary
O Manufacturer	Millimeters
Identification code	_
Number used	EMR Kit
Type (drop down per institution)	Manufacturer
Jr · · · · · r	Serial # / Unit ID
☐ Drain/stent	O Site
O Type	_
Biliary	Endocut
Colonic	Type of probe
Esophageal	Filter change
Nasal Biliary	Medications
Pancreatic	Epinephrine
Rectal	Normal saline
Manufacturer	_
O Serial #	☐ ERCP
French (customize - pull from	O Basket
inventory)	Serial #
cm	French
Length	Cannulas
2018	Serial #
	French
	Dilation catheter
	Serial #
	☐ French
	Papillatome



Serial # French	IncrementsNumber of injections
Stone retrievalBalloonSerial #French	Laser Serial # / Unit ID Manufacturer
 Foreign body retrieval Basket Biopsy forceps Magnet Net Rat tooth 	 Site Gas Flow (check□) Joules Seconds Pulses (#) Joules Seconds (multiplication of watts times seconds)
SnareTripodOther (free text)	Motility/manometry catheterTypeWater perfused
 Fine needle aspiration needle Manufacturer Serial # / Unit ID Size 	Solid state Placement Esophageal Location
Guide wires Manufacturer Serial # Size(s) Number Type	 ○ R Nares ○ L Nares ○ Oral ○ cm □ Rectal ○ cm □ Biliary □ Pancreatic
☐ Injection therapy ☐ Site (from specimen list) ☐ Needle serial # ☐ Size ☐ Medications/solutions ☐ Epinephrine ☐ Ethanolamine	Percutaneous endoscopic gastrostomy/jejunostomy Manufacturer Serial # French (range)
☐ India ink ☐ Normal saline ☐ Sodium morruate ☐ Sodium tetradecyl	pH ProbeManufacturerSerial #Unit ID



Placement	
Location	Respiration
R Nares	Deeply breaths, coughs freely (2)
L Nares	Dyspnea or limited breathing (1)
Oral	Apneic (0)
cm	Circulation
 On medications 	Systolic BP +/- 20 mmHg pre-
Yes	procedure level (2)
□ No	Systolic BP +/- 20 mmHg to 50
Time probe inserted	mmHg pre-procedure level (1)
 Date probe inserted 	Systolic BP +/- 50 mmHg or
Time probe removed	more of pre-procedure level (0)
 Date probe removed 	Consciousness
	Fully awake (2)
Snares	Arises on Calling (1)
Manufacturer	\square Unresponsive (0)
Serial #	O Color
O Size(s)	☐ Pink (2)
Number	Pale, dusky, blotchy,
О Туре	jaundiced (1)
	Cyanotic (0)
Spray catheter	
Acetylcysteline	Patient position(s)
Lugols solution	Decubitus
Methylene Blue	Fowlers
_	Lateral
☐ Variceal ligation	O Left
Banding	O Right
number of bands	Prone
site	Semi-fowlers
_	Supine
Standard equipment in room (optional to	Trendelenburg
list)	
Comments:	Oral suction
	Yes
Sedation monitoring	□ No
☐ Aldrete scoring	Transportation to recovery room
Activity	☐ Ambulatory
Able to move 4 extremities (2)	☐ Wheel chair
Able to move 2 extremities (1)	☐ Via stretcher with side rails up
\square Able to move 0 extremities (0)	•



Intravenous fluids	Sedation
(have system do the math to give total at	Diphanhydramine
end) (match pre-procedure list)	Droperidol IV
Solution	Fentanyl IV
O D5/W	Meperidine IV
Normal saline	Midazolam IV
 Lactated ringers 	Naxolone IV
O D5 1/2 NS	Promethazine IV
O D5 1/4 NS	Propofol
Packed red blood cells	Romazicon IV
Fresh frozen plasma	Other (free text)
O Platelets	Topical anesthetics
☐ Total amount infused	Benzocaine Spray PO
☐ Site	Lidocaine viscous
Other	2% Lidocaine jelly
	Other medications
Discontinued time	Acetylcysteline
Catheter tip intact	Atropine
Yes	Epinepherine IV
□ No	Lugols solution
Site with edema	Lidocaine injectable
☐ Yes	□ 2%
□ No	4%
Site with erythema	Methylene Blue
Yes	Sincalide IV
□ No	• Free text
Medications	Radiation (Fluoroscopy)
(computer enter name of administrator/time	Patient shielded
of administration)	O Yes
Antibiotics	O No
(list most common used per institution)	O Not applicable
Bowel prep	Fluoroscopy settings
Fleets enema	Contrast media
PEG solution	Amount
Interventional medications	O Type
Cholecystokinen	☐ Ionic
Glucagon	Full
Metaclopramide	O Half
Simethicone	Non-ionic
	Full
	O Half
	☐ Gastrograffin



☐ Total fluoroscopy time☐ Time out of roomComments:



POST-PROCEDURE	<u></u>
	24 hour pH
☐ Time admitted to recovery	Scheduled
•	Repeated
Procedure(s) performed	
(link to procedure(s) scheduled)	Vital signs
	☐ Blood pressure
☐ Capsule Endoscopy	Heart rate
Scheduled	☐ Heart rhythm
Repeated	Respiratory rate
Colonoscopy	O2 saturation
Scheduled	Capnography (CO2)
Repeated	Oxygen atliters
Emergency	(link from pre-procedure)
Dilation	O Time initiated
Scheduled	 Time discontinued
Repeated	 How administered
Emergency	Cannula
□ EGD	☐ Mask
Scheduled	Tracheostomy
Repeated	ET tube
Emergency	Skin temperature
□ ERCP	O Warm
Scheduled	O Cool
Repeated	Skin status
Emergency	O Dry
□ EUS	O Moist
O FNA	Intact
Scheduled	☐ Yes
Repeated	□ No
☐ Flexible sigmoidoscopy	Body piercing
Scheduled	(free text to indicate location)
Repeated	Other
Emergency	
■ Manometry and Motility	Additional Tests
Biliary	□ EKG
Esophageal	Glucometer
Rectal	Blood glucose level
Scheduled	O Time
Repeated	Other
	Lab (drop menu with list)
	Radiology (drop menu with list)



Discharge instructions	Emergency follow up indicated for:
(be sure JCAHO requirements are covered	(examples – customize for individual
here)	facility)
	Any gastrointestinal bleeding > 1
Diet (can choose more than one)	tablespoon
☐ As tolerated	Any pain or red streaks near your IV site
Clear liquid	■ Nausea or vomiting lasting over 2 hours
Full liquid	Referred pain to shoulder/neck area
Gluten free	Severe or unusual abdominal discomfort
High fiber	or pain
Low fiber	Temperature over 101 degrees F
Low fat	Call Dr.
Return to normal	
☐ Small frequent meals	immediately at phone #
Soft	Post procedure touching
Other (free text)	Post procedure teaching Date
	☐ Time
Limitations (These are examples –	☐ Method
customize for individual institution)	O Verbal
•	O Video
☐ Do not drive any vehicle, drink alcohol,	O Written
operate any dangerous equipment - such as	☐ Verbalizes understanding
power tools, lawn mowers, etc., or make any	☐ Individuals present for teaching
major decisions for at least 12 hours.	O Patient
Do not eat any solid food for one hour	O Spouse
following the completion of the procedure.	O Parent
Do not take any aspirin, Advil, Nuprin,	O Child
Alleve, BC powder, or ibuprofen for 7 days.	O Sibling
Tylenol is acceptable.	O Friend
Fluids – encourage to drink	Significant other
☐ Medication instructions	Teaching content verbalized as
Prescriptions provided	understood by:
Rest at home for the next 12 hours	O Patient
	O Spouse
Questions invited and answered	O Parent
O Yes	O Child
O No	O Sibling
Narrative (text)	O Friend
	Significant other
Follow up appointment	Significant other
Office	
Procedure	



☐ Potential barriers to learning	Readiness for discharge greater than 2
Anxiety level	hours
Cognitive ability	☐ Vomiting
O Hearing	Comments:
O Language	
Primary language	Discharge
☐ Translator utilized	☐ Inpatient
Sight	Returned to room
☐ Teaching content	Admitted to ICU
(drop-down menu with common discharge	 Transferred to another facility
instruction worksheets to identify which	Transported by
one(s) were given to the patient/family/etc.)	RN
People present for teaching	□ LVN
(write in names)	Tech
	Other
Post procedure devices in place	Outpatient
(those inserted during procedure)	Home
☐ ET tube	Admitted to room
□ PEG/PEJ	Admitted to ICU
Rectal tube	Returned to ER
☐ Stent (link to intraprocedure entry)	Transferred to another facility
	Accompanied by (specify name)
Post procedure devices retrieved	Family
☐ Discharged with devices in place	Significant other
Retrieved prior to discharge	Ambulance staff
ET tube	Transportation
O PEG/PEJ	Public
Rectal tube	Private
Stent (link to intraprocedure entry)	Mode
	Ambulatory
Occurrences	Wheel chair
Admitted to hospital	_ O Stretcher
Allergic reaction	Report
Anesthesia	Called
Aspiration	Given to
Bleeding	Given by
Code	Not applicable
Flumazemil administration	
Intubation	
☐ IV infiltration	
Naloxone administration	
Nausea	
Perforation	



Assessment	Aldrete scoring
Abdominal assessment	☐ Activity
O Soft	Able to move 4 extremities (2)
O Firm	Able to move 2 extremities (1)
Round	Able to move 0 extremities (0)
O Flat	Respiration
Distended	Deeply breaths, coughs freely (2)
Tender	Dyspnea or limited breathing (1)
Nontender	O Apneic (0)
O Ascites	☐ Circulation
Passing flatus	Systolic BP +/- 20 mmHg pre-
☐ Gag reflex present	procedure level (2)
☐ Tolerating PO fluids	Systolic BP +/- 20 mmHg to 50
-	mmHg pre-procedure level (1)
Intravenous access	O Systolic BP +/- 50 mmHg or more of
\square Site(s)	pre-procedure level (0)
□ Solution	Consciousness
O D5/W	Fully awake (2)
Normal saline	O Arises on Calling (1)
Lactated ringers	O Unresponsive (0)
O D5 1/2 NS	□ Color
O D5 1/4 NS	O Pink (2)
Packed red blood cells	Pale, dusky, blotchy, jaundiced (1)
Fresh frozen plasma (FFP)	O Cyanotic (0)
Other	
☐ Total amount infused	Pain
☐ Total amount remaining (system should	□ No
calculate from amt. hung and amt.	☐ Yes
infused.)	Control Location
☐ Discontinued time	Duration
Type of dressing applied	□ 0-10
Catheter tip intact	☐ What 0-10 would be acceptable?
O Yes	Frequency
O No	Symptoms relieved by
Site with edema	 Symptoms worsened by
O Yes	Description
Site care instructions offered	Free text
O No	
Site with erythema	Belongings returned
O Yes	Dentures
Site care instructions offered	Glasses
	☐ Hearing aids
	Other



Discharged by: (drop down menu with list of

staff)

Comments: