

<b>Endoscopy Nursing Procedure &amp; Recovery Room Record OUTPATIENTS</b>	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	D.O.B. / /	M.O.
	ADDRESS	
	LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

<b>Fasting Status</b>	Date	Time	<b>Bowel Prep</b>	N/A <input type="checkbox"/>	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Good Result: Yes <input type="checkbox"/> No <input type="checkbox"/>
Solids		:	<b>Prep Type</b>	Glycoprep <input type="checkbox"/>	Picoprep <input type="checkbox"/>	Prepkit C <input type="checkbox"/>
Fluids		:	<b>Fleet Enema</b>	N/A <input type="checkbox"/>	Given <input type="checkbox"/>	Good Result: Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Admission Observations</b>	Time	BP	Pulse	% SPO <sub>2</sub>	Temp °C (ERCP)	BSL mmol/L	ECG Attended <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Discharge Plan</b>							
<b>Relationship</b>							
<b>Contact Numbers</b>							

<b>ADDITIONAL INFORMATION</b>	
<b>ADMITTING NURSE</b>	<b>SIGNATURE</b>

**TIME-OUT TO BE COMPLETED ON ARRIVAL  
IN PROCEDURE ROOM**

*AFFIX CORRECT PATIENT, PROCEDURE & SITE STICKER HERE*

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<b>Procedure:</b>	Procedure Room:
Time-out Completed: Y <input type="checkbox"/> N <input type="checkbox"/>	Time of Arrival in Pro Room:
Instrument No's:	<b>ATTENDING STAFF</b>

<b>IV Cannula</b>	Type _____	Site _____
<b>Monitoring</b>	Pulse Oximetry <input type="checkbox"/>	Automated BP <input type="checkbox"/>
	Capnography <input type="checkbox"/>	ECG <input type="checkbox"/>
	No Monitoring <input type="checkbox"/>	
<b>Oxygen _____ L/Min</b>	Nasal Cannula <input type="checkbox"/>	Hudson Mask <input type="checkbox"/>
<b>Throat Spray</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Time: _____

<b>TIME</b>	:	:	:	:	:	:	:	:	<b>TOTAL</b>
Midazolam mg									mg
Fentanyl mcg									mcg
Propofol mg									mg

This is a record of administration only.  
All medications must be charted on national in-patient medication chart & signed by medical officer

MEDICATION	DOSE	ROUTE	TIME

<b>IV FLUIDS</b>	TYPE:	RATE:
	VOLUME:	

<b>SPECIMENS TAKEN</b>	Sites:
<input type="checkbox"/> Biopsies	
<input type="checkbox"/> Polypectomy	
<input type="checkbox"/> EMR	
<input type="checkbox"/> FNA	
<input type="checkbox"/> Clo-test	
<input type="checkbox"/> Cyto brushings	
<input type="checkbox"/> Cyst Aspirate	
<input type="checkbox"/> Washings	<input type="checkbox"/> Microbiology <input type="checkbox"/> Cytology
Other:	

<b>TIME</b>																				
<b>Blood Pressure &amp; Pulse</b>	210																			
	200																			
	190																			
	180																			
	170																			
	160																			
	150																			
	140																			
	130																			
	120																			
110																				
100																				
90																				
80																				
70																				
60																				
50																				
40																				
30																				
<b>RR/MIN</b>																				
<b>SPO<sub>2</sub> %</b>																				
<b>O<sub>2</sub> L/MIN</b>																				

<b>THERAPEUTIC INTERVENTIONS</b>	Site:
<input type="checkbox"/> Dilatation	
<input type="checkbox"/> Banding	
<input type="checkbox"/> Sclerotherapy	
<input type="checkbox"/> Clips	
<input type="checkbox"/> Gold probe	
<input type="checkbox"/> APC	
<input type="checkbox"/> Stent: <input type="checkbox"/> Plastic <input type="checkbox"/> Metal	
Site:	
<input type="checkbox"/> Diathermy pad:	
<input type="checkbox"/> Removed: <input type="checkbox"/> Site inspected	

<b>INFORMATION FOR RECOVERY</b>
Consciousness: Awake/Alert <input type="checkbox"/> Drowsy <input type="checkbox"/>
Other <input type="checkbox"/> .....
SIP Test <input type="checkbox"/> Time: .....
NBM <input type="checkbox"/> Clear Fluids <input type="checkbox"/> Normal Diet <input type="checkbox"/>
Additional Instructions:

Holes punched as per A52828-1999  
 BINDING MARGIN - NO WRITING

