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| **PROVIDER ORDERS** **TV ENDOSCOPY and MANOMETRY/PH PREPROCEDURE ORDERS** |
| **Email all TV orders to:** **TVEndoScheduling@slhs.org****.**  Email subject line: Site/Provider/Procedure/Date/Patient Name/DOB (Sample: BMC Endo/Provider Name/colonoscopy/05-15-2024/Smith/08-22-1963.) Please do not fax. For urgent cases call the numbers below (daytime only): |
| [ ]  **Boise Endo**  Phone: 208-381-2064 | [ ]  **Meridian Endo**   Phone: 208-706-2124 |  [ ]  **Meridian Surgery Center –** Manometry/PH only Phone: 208-706-8101 | [ ]  **Nampa Endo**  Phone: 208-205-7570 |
| **\*\*\* Does patient have a CIED or Pacemaker? No** [ ]  **Yes** [ ]  **\*If Yes select one:** [ ]  **Defibrillator** [ ]  **Pacemaker** |
| Patient Name (First, Middle Initial, Last):  | Date of Birth:  |
| Patient Phone Number:  |
| Date/Time Surgery Requested:  | Date/Time Surgery Scheduled:  |
| Provider Name:  |
| Case Number:  |
| Weight: kg | Height: cm |
| Diagnosis & ICD-10 Code(s):  |
| Allergies:  |
| Interpretation Services - Language: [ ]  Yes [ ]  No If yes, what language:  |
| **Anesthesia** [ ]  **N/A** |
| [ ]  General Anesthesia | [ ]  Monitored Anesthesia Care (MAC) |
| [ ]  Local with Conscious Sedation (No anesthesia resource involved) | [ ]  Other: |
| **Ancillary Referrals (Pre-Admission Testing)** |
| [ ]  PAT Phone Call[ ]  Pre-Admission Testing (PAT) Appointment Request[ ]  Ambulatory Referral to Perioperative Medicine (Clinics – please complete Perioperative Medicine Consult Request Form, located at [www.stlukesonline.org/for-providers](http://www.stlukesonline.org/for-providers) > Transferring and Referral) |
| **Preadmission Testing** [ ] **N/A** |
| [ ]  CBC | [ ]  Urinalysis w/C&S if indicated |
| [ ]  APTT | [ ]  MRSA and SA Screen by PCR |
| [ ]  Protime-INR  | [ ]  Type & Screen + ABOCAP if not filed in EHR |
| [ ]  Basic Metabolic Panel | [ ]  XR chest 2 view |
| [ ]  Comprehensive Metabolic Panel | [ ]  ECG 12 lead (obtain if no ECG results within 30 days) |
| [ ]  Glycohemoglobin A1C | [ ]  ECG 12 lead (obtain if no ECG results within 6 months) |
| [ ]  Hepatic Function Panel | [ ]  COVID-19 Symptomatic ☐ Priority 1 ☐ Priority 2 |
| **Vital Signs (pre-op)**   |
| [x]  Routine, per unit standard |
| **Diet (pre-Op)** |
| [x]  Adult NPO Diet, sips with meds | * Other:
 |
| **Verified Procedure Consents (exact wording for surgery consent)** |
| [ ]  Esophagogastroduodenoscopy | [ ]  Endoscopic Ultrasound with Fine Needle Aspiration |
| [ ]  Colonoscopy | [ ]  Esophageal Manometry |
| [ ]  Endoscopic Retrograde Cholangiopancreatography | [ ]  Esophageal Manometry with Fluoroscopy (hx bariatric surgery) |
| [ ]  Percutaneous Endoscopic Gastrostomy Tube Placement | [ ]  24 Hour pH Study |
| [ ]  Flexible Sigmoidoscopy | [ ]  Off Proton Pump Inhibitor |
| [ ]  Other:  |
| **Procedure Code** |
|  CPT Code(s):  |

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| **PROVIDER ORDERS** **TV ENDOSCOPY and MANOMETRY/PH PREPROCEDURE ORDERS** |
| Patient Name (First, Middle Initial and Last): Date of Birth:   |
| **Respiratory Interventions (Preprocedure)** |
| [ ]  Adult oxygen therapy (general) Routine, PRN  |
| **Labs (Preprocedure / Day of Surgery) ☐ N/A** |
| [ ]  CBC | [ ]  Hepatic Function (>27 DAYS OLD) | [x]  POCT urine pregnancy (Females age 12-55) |
| [ ]  Comprehensive Metabolic Panel | [ ]  Renal Function Panel  | [ ]  COVID-19 Symptomatic [ ]  Priority 1 [ ]  Priority 2 |
| [ ]  Basic Metabolic Panel  | [x]  POCT blood glucose (for diabetic patients) |  |
| [ ]  Electrolyte Profile | [ ]  POCT PT/INR  |   |
| [ ]  Other: |

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| **IV (Preprocedure)** |
| [x] Initiate IV Protocol - Adult | [x] Lactated Ringer’s Infusion 1000ml bag at 25ml/hr  |
| [ ] Local Anesthetics[ ]  Norflurane-pentafluoropropane (Pain Ease) topical spray 1 spray [ ]  Sodium Chloride bacteriostatic 0.9% injection 0.1mL | [ ] sodium chloride 0.9% Infusion 500ml bag at 25ml/hr |
| **Antibiotics (Preprocedure) ☐ N/A** |
| [ ]  Drug Name/dose/route: |
| **Antiemetic (Preprocedure)** [ ]  **N/A** |
| [x]  ondansetron (ZOFRAN) IV 4 mg, every 6 hours PRN, Nausea, vomiting | [ ]  IV palonosetron (ALOXI) 0.075mg, IV, Once |
| [ ]  Other:  |
| **Manometry (Preprocedure)** |
| [ ]  Afrin nasal spray 2-3 times in each nostril, PRN | [ ]  Oral Viscous Lidocaine 2% solution, (40mg/ml) 5ml cup, every 4 hours, PRN |
| **Additional Orders (any medication orders must include medication, dose, route, and phase of care) ☐ N/A** |
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| **PROVIDER SIGNATURE:****DATE: TIME:** |