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| **PROVIDER ORDERS**  **TV ENDOSCOPY and MANOMETRY/PH PREPROCEDURE ORDERS** | | | | | | | | | | |
| **Email all TV orders to:** [**TVEndoScheduling@slhs.org**](mailto: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 |
|  | | | | | | | | | | |
| 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: | | | | | | | | | | |
| 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  Ambulatory Referral to Pre-Admission Testing Clinic  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 | | | | | |
| **Code Status (Pre-Op)** | | | | | | | | | | |
| Full Code | | Modified Code | | | | | | DNR/DNI | | |
| **Diet (pre-Op)** | | | | | | | | | | |
| 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: | | |
| **Labs (Preprocedure / Day of Surgery) ☐ N/A** | | |
| CBC | Hepatic Function (>27 DAYS OLD) | POCT urine pregnancy (Females age 12-55) |
| Comprehensive Metabolic Panel | Renal Function Panel | COVID-19 Symptomatic  Priority 1  Priority 2 |
| Basic Metabolic Panel | POCT blood glucose (for diabetic patients) |  |
| Electrolyte Profile | POCT PT/INR |  |
| Other: | | |

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| **IV (Preprocedure)** | | |
| Initiate IV Protocol - Adult | Lactated Ringer’s Infusion 1000ml bag at TKO | |
| Local Anesthetics  Norflurane-pentafluoropropane (Pain Ease) topical spray 1 spray  Sodium Chloride bacteriostatic 0.9% injection 0.1mL | Other: | |
| **Antibiotics (Preprocedure) ☐ N/A** | | |
| Drug Name/dose/route: | | |
| **Antiemetic (Preprocedure)  N/A** | | |
| ondansetron (ZOFRAN) IV 8 mg x 1 dose | | Other: |
| **Manometry (Preprocedure)** | | |
| Afrin nasal spray 2-3 times in each nostril, PRN | | Oral Viscous Lidocaine 2% solution, (40mg/ml) 5ml cup |
| **Additional Orders (any medication orders must include medication, dose, route, and phase of care) ☐ N/A** | | |
|  | | |
| **PROVIDER SIGNATURE:**  **DATE: TIME:** | | |