

McLaren Print System Order**Order No: 70334 Reprint Previous Order No: 70307****Order Date: 2022-06-10****User: Rebecca Kleeves****Phone: 8199893360****Ship Location: McLaren Port Huron 2S Surgical Services office Attn: Becky Kleeves
1221 Pine Grove Ave
Port Huron, MI 48060-3568****Forms****Quantity: 500****Paragon Dept No: 22400****Dept Name: Surgical Services****Company Number: 480****Order Total Price: 94.75****Item Number: PH-1019****Item Description: Endoscopy Procedure Record****Revision Date: 6/2022****Print: 1 sided black and white****Paper: 3 Part (White, Yellow, Pink)****Size: 8.5 x 11****Fold: None****Finish: None****Drill: None****Misc Info: SS, 8.5 x 11, 3 Part**



PORT HURON

1221 Pine Grove, Port Huron, MI 48060

Patient Identification

Endoscopy Procedure Record

Room Environment WNL Yes No - Maintenance notified

Date: _____ Admit Type: _____ Room # _____

MDA _____ CRNA: _____ Endoscopist/Physician _____

Endo Circulator: _____

Endo Tech/Aide: _____

X-ray Tech: _____

Other: _____

Allergies: _____

Height: _____ Weight: _____

Scope: _____

Pt In: _____ Proc Start: _____

Pt Out: _____ Proc Stop: _____

SPECIMENS:

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

Dx: _____

PROCEDURE:

- EGD DILATION EGD w/ PEG TUBE ERCP
 COLON LIVER BIOPSY BONE MARROW BIOPSY
 BRONCH BRONCH W/ FLUORO
 BRONCHIAL THERMOPLASTY - 1 2 3

OTHER: _____

SPECIMENS: N/A

- Bx ↑ ↓ Brush: _____
 Hot/Bx ↑ ↓ _____
 Wash/B.A.L.
 Irrigation
 Polyp w/Snare ↑ ↓ _____
 Oral Suction Dilation: _____ mm
 Blood Loss Minimal Other

ERCP/Bronch/EGD: N/A

- Omnipaque 300 mg/ml
 Lot No _____
 Expires _____
 Amt _____
 Fluoroscopy time _____
 Balloon _____ mm
 Stent
 Straight _____ FrX _____ c
 Pigtail _____ FrX _____ c
 Sphincterone _____ mm

ELECTROCAUTERY: N/A

- Unit # _____ Pad site _____
 Post Clear Other _____
 Endo Cut Coag _____
 Bicap Setting _____
 Argon Plasma

PEG: N/A

Size _____ Brand _____

Activation # _____

Complete # _____

Incomplete # _____

INJ/RX: N/A Amount TI

- Lidocaine _____
 Epinphrine _____
 Spot _____
 Sotradecol 3% _____

Notes: _____

Signature: _____ Date/Time: _____

