

## **GREATER LANSING**

## ENDOSCOPY OUTPATIENT PRE PROCEDURE CHECKLIST AND ASSESSMENT For Patients Scheduled for IVMAC Sedation

HT	WT	Т	Р	R	BP	O2 SAT	PREOP VISIT HISTORY REVIEWED:		INIT.
DRIVER/FAMILY PRESENT: VALUABLES GIVEN TO:								ORDERED	ON CHART
							PREOP TESTS:		/
ADVANCED D	DIRECTIVE?	Y N		l			PREGNANCY TEST		
DPOA Y N LIVING WILL Y N							FBS		
IF NO, INFO OFFERED INIT							POTASSIUM		
,		NUT	RITION -		LIC		EKG	+	
Special Diet?					TPN		COAGS	+	
Special Diet? PEG/NG Tube feeding TPN  Recent wt loss or gain (> 10 lbs in one month)  Y						N	OTHER:	+	-
Frequent nausea/vomiting (3 days or more)  Y						N		0.4005004	ENIT
· · · · · · · · · · · · · · · · · · ·							HOME CARE NEED	1	T
						N	Discharge needs satisfied	Υ	N
Dificulty swall	owing / pain wi				Y	N	Person responsible for home car	e, if applicable:	
		SOCIAL	WORK – A	BUSE NE	EGLECT				
Are there any concerns or fears for your safety at home?						N	Home base service needs:	Y	N
Within the last year, have you been hit, slapped, kicked or physically hurt by someone?					_	N	Nursing	Y	N
					1	N	DME	Y	N
Has anyone forced you to have sexual activity?						N	PROCEDURE EDUCATION (INITIAL):		
PAIN ASSESSMENT							COLONOSCOPY		
							EGD ERCP PARACENTESIS BONE MARROW BX		
Are you having pain? N Y Unable to respond									
If yes: Severity: 0–10 Where is the pain?									
Quality of pain: SHARP DULL BURNING ACHING OTHER									
How long have you had this pain?									
		•	*				REASON FOR PROCEDUR	E:	
							-		
ASSC	olated Sympton	ms:							
BASELINE PRE-DISCHARGE CRITERIA SCORE							NPO @ (TIME) PREP TYPE:		
Paramete	er		Res	sponse (pl	ease circle)				
Level of Consciousnes	Fully	Fully awake & oriented to time, place, person				2	ADEQUATE RESULTS?	Y	N
	Arous	Arousable on calling name				1	DAILY ASPIRIN USE Y		N
	Not re	Not responding to auditory stimulation				0	DATE STOPPED:		
Physical Activity	Move	s all extremities	on commar	nd		2	ANTICOAGULANTS: Y N		
	Some	Some weakness in movement to extremities			i	1	DATE STOPPED:		
	Unabl	Unable to voluntarily move extremities				0	DENTURES REMOVED	Y	N/A
Circulation	BP ± 3	BP ± 20% pre-sedation level (score in a 2)				2	GLASSES REMOVED	Y	N/A
	BP ± 3	BP ± 20–80% pre-sedation levels				1	PHYSICAL FINDING	3S / NARRAT	ΓIVE
	BP ±	BP ± pre-sedation level				0			
Respiratory	Able t	Able to take a deep breath & cough							
	Dyspr	Dyspnea or limited breathing				1			
	Apnei	Apneic of no spontaneous respirations				0			
Oxygen Saturation Status	Oxyge	Oxygen saturation ≥ 90% on room air or home O2				2			
	Oxyge	Oxygen saturation ≥ 90% with supplemental O2				1			
	Oxyge	Oxygen saturation ≤ 90% with supplemental O2				0			
Dain.	None	None or mild discomfort				2			
Pain Assessment	Mode	Moderate to severe pain controlled of IV meds				1			
		Persistent severe pain				0			
F	None	None or mild nausea with no active emesis				2			
Emetic Symptoms	Trans	Transient vomiting or retching				1			
- 3	Persis	Persistent moderate to severe nausea/vomiting				0			
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					TOTAL	·	Nurse's Signature		

ENDOSCOPY OUTPATIENT PRE PROCEDURE CHECKLIST AND ASSESSMENT

