

McLAREN FLINT
FLINT, MICHIGAN 48532
ENDOSCOPY

ENDOSCOPY PROCEDURE NURSING FLOW SHEET

Date: ___/___/___ Doctor: _____ GI Physician: _____

MDA: _____ CRNA: _____

Time in Lab: _____ Lab#: _____ Bedside: _____ Allergies: _____

<input type="checkbox"/> I.D. Band Checked <input type="checkbox"/> Consent Signed <input type="checkbox"/> Verbal I.D. <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> H&P	Immediate Pre-Sedation Vital Signs Time: _____			Personnel	
	WT: _____	Temp: _____	BP: _____	Name: _____	Name: _____
	HR: _____	RR: _____	O ₂ SAT: _____	Time: _____	Time: _____
	Heart Rhythm: _____	Aldrete Score: _____	ASA: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> E	Skin <input type="checkbox"/> Pink <input type="checkbox"/> Warm <input type="checkbox"/> Cold <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Other: _____	

Procedure		Patient Status On Arrival		IV <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Time Out: _____	
<input type="checkbox"/> EGD <input type="checkbox"/> Dilation _____	<input type="checkbox"/> Colon <input type="checkbox"/> EUS Procedure Start	<input type="checkbox"/> Alert <input type="checkbox"/> Anxious	<input type="checkbox"/> Relaxed <input type="checkbox"/> Confused	IV Fluids: _____	<input type="checkbox"/> Identity Stated <input type="checkbox"/> Band	
<input type="checkbox"/> ERCP <input type="checkbox"/> PEG _____	<input type="checkbox"/> Bronch <input type="checkbox"/> EBUS Procedure End	<input type="checkbox"/> Drowsy <input type="checkbox"/> No Verbal Response	<input type="checkbox"/> NPO <input type="checkbox"/> Yes <input type="checkbox"/> No	Start: _____	<input type="checkbox"/> Correct Procedure Confirmed	
<input type="checkbox"/> Flex SIG <input type="checkbox"/> Other: _____		<input type="checkbox"/> Since: _____		Finish: _____	<input type="checkbox"/> Consent <input type="checkbox"/> Correct Patent Position	
Specimens				Site: _____	Images Available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Biopsy: _____	Brushing: _____	Polyp: _____		Type: _____	Antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Specimen to Lab: _____	Dilation: _____	Sclerotherapy: _____		O ₂ Liter Flow: _____	Safety Precautions (Meds, PT, HX) <input type="checkbox"/> Yes	
Other: _____				<input type="checkbox"/> Nasal <input type="checkbox"/> Mask		
				Medication	Time	Route
				Mylicon		
				Pontocaine		

<input type="checkbox"/> EUS	Scope # _____
<input type="checkbox"/> EBUS nodes	Scope # _____
<input type="checkbox"/> 1 <input type="checkbox"/> R <input type="checkbox"/> L Size: _____	Scope # _____
Location: _____	Scope # _____
<input type="checkbox"/> 2 <input type="checkbox"/> R <input type="checkbox"/> L Size: _____	Radiology Technician
Location: _____	X-Ray <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 4 <input type="checkbox"/> R <input type="checkbox"/> L Size: _____	Tech: _____
Location: _____	Post-Op Status
<input type="checkbox"/> 7 <input type="checkbox"/> R <input type="checkbox"/> L Size: _____	<input type="checkbox"/> No Change <input type="checkbox"/> Alert
Location: _____	<input type="checkbox"/> Awake
<input type="checkbox"/> 11 <input type="checkbox"/> R <input type="checkbox"/> L Size: _____	<input type="checkbox"/> Sleepy/Arousable
Location: _____	<input type="checkbox"/> Not/Arousable
<input type="checkbox"/> 12 <input type="checkbox"/> R <input type="checkbox"/> L Size: _____	Patient Discharged to:
Location: _____	<input type="checkbox"/> PACU/POCU <input type="checkbox"/> Floor
	<input type="checkbox"/> Other: _____
	Time left Lab: _____

ESU Unit: _____ Setting: _____ COAG
 Grounding Pad Site: _____ CUT
 Grounding Pad #: _____ Bi-Polar
 Equipment Used - Snare: _____ Hot Biopsy: _____
 Other: _____

Narrative: _____

Signature: _____ Date: ___/___/___



