McLAREN FLINT FLINT, MICHIGAN 48532

ENDOSCOPY

ENDOSCOPY PROCEDURE NURSING FLOW SHEET

Date: / /	_ Do	octor:	GI Physician:										
	MDA:					CRNA:							
Time in Lab:	_ La	.b#:	Bedside:	Allerg	gies:								
☐ I.D. Band Checked		Immediate Pre-Sedation Vital Signs Time:					Personnel						
☐ Consent Signed WT: ☐ Verbal I.D. ☐ Outpatient HR:			Temp:	emp: E		BP:		Name:			Name:		
							Time:			_	Time:		
			RR:		O2 SAT:		Name:				Name:		
☐ Inpatient☐ H&P	Heart Rhythm:		Aldrete Score:		ASA: □1 □2 □3 □4 □5 □E			□ Pi	Pink □ Warm □ Cold □ N			☐ Moist	
Proc		Pat	ient Status On A	t Status On Arrival		Yes □ No		Final Time Out:					
☐ EGD ☐ Dilati		□Alert	Anxious	Anxious		IV Fluids:					Band		
☐ Colon ☐ EUS Proc		ocedure Start	cedure Start		I ☐ Confused		Start:		☐ Correct Procedure Confirm			rmed	
□ ERCP □ PEG			☐ Drows	y 🗆 No Verbal			Finish:		☐ Consent ☐ Correct Pater			atent Position	
☐ Bronch ☐ EBUS Procedui		ocedure End	NPO □	Yes □ No		0.0		Images Available ☐ Yes ☐ N					
☐ Flex SIG ☐ Other:			Since: _			Type:			-				
	Specimen	s				O2 Liter Flow:		Antibiotics ☐ Yes ☐ No			_		
Biopsy: Brush		ushing: Poly		Polyp:	ур:		sal 🗆 Mask		Safety Precautions (Meds, PT, HX)			HX) ∐Yes	
Specimen to Lab: Dilation:		Dilation:	Sclerotherapy:			Medication		Tim	e Rou	te	Dose	Initial	
Other:						Mylicon							
						Pontocaine							
☐ EUS Scope #		ESU Unit:							Setting:		□ COAG		
☐ EBUS nodes		Soone #		1	Grounding Pad Site:				•				
		Scope #		ı	Grounding Pad #:							☐ Bi-Polar	
□ 1 □ R □ L Size:		Scope #		1	Equipment Used - Snare:					Hot Biopsy:			
Location:		Scope #	Other:	Other:									
□ 2 □ R □ L Size:		1	Narrative:										
Location:		X-Ray □ Ye	es ⊔No	l ——									
 □ 4 □R□LSi	ize:	Tech:											
Location:		Post-Op Stat	us										
		☐ No Change	e	t									
☐ 7 ☐ R ☐ L Size: Location:		□Awake		———									
		☐ Sleepy/Arousable											
		☐ Not/Arousa											
□ 11 □R□LS 	Size:	Patient Disch	narged to:	—									
Location:													
 □ 12 □R□L Si	ize:	☐ Other:											
Location:		Time left Lab:		Signature:	Signature:				Date:		/	/	
											·	·	



PT.

MR.#/P.M.

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DATE	TIME	COMMENTS								
		Modified Aldrete Scores								
			NOTE: Must be done pre and post procedure to determine readiness to be discharged from the immediate "recovery" area.							
		Category		Pre	Post					
			Fully awake and oriented to time, place, person	2	2					
		LOC	Arousal on calling name	1	1					
			Not responding to auditory stimulation	0	0					
			Moves all extremities on command	2	2					
		Physical Activity	Some weakness in weakness in movement of extremities	1	1					
		7 tourney	Unable to voluntarily move extremities	0	0					
			BP ± 20% pre sedation level (baseline = 2)	2	2					
		Circulation	BP ± 20 - 50% pre sedation level	1	1					
			BP ± 50% pre sedation level	0	0					
			Able to take deep breath and cough	2	2					
		Respirator	Dyspnea or limited breathing	1	1					
			Apneic or no spontaneous respirations	0	0					
		Oxygen	O₂ sat ≥ 90% on room air or home O₂ regimen	2	2					
		Saturation	O₂ sat ≥ 90% with supplemental O₂	1	1					
			O₂ sat ≤ 90% with supplemental O₂	0	0					
		Pain	None or mild discomfort (0-2 on pain scale)	2	2					
		Assess-	Moderate to severe pain controlled with IV analgesics (3-6 on pain scale)	1	1					
			Persistent severe pain (7-10 on pain scale)	0	0					
		Emetic	None or mild nausea with no emesis	2	2					
		Symptoms		1	1					
			Persistent moderate/severe nausea or vomiting	0	0					
			Total Score							



DR.

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