



Endo Packet

This packet contains:

- 17464 Informed Consent for Gastrointestinal Endoscopy (2/2021)
- 17466 Patient Evaluation Form (10/2016)
- M-1708-212 Anesthesia - Routine (4/17/2017)
- 17493 Endoscopy History and Physical (10/2016)

McLaren Flint
 Flint, Michigan 48532
INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as Gastrointestinal Endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. The samples are sent for laboratory study to determine if abnormal cells are present.

To keep you comfortable during the procedure, an Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA), or a Registered Nurse directed by the physician will administer medication for monitored anesthesia care, conscious sedation or general anesthesia. I understand that anesthesia bears some risk of injury, allergic reaction or rarely death.

Brief Description of Endoscopic Procedures

1. EGD (Esophagogastroduodenoscopy): Examination of the esophagus, stomach and duodenum. If active bleeding is found, coagulation by heat may be performed.
2. Esophageal Dilatation: Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
3. Flexible Sigmoidoscopy: Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications.
5. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current.

Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal Endoscopy is generally a low risk procedure. However, all of the below complications are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indication for Gastrointestinal Endoscopy. You must ask your physician if you have any unanswered questions about your test.

1. **Perforation:** Passage of the instrument may result in an injury to the Gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs infection can develop, and/or surgery to close the leak and/or drain the region is usually required.
2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilatation. Management of this complication may consist only of careful observation, or may require transfusions or possibly a surgical operation.
3. **Medication Phlebitis:** Medications used for sedation may irritate the vein in which they are injected. This causes a red painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.
4. **Conscious Sedation Medication and Pregnancy:** I understand that there are risks involved with sedation medication and to my knowledge I am not pregnant. I will allow a urine pregnancy test to be performed prior to my procedure.
5. **Other Risks:** Include drug reactions and complications from other diseases you may already have. Instrument failure and death are extremely rare but remain remote possibilities.

You must inform your physician of all your allergic tendencies and medical problems.

Alternatives to Gastrointestinal Endoscopy

Although Gastrointestinal Endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or misdiagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

For the purpose of advancing medical education, I consent to the admittance of approved observers to the Operating Room. I consent to the photographing or video taping of the procedure, for medical scientific or educational purposes, provided my identity is not revealed by the pictures or descriptive text accompanying them. I consent to the disposal of any tissue which is removed in accordance with the medical staff rules and regulations. I certify that I understand the information regarding Gastrointestinal Endoscopy and sedation. I have been fully informed of the risks and possible complications of my procedure.

I hereby authorize / permit:

<input type="checkbox"/> Haitham Al Midani, MD	<input type="checkbox"/> Smit Singla, MD	<input type="checkbox"/> Nathan Landesman, DO	<input type="checkbox"/> Mark Minaudo, DO	<input type="checkbox"/> Mustafa Alnounou, MD
<input type="checkbox"/> Ghanem Almounajed, MD	<input type="checkbox"/> Abdelmajid Jondy, MD	<input type="checkbox"/> John Macksood, DO	<input type="checkbox"/> Michael Mueller, MD	<input type="checkbox"/> Adil Abdalla, MD48
<input type="checkbox"/> Dilip Desai, MD	<input type="checkbox"/> Sunil Kaushal, MD	<input type="checkbox"/> Sreenivas Mannam, MD	<input type="checkbox"/> Michael Neumann, DO	
<input type="checkbox"/> Zouheir Fares, DO	<input type="checkbox"/> Michael Kia, DO	<input type="checkbox"/> Mark Mattingly, MD	<input type="checkbox"/> Derek Thigpin, DO	
<input type="checkbox"/> Jamal Farhan, MD	<input type="checkbox"/> Derek Korte, DO	<input type="checkbox"/> Justin Miller, DO	<input type="checkbox"/> Mamoon Elbedawi, MD	

and whomever he/she may designate as his/her assistant, residents, medical students or designee to perform upon me the following:

<input type="checkbox"/> Upper Endoscopy Esophagogastroduodenoscopy (EGD) with possible dilation, possible biopsy	<input type="checkbox"/> Esophageal Manometry
<input type="checkbox"/> Colonoscopy with possible biopsy, possible polypectomy	<input type="checkbox"/> Upper Endoscopy with 96 hour ph study
<input type="checkbox"/> Flexible/rigid sigmoidoscopy	<input type="checkbox"/> Pill Cam Endoscopy
<input type="checkbox"/> Upper Endoscopy w/Botox	<input type="checkbox"/>

If any unforeseen condition arises during the procedure calling for, in the physician's judgment, additional procedures, treatments, or operations, I authorize him to do whatever he deems advisable. I consent to transfer to McLAREN FLINT in the event my condition warrants such a transfer. I am aware that the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the result of this procedure

Patient / Legally Authorized Representative Signature (check one)

Representative's Relationship to Patient

Date: _____ Time: _____

 Physician Signature Date/Time

 Anesthesia Provider Signature Date/Time



PT.
 MR.#/RM.
 DR.

McLaren Flint
Patient Self Assessment

PLEASE COMPLETE ALL HISTORY INFORMATION IN BLACK INK AND RETURN BY MAIL OR FAX UPON RECEIPT

Patient Name: _____
Surgery/Procedure _____ Reason for: _____
History of Surgical Procedures _____

Height _____ Weight _____ BMI _____ Cardiologist Name _____
Primary Care Physician _____ Phone _____

Allergies & Reactions Latex Tape Eggs Peanuts _____

NEUROLOGICAL YES NO
Seizures
Stroke/TIA/Mini Stroke
Numbness or Tingling
Fainting spells
Neuromuscular diseases
Anxiety
Chronic pain / Fibromyalgia
Comments: _____

ENT YES NO
Loose, Chipped, or Missing Teeth
Dentures or Partials
Problems Opening or Closing your mouth
Comments: _____

LUNGS YES NO
* Do you require supplemental oxygen 24 hours a day?
Asthma, Cough, Cold, or Wheezing
Shortness of breath
COPD
*Sleep Apnea; use CPAP/BiPAP Machine
Smoker: amt: _____ yrs. _____
Comments: _____

CARDIAC YES NO
* Do you get short of breath or have chest doing light housework or other activities of daily living?
* Have you been hospitalized in the last 3 months for congestive heart failure, heart attack or an angioplasty?
* Has there been a decrease in activity in the last 3 months?
* Chest pain or Angina (related to your heart)
Heart surgery; bypass or Valve replacement
Arrhythmias, Pacemaker, or AICD
Heart Cath., Stents, Stress Test
High blood pressure
Comments: _____

GASTROINTESTINAL YES NO
Hiatal Hernia or Ulcer
Cirrhosis
Comments: _____

ENDOCRINE/METABOLIC YES NO
* Kidney problems or Dialysis
Diabetes Type _____
Thyroid disease
Comments: _____

MUSCULOSKELETAL YES NO
Arthritis
* Muscle disease/Muscular Dystrophy
Limitation in movement
Comments: _____

COMMUNICABLE DISEASES YES NO
Do you have any signs of infection; fever, open wounds, recent flu or upper respiratory infection?
Do you have difficulty fighting off infection due to a chronic condition?
Are you being treated for any contagious diseases?
*MRSA
Tuberculosis
Hepatitis What type _____
Comments: _____

ANESTHESIA YES NO
Difficult Intubation
Nausea or vomiting
Family/Personal History of Malignant Hyperthermia
Comments: _____

ALCOHOL USE YES NO
Frequency: _____
Substance Abuse
Comments: _____

OTHER YES NO
Bleeding, Anemia, or Sickle Cell disease
*Are you Pregnant?
Last Menstrual Cycle _____ N/A
Comments: _____

Patient Signature: _____

Date: _____ Time: _____



McLaren Flint
Pre-Op Anesthesia Evaluation

Pre Op Vital Signs	BP:	P:	Resp:	SpO2:	Temp:	NPO Since:	Pain Scale:
ASA Rating	1 2 3 4 5	<input type="checkbox"/> Potential Difficult Intubation		Anesthesia Plan: GA SP Epi Block MAC			
Mallampati	I II III IV	Poor Dentition <input type="checkbox"/> Yes <input type="checkbox"/> No					
Anesthesia plan, risks, and benefits discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian							
Comments:							
Systemic Review		Unremarkable		Abnormal Finding			
Mental Status (Orientated x 3)							
Nervous System							
Cardiovascular							
Respiratory							
Gastrointestinal							
Genitourinary							
Musculoskeletal							
Other							
Physical Exam		Unremarkable		Abnormal Finding			
HEENT							
Heart							
Lungs							
Abdomen							
Other / General Condition							
Reviewed by:							
CRNA: _____				Date/Time: _____			
Anesthesiologist: _____				Date/Time: _____			



**McLaren Flint
Ambulatory Surgery Center
ANESTHESIA
Pre- and Post- Operative ROUTINE Orders**

ORDERS	ALLERGIES: See Medication Reconciliation Form						
<p>1. Pre Op Holding Routine Orders for all Patients</p> <ul style="list-style-type: none"> a. Oxygen PRN for saturations less than 94% after sedation or on Room Air b. IV start LR 1000 mL (500 mL for eye, EGD, and pediatric patients) at 10 mL / hour – offer with subcutaneous 1% lidocaine c. NaCl 500 mL at 10 mL / hour for Dialysis Patients 							
<p>2. Diabetic Patients</p> <ul style="list-style-type: none"> a. Take ½ usual morning dose of insulin (Lantus, Levemir, NPH, N, 70/30, 75/25, 50/50, Toujeo, or Tresiba) b. Do NOT take the following: Novolog, Humalog, Apidra, Regular insulin, oral diabetes medications, or other injectable diabetes medications c. Continue Insulin Pump and bring pump supplies to hospital d. Perform Glucometer / FBS e. FBS less than 70 mg/dL or greater than 250 mg/dL, contact Anesthesia 							
<p>3. General Anesthesia Patients</p> <ul style="list-style-type: none"> a. Greater than 18 years with diabetes, Obesity, GERD or reflux to receive: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Famotidine (PEPCID) 20 mg PO with sip of water and <input type="checkbox"/> Metoclopramide (REGLAN) 10 mg PO with sip of water b. History of motion sickness or nausea and vomiting give <ul style="list-style-type: none"> <input type="checkbox"/> Scopolamine Patch, apply 1 patch to hairless area behind ear up to 1 hour before surgery; remove 24 hours after surgery 							
<p>4. Colons and EGD's with GERD give</p> <p><input checked="" type="checkbox"/> Citric Acid/Sodium Citrate (BICTRA) 30 mL PO, hold if reflux meds taken that day</p>							
<p>5. POHA Medications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Famotidine (PEPCID) 20 mg PO or IVP x1 dose <input type="checkbox"/> Metoclopramide (REGLAN) 10 mg PO or IVP X 1 dose <input type="checkbox"/> Ondansetron (ZOFRAN) _____ mg IVP <input type="checkbox"/> Dexamethasone (DECADRON) _____ mg IVP nausea and vomiting <input type="checkbox"/> Hydrocortisone Sodium (SOLU CORTEF) _____ mg IVP <input type="checkbox"/> Labetalol _____ mg IVP <input type="checkbox"/> Gabapentin (NEURONTIN) 300 mg PO <input type="checkbox"/> Ibuprofen (MOTRIN) 600 mg PO Pain scale 1 - 3 <input type="checkbox"/> Acetaminophen (TYLENOL) 1000 mg PO Pain scale 1-3 	<ul style="list-style-type: none"> <input type="checkbox"/> Citric Acid/Sodium Citrate (BICTRA) 30 mL PO <input type="checkbox"/> Midazolam (VERSED) _____mg IVP anxiety <input type="checkbox"/> Midazolam (VERSED) Syrup _____mg PO anxiety <input type="checkbox"/> Fentanyl _____ microgram IVP <input type="checkbox"/> Glycopyrrolate (ROBINUL) _____ mg IVP <input type="checkbox"/> Scopolamine Patch, apply 1 patch to hairless area behind ear up to 1 hour before surgery; remove 24 hours after surgery <input type="checkbox"/> Other: _____ 						
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Physician Signature:</td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Date (required)</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Time (required)</td> </tr> <tr> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">PACU RN Signature:</td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Date (required)</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Time (required)</td> </tr> </table>		Physician Signature:	Date (required)	Time (required)	PACU RN Signature:	Date (required)	Time (required)
Physician Signature:	Date (required)	Time (required)					
PACU RN Signature:	Date (required)	Time (required)					



**McLaren Flint
Ambulatory Surgery Center
ANESTHESIA
Pre- and Post- Operative ROUTINE Orders**

1. Post Anesthesia Orders:

- O₂ per nasal cannula or face mask (iterate to keep saturations greater than 94% or at pre op baseline)
- Perform blood glucose test on insulin dependent diabetics. (if less than 70 mg/dL or greater than 250 mg/dL, contact Anesthesia).
- Discharge to home when discharge criteria met and anesthesia approved.

2. PACU PRN Medications:

Pain Medications

- HYDROMORPHONE (Dilaudid) 0.5 mg IVP as needed every 10 minutes for pain level greater than 5 and RR greater than 10, maximum of 4 doses (2 mg).
- Morphine 2 mg IVP as needed every 10 minutes for pain level greater than 5 and RR greater than 10 if pain not relieved by HYDROMORPHONE, maximum of 5 doses (10 mg).
- Fentanyl _____ mcg IVP every _____ minutes for pain level greater than 5 and RR greater than 10, after 2 mg HYDROMORPHONE AND 10 mg Morphine, maximum of _____ doses.

Moderate Pain- Parenteral (May ONLY select one)

- Ketorolac (Toradol) _____ mg IVP PRN moderate pain x 1 (maximum IV dose= 30 mg) (15 mg dose if 50 kg or less or 65 years or older) (Do not give if already given in OR)

Moderate Pain- PO (May ONLY select one)

- Acetaminophen with Codeine (12 mg codeine/ 120 mg acetaminophen / 5 ml) _____ ml PO PRN moderate pain x 1 dose
- Hydrocodone/Acetaminophen oral elixir (10 mg hydrocodone / 300 mg acetaminophen / 15 ml) _____ ml PO prn moderate pain x 1 dose
- Hydrocodone/Acetaminophen 5/325 mg PO PRN moderate pain x 1 dose
- Hydrocodone/Acetaminophen 7.5/325 mg PO PRN moderate pain x 1 dose
- Oxycodone IR 5 mg PO PRN moderate pain x 1 dose

Mild Pain- PO (May ONLY select one)

- Ibuprofen (Motrin) _____ mg PO prn mild pain X1 dose (Do not give if already given in OR)
- Acetaminophen (TYLENOL) 160 mg/ 5 mL suspension _____ mg PO PRN mild pain x 1 dose
- Acetaminophen (TYLENOL) 325 mg, 2 tablets PO PRN mild pain x 1 dose

Post-operative Nausea and Vomiting (May ONLY Select one; additional orders needed for additional medication)

- Promethazine (Phenergan) 12.5 mg IVPB (in 50 ml NaCl over 10 minutes) x1 dose
- Metoclopramide (REGLAN) 10 mg IVP x 1 dose
- Dexamethasone (DECADRON) 4 mg IVP x1 dose
- Ondansetron (Zofran) _____ mg IVP, q4hr
- Scopolamine Patch, apply 1 patch to hairless area behind ear, if not applied in pre-op; remove 24 hours after surgery

Other Medication

- Albuterol 2.5 mg/ 3 ml nebulized solution PRN for wheezing x 1 dose
- Labetalol _____ mg IVP PRN for SBP greater than 160 mmHg
- Other meds: _____

Physician Signature: _____

Date (required) _____

Time (required) _____

PACU RN Signature: _____

Date (required) _____

Time (required) _____

CHIEF COMPLAINT, SYMPTOM, INDICATIONS FOR PROCEDURE, PREVIOUS MEDICAL TREATMENT:

CHECK ALL THAT APPLY

- UGI symptoms (nausea, vomiting, heart burn, anorexia, pain)
- Lower GI symptoms (constipation, diarrhea*, pain, bowel change)
- * If diarrhea
 - Stool culture negative
 - Stool for ova & parasites negative
 - Clostridium difficile toxin present
 - Dietary lactose restriction
- Non-specific GI symptoms (bloating, migration, pain)
- Fecal occult blood positive without anemia
- Iron deficiency anemia
- Involuntary weight loss _____ # lbs
- Dysphagia
- Abdominal Cat Scan / US non-diagnostic with symptoms
- Vomiting blood / nasogastric aspirate > 50ml blood
- Visible blood, melena per rectum
- Known prior varices, ulcers
- History of prior UGI bleeding

- Gastric ulcer
- Esophageal ulcer
- Mucosa thickening / irregularity
- Barrett's esophagus
- Colon polyps

COMMENTS: _____

- Abnormal UGI / Barium swallow
 - UGI obstruction by x-ray
- Removal of esophageal / gastric foreign body
- Dilatation of esophageal stricture / ring / web
 - Re-biopsy after treatment
- Other _____

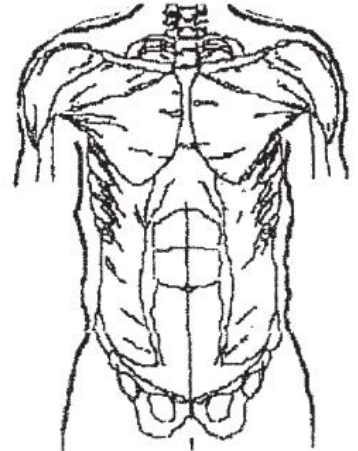
History: family history, medication allergies / adverse reactions to anesthesia: _____
 Current medications reviewed: SEE MEDICATION REC FORM.

PHYSICAL:

- *CNS Normal Abnormal
- *Mouth & Throat Normal Abnormal
- * Neck Normal Abnormal
- * Chest Clear to auscultation & percussion
 - Rales Right Lung
 - Bronchi Left Lung
- * Heart Regular rate / rhythm
 - Murmur Mitral Valve
 - Aortic Valve
- * Abdomen Normal Abnormal
 - Hepatomegaly
 - Distended
 - Tender* RUQ LUQ RLQ LLQ

FINDINGS:

LOCATION



* Other pertinent findings: _____
 ASA Level (I) (II) (III) (IV) (V)
 Preoperative Diagnosis: _____
 Plan of Treatment: _____
 Physician Signature: _____ Date/Time: _____

