## Endoscopy Interdisciplinary Documentation Record

<table>
<thead>
<tr>
<th>TIME</th>
<th>BP</th>
<th>H.R.</th>
<th>SPO2</th>
<th>RESP</th>
<th>O2</th>
<th>INITIAL</th>
<th>TIME</th>
<th>MED</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>SITE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**LIDOCAINE VISCOS TO SCOPE**

Hurricane | Cetacaine | to oropharynx

**Physician Signature:**

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**TIME**

- **s, S,:** = 20% of pre-op level
- **s, S:** = 20-50% of pre-op level
- **s, S:** = >50% of pre-op level

**RESPIRATION**

- **b, B:** able to deep breathe & cough freely
- **b, B:** increase or limited breathing/ shallow
- **b, B:** need sux / vent support

- **SPO2**
  - **s, S:** must maintain SPO2 > 90% room air
  - **s, S:** need O2 inhalation to maintain SPO2
  - **s, S:** below 90%, even with O2 supplement

**CONSCIOUSNESS**

- **s, S:** awake
- **s, S:** restless
- **s, S:** responding

**COMFORT**

- **s, S:** to no discomfort 0-3
- **s, S:** moderate discomfort 4-7
- **s, S:** controlled discomfort 8-10

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**ENDOSCOPY INTERDISCIPLINARY DOCUMENTATION RECORD**

University | Hospital

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**ADDRESSOGRAPH**

181046

2/13/05
<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>SAFETY (continued)</th>
<th>TEACHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time in: Start Time:</td>
<td>Flouro.</td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td>POSITION:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Left lateral decubitus. Supine. Prone.</td>
<td>Procedure performed</td>
</tr>
<tr>
<td></td>
<td>Semi-recumbent/reverse Trend. Sims.</td>
<td></td>
</tr>
</tbody>
</table>

| SAFETY | |
|--------| |
| IV/hep lock site maintained | Total IV fluid infused |
| solution amount hanging | O2 on @ L/min. via |
| | |

| TREATMENT | |
|-----------| |
| TREATMENT | |
| NOTES reviewed | |
| | |

| PROBLEM LIST | |
|--------------| |
| Level of consciousness | Responds appropriate to stimulation |
| Fluid volume deficit | Airway maintained O2 Sat 92% RA |
| Comfort | VS 20% of baseline |
| Pain controlled | |

| DISCHARGE CRITERIA/EXPECTED OUTCOME | |
|------------------------------------| |
| | |

| POST-PROCEDURE RHYTHM STRIP | |
|-----------------------------| |

| ENDOSCOPY INTERDISCIPLINARY DOCUMENTATION RECORD | |
|-------------------------------------------------| |
DATE = N/A

Pre-Procedure Assessment

Alert and oriented; person / place / time

Respirations even, nonlabored; breath sounds clear bilaterally

Abdomen soft / nontender; bowel sounds active

Nausea and vomiting absent

Heart sounds regular

Skin intact; warm / dry / no acyanosis

Radial / Pedal pulses present bilaterally

Moves all extremities

Vomit activity level

Dressed in hospital gown (no underwear, if applicable)

ID bracelet verified and on

Verify the ID Band agrees w/ addressograph

Allergies verified and documented

Allergy bracelet on

NPO since __________________________

Old records with chart

Addressograph plate on chart

Voided / Foley emptied prior to procedure

Safety

Bedrest maintained, aware to call for assistance

Call light / mattress, bed in lowest position, side rails up

Medical/Cardiac clearance

History and Physical on chart and < 30 days old

Plan of care is documented

Plan of care consistent with diagnosis

Consent signed / witnessed

Consent reflects scheduled procedure

Consent reflects procedureal plan of care

Blood Consent signed and witnessed

Relevant imaging films available

Test results reviewed and on chart

Pre-Sedation or Pain Anesthesia Eval completed

Prep Orders completed

Contact Information

Valid & a there is a designated driver:

Name: ____________________________ Relationship: ____________________________

Location: ____________________________ Telephone: ____________________________

Name: ____________________________ Telephone: ____________________________

Facility Name: ____________________________ Telephone: ____________________________

Release of information to: ____________________________ Relationship: ____________________________

TIME

SPO2

T

P

R

B/P

MEdICATION

DOSE

TIME

ROUTE

INITIALS

VIE NOTES:

Time: ____________________________ Date: ____________________________ Initial: ____________________________

Time: ____________________________ Date: ____________________________ Initial: ____________________________

ENDOSCOPY INTERDISCIPLINARY DOCUMENTATION RECORD

University

Hospital

ADDRESSOGRAPH

C2692 181046

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Rev 10/13/05