**University Medical Center**

**Short Stay Nurses Admission / Progress Report**

**Endoscopy**

**Date:** ________________  

**Addressograph**

### PRE-PROCEDURE

<table>
<thead>
<tr>
<th>Time of Arrival</th>
<th>How Arrived</th>
<th>Condition Upon Arrival</th>
<th>Vital Signs</th>
<th>ID Band</th>
<th>Hendrich Score</th>
</tr>
</thead>
</table>

**Anticoagulants:**  
- [ ] Yes: _______ last dose  
- [ ] No

Procedure explained with verbal understanding:  
- [ ] Patient  
- [ ] Family  
- [ ] Other  

Pre-Procedure Aldrete Score

**Drug Allergies**

Nutritional Needs:  
- [ ] Motor

**Current Medications:**

Special Needs:  
- [ ] Resp.

### PAIN ASSESSMENT

Medical / Surgical History:

Do you have pain?  
- [ ] Yes  
- [ ] No

Pain Score ____  

Pain Scale [ ] 0-10  

**Total**

**Physical Disabilities:**

NPO Since:

Abdominal Assessment:

**Dental:**

Prep.:  

Additional Assessment:

**Hearing:**

Advance Directive:

**Visual:**

Ride Home by:

Blood Sugar:  

Signature:  

RN

### IMPAIRMENTS

**PROCEDURE**

Time Procedure Started:  

Consent #2 Obtained:  

Physician:  

Motility Studies:

Scope:  

Procedure:

Assistant:

Ph Study:

- [ ] Dual Channel  
- [ ] Single Channel

Viril:  

Clo:  

C&S:  

Assistant:

Distal Length ____ cm

Film:  

Assistant:

Biopsies:

Cytology:

KOH:

Anesthetic Spray:

24 Hour pH Probe:

Start:  

End:

### THERAPEUTIC MODALITIES

**Dilatation**

Site:  

Amount:

Balloon ____ mm  

Balloons ____ mm

Sclerotherapy

Site:  

Meds:  

Increments:  

Total:  

**Bandage**

Site:  

# Bands:  

Endo Cinch:  

# Plications:  

Small Bowel Imaging:  

Start:  

End:  

**ERCP**

Contrast:  

Amount:

Balloon ____ mm

Basket:  

Stent:  

**Type:**  

Size:  

**Stylet:**  

Type:  

Size:  

**ERBE (Electro-coagulation)**

Endo cut  

Auto cut  

Auto coag  

ERBE (APC)  

Setting A:  

Flow rate ____ LPM

Site:  

Valley Lab (Electro-coagulation)

Coag:  

Cut:  

Blender:  

Bipolar:  

Watts:  

Site:  

# of polyps:  

Grounding Pad site:

**Diagnosis:**

Patient Tolerated Procedure Well

- [ ] Yes  
- [ ] No  

Explain:  

**Hendrich Score:**

**Return to:**  

Report given to:  

- [ ] Yes  
- [ ] No  

Patient Side rails up for safety

Time Procedure Ended:  

RN:

---

Endoscopy Short Stay Admission  

Medical Record  

Rev. 9/2006
### Recovery / Discharge

<table>
<thead>
<tr>
<th>Time:</th>
<th>IV/Catheter intact:</th>
<th>Condition of site:</th>
<th>Amount Absorbed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Diet:</th>
<th>Activity:</th>
<th>Abdominal Assessment:</th>
<th>Expelling Flatus:</th>
<th>Hendrich Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pain [ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discharge:</th>
<th>Gag Reflex:</th>
<th>Pain [ ] Present [ ] Not Present</th>
<th>Discharge Instructions with verbal understanding to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Home</td>
<td>[ ] Yes</td>
<td>[ ] Present [ ] Not Present</td>
<td>[ ] Patient [ ] Family [ ] RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accompanied by:</th>
<th>Mode of discharge:</th>
<th>Post Procedure Aldrete Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Family</td>
<td>[ ] Ambulatory</td>
<td></td>
</tr>
<tr>
<td>[ ] RN</td>
<td>[ ] Wheelchair</td>
<td></td>
</tr>
<tr>
<td>[ ] Transport</td>
<td>[ ] Stretcher</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Nurses Notes:**

**Time of discharge:**

**Discharge Nurse:**

**RN**

**Additional Notes:**

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### Hendrich Fall Model

**Risk Factor Score**

Identify Fall Risk

- Recent History of Falls +7
- Depression +4
- Confused/Disoriented +3
- Altered Elimination +3
- Dizziness/Vertigo +3
- Poor Judgement +3
- Poor Mobility/Weakness +2
- No Risk Factors -0

= Total Hendrich Score

**Requires Fall Prevention Identification for:**
Hendrich Score > 5 or = 3

**PT Eval / Screen Required for:**
Recent History of Falls +7, Dizziness / Vertigo +3, Total Score = Hendrich Fall Key

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### Aldrete Score

<table>
<thead>
<tr>
<th>Motor</th>
<th>Respiration</th>
<th>BP</th>
<th>Consc.</th>
<th>O2 Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Moves 4 extremities on command</td>
<td>1 = Able to deep breathe and cough freely</td>
<td>2 = BP = 20 mm of pre-procedure level</td>
<td>2 = Fully awake</td>
<td></td>
</tr>
<tr>
<td>1 = Moves 2 extremities on command</td>
<td>1 = Dyspnea, shallow or limited breathing</td>
<td>1 = BP = 20-50 mm of pre-procedure level</td>
<td>1 = Needs supplemental O2 to maintain O2 sat &gt; 90%</td>
<td></td>
</tr>
<tr>
<td>0 = Unable to move extremities</td>
<td>0 = Apneic</td>
<td>0 = 50- mm of pre-procedure level</td>
<td>0 = Not Responding</td>
<td></td>
</tr>
<tr>
<td>0 =</td>
<td></td>
<td></td>
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Medical Record

Rev. 5/24/05