NORMAN ENDOSCOPY CENTER, LLC

ENDOSCOPY PRE-PROCEDURE RECORD ***patient label***

Height_____ Weight_____ BMI_____ ❑Notify MD if BMI greater than 50 ❑Male ❑Female

Y	N	*DO YOU HAVE, OR HAD, A HISTORY OF THE FOLLOWING:*	*LIST ALL PREVIOUS SURGERIES:*
		Heart trouble: ❑heart attack, date_____ ❑murmur, ❑CHF	1
		❑chest pain (angina), ❑pacemaker, ❑defibrillator, ❑irregular heartbeat	2
		❑valve replacement, ❑stent type_____, ❑other_____	3
		High blood pressure: ❑treated with medications, ❑low BP	4
		Stroke: date_____, list any lasting effects_____	5
		Stomach/colon: ❑abdominal pain, ❑dysphagia ❑IBS ❑constipation	6
		❑ulcer, ❑reflux/GERD/heartburn, ❑esophageal varices, ❑family history	7
		❑resection, ❑ostomy, ❑diarrhea, ❑bleeding, ❑Crohn's, ❑screening	8
		❑Barrett's esophagus, ❑nausea/vomiting, ❑other_____	9
		Lung Disease: ❑asthma, ❑COPD/emphysema, ❑sleep apnea	10
		❑snoring ❑recent bronchitis ❑abnormal chest xray, date_____	Date of last colonoscopy _____ , EGD_____
		Tuberculosis: ❑bloody sputum ❑recent wt loss ❑night sweats	**Have you ever had abnormal reaction or ill effect from**
		❑persistent cough, ❑+TB test, date_____, treated yes/no	**anesthesia or sedation? ❑no ❑yes,** _____
		Recent exposure to: HIV, measles, chicken pox, influenza, shingles, Covid-19	**History of difficult vein access? ❑ no ❑ yes,**_____
		Diagnosed with a drug resistant organism?	List pertinent medical history not addressed:_____
		Liver disease: ❑cirrhosis, or ❑hepatitis ❑A ❑B ❑C	
		Kidney / Bladder Disease: ❑incontinence, ❑other_____	**Do you use nicotine?** ❑yes ❑past use ❑never
		Diabetes: ❑oral meds, ❑insulin dependent, ❑diet controlled, ❑ GLP-1	Packs/day?_____ years of use?_____ age quit?_____
		Abnormal bleeding: ❑blood thinners, ❑sickle cell trait, ❑other_____	**Alcohol, medical marijuana, recreational drug use?**
		Cancer: explain type/treatment ❑port	❑yes ❑no, Use___ per day, week, month (circle one
		Epilepsy or Seizure disorder? Explain	***I testify that the above information is complete & accurate so that I may be provided a safe procedure outcome.***
		Physical limitations? Explain	
		Mental, emotional or behavioral problems?	***Patient Signature:***_____
		Learning difficulties or unable to read?	
		Female history: could you be pregnant now? ❑yes ❑no	Informant_____
		last mentrual period_____ Breastfeeding? ❑yes ❑no	Collected by_____ Date_____

(area below for office use only)

DAY OF PROCEDURE / PRE-PROCEDURE ASSESSMENT

Procedure Date: Prep Area Arrival Time: NPO @

Name & DOB verified ❑yes ❑no

Procedure verified / permit signed ❑yes ❑no

Clear colon prep results ❑yes ❑no ❑n/a

Dentures ❑yes ❑no, Jewelry ❑yes ❑no,

Glasses ❑yes ❑no, disposition _____

Temp	BP	Pulse	Resp	SpO_2

FSBS_____(65-115) ❑n/a

Current Narcotic / Benzodiazepine use?

❑yes ❑no if yes, list _____

PAIN SCALE

0 1-2 3-4 5-6 7-8 9-10

If pain, describe_____

Nursing System ➔ Assessment X = as stated, O = see notes for explanation

	Neurological	alert/oriented x 4, speech clear/understandable
	Cardiovascular	Regular apical pulse, peripheral pulse palpable. No significant peripheral edema
	Pulmonary	CTA. Respirations regular, unlabored. Nail beds & mucous membranes pink/moist
	Integumentary	Skin color normal. Skin warm, dry & intact
	Musculoskeleta	Moves all extremities. No muscle weakness
	Emotional	❑calm ❑anxious ❑agitated ❑withdrawn
	Psychosocial	❑pediatric (14-18 years) ❑adult ❑geriatric
	Airway	Neck has full ROM, jaw/mouth moves freely and opens wide

❑ Patient acknowledges understanding of procedure

❑ Procedure & discharge instructions reviewed with patient

Patient accompanied by _____

IV catheter: ❑20g ❑22g ❑24g ❑n/a

site_____ # attempts_____ by_____

1% intradermal xylocaine used? ❑yes ❑no

☐500ml NSS ☐saline lock ☐NA ☐other_____

additional medication given? ❑yes ❑no

medication name: _____

dose administered_____ time_____

route_____ initials_____

Additional Nursing Comments: _____

Signature(s) / initials: / , /