GI PRE-PROCEDURE ORDERS

ALLERGIC:  [ ] NO  [ ] YES

DATE/TIME  MD SIGNATURE  PHYSICIAN'S ORDERS  [includes medication orders]  MD SIGNATURE  DATE/TIME  MEDICATION ORDERS  [includes IV, blood, blood component]  MD SIGNATURE

readministering fleets phosphosoda (or generic equivalent) as 15ml in 8oz PO x 3 or go to

[ ] Option B.

Day of Procedure

• If bowel movements not clear, 5AM tap water enema to clear

[ ] OPTION B (Nulytely)

Day Before Procedure

• 5PM Nulytely 8 oz PO q 15 minutes until 1 gallon administered.

Day of Procedure

• If bowel movements not clear, 5AM tap water enema to clear.

If patient having difficulty with prep consider NGT or call physician.

PHYSICIAN'S ORDERS

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## GI PRE-PROCEDURE ORDERS

### ALLERGIC:

- **NO**
- **YES**

### PHYSICIAN'S ORDERS

#### Date/Time

#### Physician's Signature

### MEDICATION ORDERS

#### Date/Time

#### Physician's Signature

### PHYSICIAN'S ORDERS

#### Date/Time

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If patient having difficulty with prep consider NGT or call physician.

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**IMPORTANT**

Position patient ID plate so it is to the LEFT of the arrow.