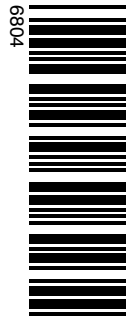


**ALLERGIC:**  NO  YES

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DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
				readministering fleets phosphosoda (or generic equivalent) as 15ml in 8oz PO x 3 or go to <input type="checkbox"/> Option B.	
				<b>Day of Procedure</b> • If bowel movements not clear, 5AM tap water enema to clear	
				<input type="checkbox"/> <b>OPTION B (Nulytely)</b> <b>Day Before Procedure</b> • 5PM Nulytely 8 oz PO q 15 minutes until 1 gallon administered.	
				<b>Day of Procedure</b> • If bowel movements not clear, 5AM tap water enema to clear.	
				If patient having difficulty with prep consider NGT or call physician.	

PHYSICIAN'S ORDER FORM



GI PRE-PROCEDURE ORDERS

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

ALLERGIC:  NO  YES

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PHYSICIAN'S ORDER FORM

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
				readministering fleets phosphosoda (or generic equivalent) as 15ml in 8oz PO x 3 or go to	
				<input type="checkbox"/> Option B.	
				<b>Day of Procedure</b>	
				• If bowel movements not clear, 5AM tap	
				water enema to clear	
				<input type="checkbox"/> OPTION B (Nulytely)	
				<b>Day Before Procedure</b>	
				• 5PM Nulytely 8 oz PO q 15 minutes until 1	
				gallon administered.	
				<b>Day of Procedure</b>	
				• If bowel movements not clear, 5AM tap	
				water enema to clear.	
				If patient having difficulty with prep consider	
				NGT or call physician.	

