

University Medical Center

Short Stay Nurses Admission / Progress Report Endoscopy

Date: _____

Addressograph _____

PRE-PROCEDURE										
Time of Arrival:		How Arrived:		Condition Upon Arrival:		Vital Signs:		ID Band: <input type="checkbox"/>	Hendrich Score _____	
Anticoagulants: <input type="checkbox"/> Yes _____ last dose <input type="checkbox"/> No				Procedure explained with verbal understanding: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other			Pre-Procedure Aldrete Score			
Drug Allergies				Nutritional Needs:			Motor			
Current Medications:				Special Needs:			Resp.			
				PAIN ASSESSMENT			BP			
Medical / Surgical History:				Do you have pain? <input type="checkbox"/> Yes <input type="checkbox"/> No			Consc.			
				Pain Score _____ Pain Scale <input type="checkbox"/> 0-10			O ₂ Sat			
IMPAIRMENTS	Physical Disabilities:		NPO Since:		If > 4, continue with assessment			Total		
	Dental:		Prep.:							
	Hearing:		Advance Directive:		Abdominal Assessment:					
	Visual:		Ride Home by:		Additional Assessment:					
				Blood Sugar		Signature: _____			RN	
PROCEDURE										
Time Procedure Started:			Consent #2 Obtained:			Physician:		Motility Studies:		
Scope:			Procedure:			Assistants:		Ph Study: <input type="checkbox"/> Dual Channel <input type="checkbox"/> Single Channel		
Viral:		Clo:		C&S:		Assistants:		Distal Length _____ cm		
Film:		Biopsies:		Cytology:		KOH:		Anesthetic Spray:		24 Hour ph Probe: Start: _____ End: _____
THERAPEUTIC MODALITIES										
Dilatation Site _____ Types _____ Sizes _____		ERCP Contrast _____ Amount _____		<input type="checkbox"/> PEG <input type="checkbox"/> New <input type="checkbox"/> PEJ <input type="checkbox"/> Replacement <input type="checkbox"/> NJ Size _____ fr		ERBE (Electro-coagulation) Endo cut _____ Auto cut _____ Auto coag _____				
Sclerotherapy Site _____ Meds _____ Increments _____ Total _____		Balloon _____ mm Balloon _____ mm Basket _____ Stent _____		<input type="checkbox"/> CM Abdominal Line _____ <input type="checkbox"/> Polypectomy <input type="checkbox"/> Sphincterotomy <input type="checkbox"/> Snare <input type="checkbox"/> Hot bx		ERBE (APC) Setting A: _____ Flow rate _____ LPM Site _____				
Banding Site _____ # Bands _____		Type _____ Size _____ Stent _____		Biopsy Sites: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____		Valley Lab (Electro-coagulation) Coag _____ Cut _____ Blend _____				
Endo Cinch # Plications _____		Type _____ Size _____		Bipolar Watts _____ Site _____ # of polyps _____ Grounding Pad site _____						
Small Bowel Imaging Start _____ End _____										
Patient Tolerated Procedure Well <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			Hendrich Score _____			Diagnosis				
Returned to: <input type="checkbox"/> Recovery Area		Report given to:			Side rails up for safety <input type="checkbox"/> Yes		Time Procedure Ended: _____			RN:

RECOVERY / DISCHARGE

Time:	IV D/C @:	IV Catheter Intact::	Condition of site:	Amount Absorbed
Diet:	Activity:	Abdominal Assessment: Pain <input type="checkbox"/> Yes <input type="checkbox"/> No	Expelling Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hendrich Score _____
Discharge: <input type="checkbox"/> Home <input type="checkbox"/> Floor <input type="checkbox"/> Other:		Gag Reflex: <input type="checkbox"/> Present <input type="checkbox"/> Not Present	Discharge Instructions with verbal understanding to: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> RN	
Accompanied by: <input type="checkbox"/> Family <input type="checkbox"/> RN <input type="checkbox"/> Transport:		Mode of discharge: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher		Post Procedure Aldrete Score
Additional Nurses Notes:				Motor
				Resp.
				BP
				Consc.
				O ₂ Sat
				Total
Time of discharge:	Discharge Nurse:			RN

Additional Notes:

Hendrich Fall Model

Identify Fall Risk

Risk Factor Score

- _____ 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 > or = 3

PT Eval / Screen Required for:
Recent History of Falls + 7, Dizziness / Vertigo +3,
Total Score >6 Hendrich Fall Key

Aldrete Score

<p>Motor</p> <p>2 = Moves 4 extremities on command</p> <p>1 = Moves 2 extremities on command</p> <p>0 = Unable to move extremities</p>	<p>Respiration</p> <p>2 = Able to deep breathe and cough freely</p> <p>1 = Dyspnea, shallow or limited breathing</p> <p>0 = Apneic</p>	<p>BP</p> <p>2 = BP = 20 mm of pre-procedure level</p> <p>1 = BP = 20-50 mm of pre-procedure level</p> <p>0 = 50- mm of pre-procedure level</p>	<p>Consc.</p> <p>2 = Fully awake</p> <p>1 = Arousable on calling</p> <p>0 = Not Responding</p>	<p>O₂ Sat</p> <p>2 = O₂ saturation >92% on room air</p> <p>1 = Needs supplemental O₂ to maintain O₂ sat >90%</p> <p>0 = O₂ saturation <90% with supplemental O₂</p>
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