Your Hospital's Logo Here

ENDOSCOPIC NURSING RECORD

PATIENT IDENTIFICATION

CASE CLASSIFICATION: ☐ Scheduled ☐ Add On ☐ Emergency

☐ ENDO RM #1 ☐ OTHER (list below):
☐ ENDO RM #2

PROCEDURE START TIME: _____ (Military Time)

PROCEDURE END TIME: _____ (Military Time)

STANDARD ENDOSCOPIC PLAN OF CARE IMPLEMENTED ? ☐ YES ☐ NO

STANDARD OUTCOMES ACHIEVED WITHOUT DIFFICULTY ? ☐ YES ☐ NO

IF "NO", EXPLAIN THE EXCEPTION: _____

INDIVIDUAL PLAN OF CARE ? ☐ YES (See Below) ☐ NO Specific Need Identified

SPECIFIC NEED	EXPECTED OUTCOME	NURSING ORDERS

SCOPE USED	SPECIMENS	ELECTRO-CAUTERY
EGD #:	TISSUE: ☐ YES ☐ NO _____	CAUTERY USED ? ☐ YES ☐ NO
COLO #:	TISSUE: ☐ YES ☐ NO _____	SITE:
SIGMOID #:	CULTURE: ☐ YES ☐ NO _____	APPLIED BY:
OTHER #:	CLOTEST: ☐ YES ☐ NO _____	MACHINE #:
OTHER #:	OTHER: _____	REACTION:
PICTURES TAKEN: ☐ YES ☐ NO	IMPLANTS: ☐ YES ☐ NO TYPE / SIZE: _____ BRAND / SERIAL #:	

PRE-PROCEDURE Dx:

PROCEDURE:

POST-PROCEDURE Dx:

PATIENT RESPONSE AFTER PROCEDURE: ☐ Awake / Alert ☐ Responds to Verbal Stimuli ☐ Other: _____

ADDITIONAL COMMENTS:

TRANSFERRED TO: ☐ I / O Recovery ☐ Patient Room # _____ ☐ Other _____

RN NAME:	TECH:	DATE:

PART OF THE MEDICAL RECORD