ENDOSCOPY CENTER of EL PASO — **ADMISSION/ PRE-EVALUATION RECORD / PLAN OF CARE**

DATE: _____ TIME: _____ ☐ EGD ☐ COLON ☐ FLEX SIG ☐ HEM.BANDING ☐ OTHER: _____
DISCHARGE PLANNING: Family:_____ Relation: _____ ☐Lobby ☐Tel: _____
REASON FOR EXAM: _____ Age _____

PRE-PROCEDURE CHECKLIST

☐ NPO after_____ ☐ BOWEL prep _____ Amt:_____% Results_____

ADMIT Via: ☐ Ambulatory ☐ W/C ☐Stretcher ☐ Cane ☐ Walker ☐ Steady ☐ Unsteady
☐ID Band ☐ Consent signed ☐ H&P ☐ Verbal Education ∧ Comprehension ☐ Yes ☐ No
☐ Glasses☐ Removed ☐ Contacts ☐ Not Removed ☐ Hearing Aid: R L ☐ Removed ☐ Not removed
DENTITION: ☐ OK ☐ ↑ Risk of damage/Pt aware ☐ Caps/Crowns ↑ ↓ ☐Dentures ☐ Full ↑ ↓ ☐Partial ↑ ↓
Chipped ↑ ↓ _____ ☐ Missing ↑ ↓ _____ ☐ Loose teeth ↑ ↓ _____
☐ Other removable prosthesis: _____
BELONGINGS: ☐ with patient under stretcher ☐with family / other ☐ in business office

ALLERGY TO MEDICATION/S

Medication/s:

☐ Latex
☐ ID Band Placed/ Initials

HISTORY

CARDIAC: ☐ HTN ☐ Dyslipidemia ☐ CHF ☐ CAD ☐ PVD ☐ Pacemaker ☐ ICD ☐ MI ☐PTCA ☐Stents
Dysrhythmia: ☐A Fib oOther_____ ☐Chest Pain ☐Under care of Cardiologist ☐Last Seen _____
☐Other _____
RESPIRATORY: ☐ Home O2 ☐Recent URI ☐Smoking/ Vape:_____/day yrs. _____ Quit _____ ago
☐ COPD ☐ Asthma ☐ Sleep Apnea: ☐ Yes ☐No ☐ CPAP
NEURO: ☐ Dementia ☐Neuropathy ☐ Back Pain o Neck pain ☐ CVA ☐ TIA ☐ Altered Mental State/ Anxiety/Depression
☐Seizures-Last Seizure _____
ENDOCRINE: Diabetes ☐ I ☐ II BS @ home_____ BS now_____ ☐ MD notified Thyroid ☐Hyper ☐ Hypo
GI/HEPATIC: ☐GERD ☐Hiatal Hernia Hepatitis ☐ A ☐ B ☐ C ☐ IBD: Crohn's/Colitis ☐ IBS ☐ Colon Polyps
RENAL: ☐CKD ☐On Dialysis—Last Dialysis_____ ☐ Kidney disease
HEM/ONC: ☐ Anemia ☐ Blood Refusal ☐ DVT ☐ Coagulopathy ☐ Cancer_____ ☐ Chemo ☐ Radiation
IMMUNE/ID: ☐ Rheum / Osteo Arthritis ☐ STD/ HIV ☐ Autoimmune Disease ☐ Ongoing infection
OTHER: ☐ LMP _____ ☐ Pregnancy Test Result_____ ☐ Waiver Signed ☐ MD notified
☐ Obesity ☐Glaucoma ☐Prostate DS ☐ ETOH Use _____ ☐Illicit Drug Use _____ last time: _____
☐ HX of Anesthesia Problems: ☐None ☐Yes-Patient ☐ Yes-Family Complication_____
☐ PTSD Rank

SURGERIES

☐ Tonsillectomy ☐Inguinal hernia R L ☐Appendectomy ☐ Cholecystectomy ☐ Bowel Resection
☐Hemorrhoidectomy ☐ Hysterectomy ☐Tubal ligation ☐ C-Section X _____☐ Mastectomy R L ☐ Breast BX R L
☐ Breast lumpectomy R L ☐Knee Replacement R L ☐ Arthroscopy R L ☐ Gastric Bypass
☐ Open heart surgery_____ ☐ Cardiac Stent_____ ☐ Cardiac bypass _____ ☐ Angiography
☐ **NONE** ☐ Prostate BX ☐ Prostatectomy ☐ Abdominal Laparoscopy
☐ Other_____

PHYSICAL ASSESSMENT

WT:_____ **HT:**_____ **SpO2:**_____% **B/P**_____/_____ **HR** _____ **RR**_____ **TEMP**_____
GENERAL: ☐ Alert ☐ Awake ☐Oriented X3 o Other:_____
SKIN: ☐ Dry skin ☐ Warm ☐ Pale ☐ Jaundiced ☐ Cool ☐ Moist ☐Intact ☐Tattoos ☐Lesions ☐Bruises
CARDIAC: ☐ Regular pulse ☐ Irregular pulse ☐ Tachycardic ☐ Bradycardic ☐ Hypertension ☐ Hypotension
RESPIRATORY: ☐Normal rate (16-20) ☐Bilat Sounds clear ☐ Congested ☐ Rhonchi ☐ Wheezing ☐ Other _____
ABDOMEN: ☐ Soft ☐Flat ☐ Rounded ☐ Distended ☐ Tender ☐ Non tender ☐+ Bowel Sounds *Hypo Hyper*

OTHER

Safety Precautions: ☐ Side rails up ☐ Bed in low position ☐ Brake on ☐Call light in reach
Pain Assessment: - 1 2 3 4 5 6 7 8 9 10 + ☐ **SCORE** _____ **Explain:**_____
☐ IV ☐ 500cc .9%NS ☐ 500cc D5%1/2NS
↓ Site (s) ☐ 20g X _____ ☐22g X _____ ☐24g X _____
1. _____ Initials_____
2. _____ Initials_____
3. _____ Initials_____

More than 2 IV attempt will require Incident Report

RN SIGNATURE:_____

Phone Pre-Op RN _____

Revised: 10/30/2024 SES

Patient Sticker