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OUTPATIENT ENDOSCOPY COLONOSCOPY SCREENING ORDERS - MNM Campus: ☐ Petoskey ☐ Cheboygan

Patient's Name (Last / First / MI)	DOB	◯ Male ◯ Female

Patient's Address (Street / City / State / Zip)

Contact Person | Primary Phone | Secondary Phone

Patient's Email

Insurance Company

Referring Physician	Primary Physician	Preferred Proceduralist

Procedure (no abbreviations)

Diagnosis/Clinical History Required (No Rule Outs)

☐ Colonoscopy Screening
☐ A close relative (sibling, parent, or child) who has had colorectal cancer
☐ A personal history of adenomatous polyps
☐ Inflammatory bowel disease, including Crohn's Disease, and ulcerative colitis
☐ A family history of hereditary nonpolyposis colorectal cancer
☐ A family history of familial adenomatous polyposis
☐ A personal history of colorectal cancer

☐ Standard Prep (Dulcolax / Miralax Prep) ☐ Nulytely Prep & Prescription given to patient (☐ dialysis patient) ☐ Other Prep: _____

☐ Anticoagulation/Anti-platelet medication(s):
Date to stop:

ICD 10 Codes:
Authorization #:

Preferred Procedure Time: ☐ Morning ☐ Afternoon

Lab ICD 10 Code(s) # ☐ COVID-19 (if required by regulatory guidelines)

Office Nurse/MA:	**Phone:**	**Time:**	**Date:**
Provider Signature:		**Time:**	**Date:**

MNM TO COMPLETE THE FOLLOWING SECTIONS

Sedation: ☐ Procedural Sedation ☐ No Sedation ☐ MAC Anesthesia ☒ Outpatient **Length of Procedure**: _____ Minutes

Location of Procedure: ☐ Endoscopy ☐ OR **Status:** ☐ Elective ☐ Urgent Height:_____ Weight: _____

Orders Day of Service (as indicated)**:** ☒ Oxygen Protocol Tx.159 ☒ Pre-Procedure Anesthesia Orders Protocol Tx.213

☒ Vital Signs per Endoscopy Unit Plan of Care 12300 ☒ Discontinue ENDO Periprocedure Powerplan when patient meets criteria

Lab ICD 10 Code(s) # 1. 2. 3.

☐ CBC	☐ HCG (Total) Qualitative	☐ COVID-19 (if required by regulatory guidelines)
☐ Creatinine	☐ Urine HCG (Total) Qualitative	☐ Other

Draw Upon Arrival if Applicable

☒ PT / INR (Coumadin Patients)	☒ Potassium (Dialysis Patients)	☒ Glucose (POC Diabetic Patients)

IV & MEDICATION ORDERS

☒ Follow appropriate protocol for access type
- Peripheral IV protocol
- Peripherally Inserted Central Catheter (PICC Line protocol)
- Midline Catheters: per Midline Catheter protocol

☒ Establish IV access with 0.9% Saline at 20 mL/hr.
☒ Extravasation Protocol when indicated—Protocol MM.123
☒ If Patient Diabetic: Diabetes Management Outpatient Setting Protocol 511200
☒ Allergic Reaction/ Anaphylaxis / Hypersensitivity Protocol MM.128

☐ Antibiotic Needed:

PROCEDURE SCHEDULED Date _____ ☐ AM ☐ PM Physician: _____ Nurse Navigator:_____

Provider Signature:	**Time:**	**Date:**

McLaren NORTHERN MICHIGAN

Outpatient Endoscopy Colonoscopy Screening Orders
MNM 660.402

R (1/13/2022)