

Patient Information

Patient: Sample Patient
MRN:
DOB:

Procedure Information

Procedure: Colonoscopy
Date: 10/29/2020
Attending Physician: Nurse, Sample
Room: Room 1

Nurse Note

Meds/Allergies/Alerts

MANDATORY MEDICATIONS QUESTIONS			
Medication	Comments	Last Updated By	Last Updated On
aspirin	Patient Confirms use	Nurse, Sample	10/29/2020 01:55:31 PM
NSAID	Patient Denies use	Nurse, Sample	10/29/2020 01:54:38 PM
anticoagulant	Patient Denies use	Nurse, Sample	10/29/2020 01:54:50 PM
herbal	Patient Denies use	Nurse, Sample	10/29/2020 01:54:51 PM

ACTIVE MEDICATIONS			
Medication	Comments	Last Updated By	Last Updated On
aspirin	Patient Confirms use	Nurse, Sample	10/29/2020 01:55:31 PM

MANDATORY ALLERGIES QUESTIONS			
Allergy	Comments	Last Updated By	Last Updated On
latex	Patient Denied	Nurse, Sample	10/29/2020 01:55:45 PM
iodine	Patient Denied	Nurse, Sample	10/29/2020 01:55:47 PM

ACTIVE ALLERGIES			
Allergy	Comments	Last Updated By	Last Updated On
No Known Drug Allergies		Nurse, Sample	10/29/2020 01:55:42 PM

PATIENT ALERTS

Metal - Left knee Nurse, Sample 10/29/2020 01:56:22 PM

Discharge Medications

DISCHARGE MEDICATIONS	
Medication	Instruction
aspirin	Continue as prescribed

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NEW DISCHARGE MEDICATIONS

Medication	Last Updated By	Last Updated On
Metamucil - 1 Tablespoon oral daily Start date: 10/30/2020 - Stop date: 11/6/2020	Nurse, Sample	10/29/2020 03:06:13 PM
Pramoxine 1% topical prn	Nurse, Sample	10/29/2020 03:13:39 PM

Pre-procedure
Check-in

Patient ID verified by Full Name and DOB **Yes**
 ID band on Yes Allergy band on Yes Consent signed **Yes**

Planned Sedation **Moderate Sedation**

Heart exam **Normal**

Lung exam **Normal**

Abdominal exam **Soft, Nontender**

Need for prophylactic antibiotics **No**

Reason for visit/Indication for procedure **screening**

Prep taken **Yes**

Prep type **GoLytely**

Percent of prep completed **100%**

Prep results **Clear, Yellow, Liquid**

Tolerated prep **Yes**

NPO with solids since (date & time) **10/27/2020 9pm**

NPO with liquids since (date & time) **10/29/2020 6am**

Admitted via **Ambulatory**

Transportation after procedure **Yes**

Driver location **Call**

Driver's phone number **555-555-1111**

Driver's name and relationship **Sample, spouse**

Are we allowed to speak with your driver about your medical information post procedure **Yes**

Have you or anyone you've been in contact with been outside of the USA within the last 21 days **No**

Does the patient have any advance directives **Yes**

Copy placed on chart **Yes**

Patient informed that Advance Directives do not apply in the ASC setting **Yes**

Pre-procedure teaching completed **Yes**

Method **Verbal**

Response to teaching **Verbalized understanding of instructions**

Barriers to care or learning **No**

May we contact you following procedure **Yes**

Patient phone number **555-555-5555**

May we leave a voicemail message **Yes**

May we discuss your results with anyone else **Yes**

Discussion details

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Health history

Medical history

Pregnancy status **N/A**
Cardiovascular **No**
Pulmonary **No**
GI **No**
Diabetes **No**
Renal and endocrine **No**
Neurological and musculoskeletal **No**
Infectious disease and miscellaneous **No**
Mental health **No**

Surgical history

Previous surgery **Yes**
Surgery **Knee replacement**
History of problems with anesthesia **No**
Family history of problems with anesthesia **No**

Social history

Nicotine/smoking history **No**
Alcohol use history **Yes**
Amount and frequency **occasional**
Last used
Recreational drug use **No**
Do you feel safe at home **Yes**

Patient assessment

Fall risk assessment performed (Morse scale) **Yes**
History of falling within the past 3 months **No (0 points)**
Secondary diagnosis **No (0 points)**
Ambulatory aid **Bed rest/nurse assist (0 points)**
Intravenous therapy/heparin lock **Yes (20 points)**
Gait and transferring **Normal/bed rest/immobile (0 points)**
Mental status **Oriented to own ability (0 points)**
Fall risk category **Low risk (0-24 points)**

Patient valuables removed and stored **Yes**

Details **Clothes**
Stored location **Under bed**

Does the patient currently have pain **No**
Baseline behavior **Calm, Cooperative**
Level of consciousness **Alert**
Baseline orientation **Person, place, time**
Respiratory status **Unlabored**
Skin assessment **Warm, Dry**

IV started **Yes**
IV site **Right hand**
Size **22 gauge**
IV solution **Normal saline (NS)**
IV rate **TKO**

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Attempts **1**
Inserted by **KL**
Time started **2:30pm**

Procedure**Checklist/Time out**

Sign in (Before induction of anesthesia)

Patient has confirmed the following **Consent, Identity, Procedure**

Crash cart and emergency medications check completed **Yes**

Pulse oximeter on patient and functioning **Yes**

Does the patient have a known allergy **No**

Airway and aspiration risk assessed **Yes**

Is there risk of >500 ml blood loss (7 ml/kg in children) **No**

Time out (Before skin incision or endoscope insertion)

Confirm all team members introduced themselves by name and role **Yes**

Confirm patient's name and procedure **Yes**

Is essential imaging displayed **Yes**

Antibiotic prophylaxis given within the last 60 minutes **No**

Off antiplatelets/anticoagulants for appropriate length of time **N/A**

Endoscopist: Anticipated critical events **What are the critical or non-routine steps**

Anesthetist: Anticipated critical events **State any patient-specific concerns**

Nurse/GI tech: Anticipated critical events **State if endoscope, machine and supplies clean or sterile confirmed**

Checklist - Post

Sign out to recovery room nurse

Nurse verbally confirms with team **Name of procedure, Specimens identified and labeled (where applicable)**

To endoscopist, anesthetist and nurse **What are the key concerns for recovery and management of this patient**

Post-procedure

Recovery

Patient transferred by and report received from **KL**

Call button within reach **Yes**

Pain level **3**

IV site patent **Yes**

Abdominal exam **Soft, Nontender**

Level of consciousness **Drowsy**

Post-procedure respiratory exam **Unlabored**

Post-procedure diagnosis /findings **Hemorrhoids**

Discharge

IV discontinued **Yes**

IV site assessment **Dry, intact**

IV removed by **KL**

Time IV removed **3:38pm**

Amount IV fluids infused **1000cc**

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Level of consciousness **Alert**
 Pain level **0**
 O2 saturation equal to pre-sedation state **Yes**
 Able to ambulate independently (or at baseline) **Yes**
 Swallow, cough, gag reflexes present **Yes**
 Passing flatus **Yes**
 Able to take PO fluids **Yes**
 Final abdominal exam **Soft, Nontender**
 Patient meets discharge criteria as set by physician and approved by facility **Yes**
 Verbalizes understanding of discharge instructions **Yes**
 Discharge instructions given to **Patient, Spouse**
 Discharged to **Home**
 Discharged via **Ambulatory**
 Patient items given back to patient **Yes**

Medications				
Time	Description	Given	Total	Entered by
2:54:35 PM	Versed IV	1 mg	3 mg	Nurse, Sample
2:52:46 PM	Fentanyl IV	50 mcg	50 mcg	Nurse, Sample
2:52:45 PM	Versed IV	2 mg	-	Nurse, Sample

IV Fluid				
Time	Description	Given	Total	Entered by
2:50:52 PM	Normal saline	1000 ml	1000 ml	Nurse, Sample

Oxygen				
Time	Description	Given	Total	Entered by
3:08:17 PM	Nasal cannula	0 LPM	2 LPM	Nurse, Sample
2:50:57 PM	Nasal cannula	2 LPM	-	Nurse, Sample

Vitals						
Time	BP	HR	RESP	O2Sat	CO2	Entered By
3:37:08 PM	114 /72	68	16	99	-	Nurse, Sample
3:14:13 PM	116 /79	64	16	98	-	Nurse, Sample

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3:07:59 PM	110 /76	65	16	98	34	Nurse, Sample
3:02:01 PM	109 /74	63	16	97	38	Nurse, Sample
2:57:16 PM	117 /76	72	16	98	36	Nurse, Sample
2:52:28 PM	115 /79	69	18	100	34	Nurse, Sample
2:15:33 PM	110 / 82	66	16	99	-	Nurse, Sample

Custom Items		
Time	Data	Entered by
2:51:08 PM	Patient Positioning - Patient position: Left lateral	Nurse, Sample

Time Tracking		
Time	Event	Entered by
3:40:33 PM	Discharged	Nurse, Sample
3:11:57 PM	Recovery start	Nurse, Sample
3:10:54 PM	Out of procedure room	Nurse, Sample
3:07:46 PM	Procedure 1 stop	Nurse, Sample
3:00:31 PM	Cecum reached	Nurse, Sample
2:52:41 PM	Procedure 1 start	Nurse, Sample
2:50:11 PM	Into procedure room	Nurse, Sample
2:10:12 PM	Preprocedure start	Nurse, Sample
2:00:53 PM	Arrival	Nurse, Sample

Sample Nurse

This document has been electronically signed.
 10/29/2020 04:36 PM

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Sample note ends – all patient information used in this procedure note sample is fictional. Any resemblance to real persons, living or dead, is purely coincidental.