



PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PROCEDURE FLOWSHEET – ENDOSCOPY/BRONCHOSCOPY SHORT FORM

For use with non-sedated procedures; or Pediatric Sedation Team or Anesthesia staff assisted procedures and pre- / post-patient care.

Procedure Scheduled: EGD Colon Flex Sig PEG Tube Other _____
Patient Identification by: _____ (Initials/Time) Patient or responsible party states name & DOB or MR#

PRE-PROCEDURE VERIFICATION (To be conducted in the prep room)

1. Consent is accurate and complete
 2. Diagnostic results, available if indicated
 3. Equipment, blood products, and implants; available if indicated
 4. Safety precautions based on patient history or medication use addressed (ie, AICD, prophylactic ABX)
- All relevant documents present and verified to be consistent with the patient/responsible party and procedural team’s expectations. Exceptions: _____
Signature: _____ Time: _____

FINAL VERIFICATION (To be conducted in the procedure room prior to beginning of procedure)

Necessary test results, images, implants, supplies and equipment available.
Verbal confirmation/time out process completed immediately prior to procedure.

- Correct Patient (read aloud name on ID band, consent and films, if used)
- Correct Procedure (read aloud procedure listed on consent)
- Correct Positioning (“site” is not applicable for endoscopy procedures per Joint Commission)
- Appropriate pre-procedure antibiotic administered and documented, if ordered.
- Appropriate precautions taken based on patient’s history or medication use (ie, AICD, Anticoagulation)

Print names of those participating: _____

Print your name: _____ Time: _____ 2nd Time _____
Signature: _____ Procedure Room: _____

PROCEDURE DOCUMENTATION:

Time Procedure #1 Start _____ Scope Removed _____ Cecum (for Colon) _____
Time Procedure #2 Start _____ Scope Removed _____ Procedure Aborted* _____

**Provider to document reason for aborted procedures in Procedure Note*

Equipment Used

Scope #1 _____ Scope #2 _____ Other: _____

Cautery: N/A Pad Location: _____ Skin Condition: pre _____ post _____

ERBE Settings: Endocut _____ Bicap _____ Argon _____

Interventions: Cold Bx Hot Bx Cold Snare Hot Snare Brushing _____

Other: _____

Specimen Sent: n/a # Bottles _____ Other: _____

Initials: _____ Signature/Print _____

Initials: _____ Signature/Print _____