## Time-out to be completed on arrival in Procedure Room

**Affix correct patient, procedure & site sticker here**

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### Endoscopy Nursing Procedure & Recovery Room Record OUTPATIENTS

<table>
<thead>
<tr>
<th>Fasting Status</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel Prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prep Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prep Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fleet Enema</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admission Observations</th>
<th>Time</th>
<th>BP</th>
<th>Pulse</th>
<th>% SPO2</th>
<th>Temp°C</th>
<th>ECG Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Discharge Plan</th>
<th>Time</th>
<th>Relationship</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information**

<table>
<thead>
<tr>
<th>Admitting Nurse</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Time-out to be completed on arrival in Procedure Room

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### Endoscopy Nursing Procedure & Recovery Room Record OUTPATIENTS

**Procedure:**

**Time-out Completed:**

**Instrument No:**

**IV Cannula**

<table>
<thead>
<tr>
<th>Type</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Oxygen:**

<table>
<thead>
<tr>
<th>1/L/Min</th>
<th>Nasal Cannula</th>
<th>Hudson Mask</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Throat Spray:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>Midazolam mg</th>
<th>Fentanyl mg</th>
<th>Propofol mg</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

This is a record of administration only.

All medications must be charted on national in-patient medication chart & signed by medical officer.

**Therapeutic Interventions**

- Dilatation Site:
- Banding Site:
- Sclerotherapy Site:
- Clips
- Gold probe
- APC
- Stent: Plastic Metal Site:
- Diathermy pad: Removed: Site inspected

**Information for Recovery**

- Consciousness: Awake Alert Drowsy Other
- SIP Test: Time: NBM Clear Fluids Normal Diet

Additional Instructions:

<p>| | |</p>
<table>
<thead>
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<tbody>
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</tbody>
</table>

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### Endoscopy Nursing Procedure & Recovery Room Record OUTPATIENTS

**Procedure Room:**

**Time of Arrival in Pro Room:**

**Attending Staff**

- Endoscopist
- Registrar
- Airway Nurse
- Procedure Nurse
- Anaesthetist
- Anaesthetic Nurse
- Additional Staff
### Endoscopy Nursing Procedure & Recovery Room Record OUTPATIENTS

**Time of Arrival in Recovery**

<table>
<thead>
<tr>
<th>Time</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Received by:**

- Signature:
- Oxygen Therapy: [ ]
- Pulse Oximetry: [ ]
- IV Therapy: [ ]

**Blood Pressure & Pulse**

<table>
<thead>
<tr>
<th>Time</th>
<th>Blood Pressure</th>
<th>Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**DISCHARGE REVIEW & INSTRUCTIONS**

- [ ] SIP Test
- [ ] BSL checked if IDDM/NIDDM
- [ ] Tolerated Fluids
- [ ] Tolerated Diet
- [ ] IV Cannula removed

**Indication for procedure:**

**ADVERSE DRUG REACTIONS**

- [ ] Yes
- [ ] No
- [ ] Nil known

**DRUG**

- [ ] Warfarin
- [ ] Aspirin
- [ ] Plavix
- [ ] Other anticoagulant
- [ ] Digoxin
- [ ] Diuretic (list)
- [ ] Other
- [ ] Antibiotics
- [ ] Analgesia
- [ ] Other (list)
- [ ] Other

**MEDICAL HISTORY**

- Heart disease including angina/heart attack: [ ] Yes
- Heart valve disease/replacement: [ ] Yes
- Hypertension: [ ] Yes
- Pacemaker: [ ] Yes
- Implantable Defibrillator: [ ] Yes
- Anaemia: [ ] Yes
- CVA/TIA: [ ] Yes
- DVT/PE: [ ] Yes
- Asthma/Lung disease: [ ] Yes
- Smoker: [ ] Yes
- Diabetes/IDDM/NIDDM: [ ] Yes
- Epilepsy: [ ] Yes
- Problems with sedation/anaesthetic: [ ] Yes

**ADDITIONAL MEDICAL/SURGICAL HX:**

- Mobility: [ ] Mobile
- Vision: [ ] Glasses/contact lenses
- Hearing: [ ] Special diet
- Language: [ ] Non-English background
- Teeth: [ ] Dentures
- Prosthesis: [ ] Old notes
- Belongings: [ ] Jewellery

**CONSENT COMPLETED**

- [ ] Y
- [ ] N

**INFECTION STATUS**

- [ ] MRSA
- [ ] VRE
- [ ] TB
- Latex allergy: [ ] Y
- Soy allergy: [ ] Y
- Egg allergy: [ ] Y

**LOCATION /iards**

- COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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*NO WRITING OUTSIDE BORDER*