

The Prince of Wales Hospital & Community Health Services
South Eastern Sydney Local Health District

ENDOSCOPY FORM
The Billington Centre

Surname		Medical Record Number	
Other Names		Date of Birth	
Classification	Sex	Date of Admission	
Senior Medical Officer		Hospital/Ward	

(Affix label)

Admission Date: _____ Arrival Time: _____

Procedure scheduled: _____

Reason for test: _____ NBM since: _____

Name of escort home: _____ Contact No.: _____

	YES	NO	N/A	Comments
Bowel preparation				Results
Previous Endoscopy				Explanation provided YES / NO
Allergies				Red armband applied YES / NO
ID band				Allergies:
Dentures				TOP BOTTOM BOTH
Glasses				
Hearing Aid				LEFT RIGHT BOTH
Aspirin / Warfarin (<i>circle</i>)				Last dose time:
Previous sedation / Anaesthesia				Problems

PATIENT HISTORY	YES	NO	N/A	Comments
Cardiovascular problems				
Respiratory problems				
Renal				
Liver disease				
Cancer				
High blood pressure				
Seizures				
Bleeding problems / Anaemia				
Artificial implants or pacemaker				
Pregnant				
Mobility limitation				
Communication limitation				
Smoker (<i>number per day</i>)				
Alcohol				
Diabetes				BSL
Other				

Relevant surgical history

Current medications

Previous testing for Infectious disease:	HEPATITIS	YES / NO	DATE:	Outcome:
	HIV	YES / NO	DATE:	Outcome:
	OTHER	YES / NO	DATE:	Outcome:

BINDING MARGIN - DO NOT WRITE

ENDOSCOPY FORM - THE BILLINGTON CENTRE

PROCEDURE ROOM

Time in _____ Time out _____ Assistant Nurse _____

Scout Nurse _____

Dr _____ Mouthguard Nurse _____

Assistant Dr _____ Relieving Nurse _____

Xylocaine Spray Time: _____ hrs Given by: _____ Sip test: _____ hrs

IV Cannula Right / Left Hand Forearm Elbow Other _____

Dentures removed YES / NO / NA **Phosphate Enema given** YES / NO

Diathermy plate YES / NO Position _____ Removed YES / NO Site _____

PROCEDURE	Yes	Scope No.	Additional procedure performed	Yes
Gastroscopy			Biopsy	
Colonoscopy			Dilatation	
Sigmoidoscopy			Polypectomy	
ERCP			Stent	
			Sphincterotomy	
			Banding or Injection	

Radiological Contrast & Other Stickers

SPECIMENS	No.
Histopathology	
Clotest	

POST-PROCEDURE

PROCEDURE TOLERATED: Well Min. / Mod. Discomfort Poorly

Comments _____

STATE OF CONSCIOUSNESS: Alert & Orientated Drowsy but rousable Unresponsive

Other _____

FOLLOW-UP: OPD Rooms Prof. Suite Return to Ward Other _____ weeks

DIET: Normal Fluids NBM NB PEG Other _____

Comments:

Signature: _____

BINDING MARGIN - DO NOT WRITE

RECOVERY

Time received in recovery _____

Recovery nurse _____

AWAKE / ROUSABLE / UNROUSABLE

Comments _____

POST PROCEDURE SCORING

		SCORE
O₂ Sat	SaO ₂ > 92% on room air	2
	O ₂ to maintain > 90%	1
	SaO ₂ < 90% despite O ₂	0
Resps	Breathe deeply & cough	2
	Dyspnoea	1
	Apnoeic	0
Activity	Move 4 limbs voluntarily	2
	Move 2 limbs voluntarily	1
	Unable to move voluntarily	0

		SCORE
Circulation	BP +/-20 pre-sedation	2
	BP +/-20 - 49 pre-sedation	1
	BP +/-50 pre-sedation	0
Consciousness	Fully awake	2
	Rousable on calling	1
	Not responding	0

IF SCORE TOTALS 8 OR LESS PRIOR TO DISCHARGE - CONTACT DOCTOR

Observations

Observations	Admission time	During procedure time	Recovery time	TIME	TIME	TIME	TIME
Pulse							
BP							
O ₂ sats							
Resps							
O ₂ sats score							
Resps score							
Activity score							
Circ score							
Cons score							
Other							
TOTAL SCORE							

BINDING MARGIN - DO NOT WRITE

Sip Test tolerated at _____ hrs **Diet and fluids** tolerated / refused / vomited / other _____

DISCHARGE	YES	NO	N/A
IV Cannula removed			
Dentures returned			
Seen by VMO / Dr			
Medical certificate			
Valuables returned			
Escort home			
Appointment given			
Discharge instructions given to patient			

INPATIENT	YES	NO	WARD
Escort & Porter called			
Report in notes			

Comments _____

Signature _____

