Hartford Hospital
A Hartford HealthCare Partner

Check box to initiate order

549382A - HH9382A Rev 12-11

GI PRE-PROCEDURE ORDERS

IMPORTANT
Position patient ID plate so it is to the LEFT of the arrow

ALLERGIC: ☐ NO ☐ YES

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
				readministering fleets phosphosoda (or generic	
				equivalent) as 15ml in 8oz PO x 3 or go to	
				☐ Option B.	
				Day of Procedure	
				• If bowel movements not clear, 5AM tap	
				water enema to clear	
				☐ **OPTION B (Nulytely)**	
				Day Before Procedure	
				• 5PM Nulytely 8 oz PO q 15 minutes until 1	
				gallon administered.	
				Day of Procedure	
				• If bowel movements not clear, 5AM tap	
				water enema to clear.	
				If patient having difficulty with prep consider	
				NGT or call physician.	

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PHYSICIAN'S ORDER FORM

6804

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