



**PHYSICIAN'S ORDERS**

ORDERED		ORDERS	TIME ORDER NOTED
Date	Time		
		<b>EGD ORDERS</b> <b>Dr. J. Stephen Rawson, Dr. A. Williams, Dr. A. Johnson</b>	
		<b>Pre-(EGD) esophagogastroduodenoscopy orders:</b>	
		<b>1. Nothing by mouth past midnight evening prior to procedure.</b>	
		<b>2. Operative permit signed for esophagogastroduodenoscopy, possible biopsy, Dilation, polypectomy, or cautery.</b>	
		<b>3. IV ½ Normal Saline at keep vein open prior to 7:00 A.M. the morning of procedure</b>	
		<b>Or continue existing IVF.</b>	
		<b>Post-(EGD) esophagogastroduodenoscopy orders:</b>	
		<b>4. Nothing by mouth and bedrest for 2 hours.</b>	
		<b>5. Vital signs every 30 minutes for 2 hours, then routine.</b>	
		<b>6. Notify Dr. Rawson/Dr. Williams/Dr. Johnson of any rising pulse, falling BP, pain or bleeding.</b>	
		<b>7. May discharge when cleared by Dr. Rawson/Dr. Williams/Dr. Johnson</b>	
		<b>MD Signature</b>	
		<b>Date/Time</b>	

▼ Addressograph / Patient Label ▼



**ESOPHAGOGASTRODUODENOSCOPY ORDERS**