



**PHYSICIAN'S ORDERS**

ORDERED		ORDERS	TIME ORDER NOTED
Date	Time		
		<b>ERCP ORDERS</b> Dr. J. Stephen Rawson, Dr. A. Williams, Dr. A. Johnson	
		<b>Pre-(ERCP) Endoscopic Retrograde Cholangiopancreatography orders:</b>	
		1. Nothing by mouth past midnight the evening prior to procedure (may have clear liquid breakfast if procedure is done after noon).	
		2. IV ½ Normal Saline at keep vein open prior to 7:00 A.M. the morning of procedure, or continue existing IVF.	
		3. Operative permit signed on chart for Endoscopic Retrograde Cholangiopancreatography, possible biopsy, or cautery.	
		4. Antibiotics on call.	
		<b>Post-(ERCP) Endoscopic Retrograde Cholangiopancreatography orders:</b>	
		5. Nothing by mouth and bedrest for 2 hours then continue clear liquids.	
		6. Vital signs every 15 minutes for one hour, then routine every 30 minutes for two hours, then every 4 hours x 4.	
		7. Notify Dr. Rawson/Dr. Williams/Dr. Johnson of any change in vital signs, pain or bleeding.	
		<b>MD Signature:</b>	
		<b>Date/Time:</b>	

▼ Addressograph / Patient Label ▼



**ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY ORDERS**