



# GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology and Hepatology

Diagnostic and Therapeutic Endoscopy

## Open Access Endoscopy Nurse Triage Form

Date Interviewed \_\_\_\_\_ By \_\_\_\_\_ Appt Date/Time/Location \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Referring Physician \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ (> 350#, cannot use IEC)

**If patient cannot provide own consent, must obtain phone consent in advance and place in chart.**

### Procedure Requested

EGD  Colonoscopy: *Prep* \_\_\_\_\_  Flex Sig

### Indication

Colon cancer screening  Barrett's screening  Follow-up EGD or Colonoscopy

### Past & Family Medical History (pertinent to indications & risks for procedure)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> No change since last scope | <input type="checkbox"/> Diabetes Mellitus         | <input type="checkbox"/> Crohn's Dz or Ulcerative Colitis         |
| <input type="checkbox"/> MI                         | <input type="checkbox"/> COPD / Home Oxygen        | <input type="checkbox"/> Artificial Joint within past 6 months*   |
| <input type="checkbox"/> HTN                        | <input type="checkbox"/> Chronic Kidney Disease    | <input type="checkbox"/> F Hx Colon Cancer: M F B S GM GF Child   |
| <input type="checkbox"/> Artificial heart valve*    | <input type="checkbox"/> Stroke                    | <input type="checkbox"/> F Hx Colon Polyps: M F B S GM GF Child   |
| <input type="checkbox"/> Coumadin therapy           | <input type="checkbox"/> Dementia/Confusion        | <input type="checkbox"/> F Hx Esoph Cancer: M F B S GM GF Child   |
| <input type="checkbox"/> CHF                        | <input type="checkbox"/> Gastric or Duod Ulcers    | <input type="checkbox"/> F Hx Gastric Cancer: M F B S GM GF Child |
| <input type="checkbox"/> Pacemaker                  | <input type="checkbox"/> Implantable Defibrillator | Defib Brand _____   |

\* Preprocedure antibiotics required. Refer to current ASGE guidelines for other conditions requiring preop antibiotics

### Symptoms (check, then circle all modifiers that apply)

Rectal bleeding: Last episode \_\_\_\_\_ Frequency \_\_\_\_\_ Large\*\*/Small Amount

Difficulty Swallowing: Solids Liquids Daily\*\* Most Days\*\* Infrequent

Heartburn/Indigestion: Daily More than twice a week

Unexpected Weight Loss: Amount \_\_\_\_\_ Time Frame \_\_\_\_\_

Abd Pain (circle): Upper Abd Lower Abd Constant Off and On Burning Cramping

Bowel Habits: Daily Constipation Diarrhea \_\_\_\_\_

Chest pain: Needs to be cleared by cardiologist before anything can be scheduled

*Items with (\*\*) should prompt office visit prior to endoscopy unless cleared with gastroenterologist.*

### Medication List

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Drug Allergies List**  NKA  \_\_\_\_\_

### For Colonoscopies, stop the following medications prior to procedure:

Coumadin 4 days prior. **Get prescriber's approval**

Aspirin, Plavix, Persantine, Pletal, Ticlid, Aggrenox (& generics): 5 days prior. **Get prescriber's approval.**

Aspirin, Ibuprofen, Advil, Aleve, Motrin, and any other COX I arthritis medicines: 5 days prior

COX II inhibitors (Celebrex) do not need to be stopped

Risks and Technique of procedure given \_\_\_\_\_  Prep and History forms sent to patient

### For EGDs

Stop as for colonoscopy if esophageal dilation, polypectomy, variceal banding, or surveillance biopsies for Barrett's esophagus are anticipated.