

GI Checklist

Patient name: _____ DOB: _____ PREP: _____

- Have you ever seen a heart doctor for any reason? **YES OR NO**
 - a. Reason:
 - b. Date:
 - c. Who:
 - d. **OBTAIN RECORDS** (last office note, EKG, Echo, cardiac clearance, & any other tests)
 - e. **SEND TO LISA FOR REVIEW**

- Do you have a pacemaker or a defibrillator? **YES OR NO**
 - a. **IF PATIENT HAS A DEFIBRILLATOR, PATIENT TO BE DONE AT THE HOSPITAL**
- Are you on any blood thinners? (Plavix/Clopidogrel, Xarelto/Rivoroxaban, Eliquis/Apixaban, or Warfarin/Coumadin) **YES OR NO**
 - a. **IF ON A BLOOD THINNER, WILL NEED CLEARANCE TO HOLD**
- Do you have sleep apnea, COPD, asthma, or emphysema? **YES OR NO**
 - a. If yes, do you use home oxygen? **IF YES, PATIENT HAS TO BE DONE AT THE HOSPITAL**
 - b. Do you use Inhalers? If yes, please use it on the morning of procedure and bring them with you to the pre-op area the day of the procedure.
- Do you have food or Latex allergies? **YES OR NO**
 - a. If latex allergy is present, what is the reaction? _____
 - b. Any allergies to bananas, avocados, chestnuts, kiwi, and passion fruit (pineapple, mango, papaya etc.)? If yes, what is the reaction? _____
 - c. **IF EITHER ABOVE IS ANAPHYLAXIS PATIENT HAS TO BE DONE AT THE HOSPITAL**
- Do you take any weight loss medication? **YES OR NO**
 - a. **If yes, this medicine needs to be held for 14 days before the procedure can be scheduled.**
- Do you take any seizure medications? **YES OR NO**
 - a. If yes, when was your last seizure? _____
 - b. **ALL SEIZURE MEDICINE NEEDS TO BE TAKEN 2 HOURS BEFORE ARRIVAL ON DAY OF THE PROCEDURE**
- Do you have any kidney function problems? **YES OR NO**
 - a. If yes, do you see a nephrologist?
 - b. Who:
 - c. **COMMUNICATE TO PHYSICIAN ASAP FOR SPECIAL PREP IF NEEDED**
- If **EGD**, does patient have any loose teeth? **YES OR NO**
 - a. **If yes, please alert Dr. Shakoor or Krisna; pt cannot have EGD here**
- Some blood pressure medicines may NOT need to be taken on the day of the procedure. This will be determined during the pre-op phone call.
- If you take a daily steroid like prednisone, this medication needs to be taken 2 hours before the procedure.
- It is important for the safety to prevent aspiration that you **DO NOT SWALLOW ANYTHING FOR AT LEAST 4 HOURS BEFORE YOUR ARRIVAL TIME.** (exception of certain meds)

Patient Signature: _____ Date: _____

Employee Signature: _____ Date: _____