

UVA Health Endoscopy Open Access Order Form

IMPORTANT:

- Open access procedures are for Virginia residents who are ambulatory **without** significant comorbidities.
- If care beyond the procedure is expected, a referral to our GI Clinic is appropriate *prior to a procedure*.
- Patients **should not** be referred for open access procedures and GI clinic simultaneously. Uvahealth.com/digestive-referrals

Patient Information			
Name		DOB	
Home Phone		Cell Phone	
Email			
Is interpreter needed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Language needed:	
Referring Provider Information			
Name			
Office Phone		Fax Number	
Patient's PCP and contact information if different from referring provider:			

Any of the following are EXCLUSIONS TO OPEN ACCESS:	
If any exist please refer patient to our GI clinic for a consult at Uvahealth.com/digestive-referrals	
<input type="checkbox"/> Patient lives outside of Virginia	<input type="checkbox"/> Dysphagia
<input type="checkbox"/> Recent diverticulitis within 60 days	<input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Symptomatic Congestive Heart Failure, Recent MI or CVA (<6mo)
<input type="checkbox"/> Prior failed colonoscopy	<input type="checkbox"/> Polyposis Syndromes: HNPCC/Lynch and FAP
<input type="checkbox"/> Diarrhea: Chronic (>3 wks)	<input type="checkbox"/> IBD: ulcerative colitis and Crohn's disease
<input type="checkbox"/> No Exclusion present. Requires ordering provider initials _____	

Special considerations present?	
Please check any below (will require additional navigation/clinic visit or alternate location/sedation for procedure):	
<input type="checkbox"/> Age >75	<input type="checkbox"/> Past failed prep
<input type="checkbox"/> BMI > 50	<input type="checkbox"/> Patient is unable to provide consent
<input type="checkbox"/> Chronic Kidney Disease on dialysis	<input type="checkbox"/> History of complication with anesthesia
<input type="checkbox"/> Internal defibrillator	<input type="checkbox"/> Chronic high-dose narcotic or suboxone
<input type="checkbox"/> No Special considerations present. Requires ordering provider initials _____	

Anticoagulation Management:

The referring provider must manage discontinuation or bridging of anticoagulation and/or antiplatelet therapy. This requires balancing the risk for adverse event OFF anticoagulation/antiplatelet prescription relative to the risk of the procedure.

- **Do NOT hold 81mg aspirin pre-procedure if it is taken for a medical indication.**

For more information: [https://www.giejournal.org/article/S0016-5107\(15\)02950-8/pdf](https://www.giejournal.org/article/S0016-5107(15)02950-8/pdf)

Anticoagulation plan:

<input type="checkbox"/> Hold non-aspirin antiplatelet	<input type="checkbox"/> Hold anticoagulant	<input type="checkbox"/> Bridge anticoagulation	<input type="checkbox"/> Continue antiplatelet/anticoagulant therapy
--	---	---	--

PROCEDURE: Select the applicable indication below.

Colonoscopy

- Colon cancer screening:
 - o Average Risk Screening: 45 y/o person with no family hx of colon cancer or **advanced polyps****
 - o **High Risk Screening:** ≥1 First Degree Relative with colon cancer or **advanced polyp**** diagnosed at any age –
 - Begin screening at age 40 years
 - 10 years before the FDR's diagnosis, whichever is earlier
 - Screening interval q5 unless otherwise dictated by finding of polyps
- **advanced polyp:** >1 cm in size and/or tubulovillous adenoma and/or sessile serrated polyp with dysplasia
- Colon polyp/cancer surveillance:
 - o Personal h/o adenomatous and/or sessile serrated polyps
 - o Personal h/o colorectal cancer
- Positive Cologuard® and/or Fecal Immunochemical Test (FIT)
- Bleeding: Unexplained iron deficiency, fecal occult blood, or rectal bleeding
- Unexplained weight loss
- Date of Last colonoscopy: _____

EGD

- Unexplained iron deficiency
- f/u Barrett's Esophagus
- unexplained weight loss
- Persistent/Refractory GERD
- Persistent/Refractory Dyspepsia

BOWEL PREP FOR COLONOSCOPY: Please indicate which prep you have ordered

- MIRALAX + GATORADE + BISACODYL: Miralax 17 gm/scoop PO POWDER: Take 238 g by mouth one time for 1 dose. Bisacodyl 5 mg, take 2 tablets (10 mg) by mouth for 1 dose. 0 refills. Reserved for patients with no medical co- morbidities. **Only prep that does not require a prescription**
- PEG SOLUTION* 4 liters PEG 3350 w/ electrolytes: no sulfate (NuLYTELY, TriLyte) or standard (Colyte, GoLYTELY, generic)
- SUPREP* 1 kit Na Sulfate-K Sulfate-Mg Sulf, 17.5-3.13-1.6 GM/177ML SOLN solution
- 8 LITER PREP* (for patients with past poor prep and/or chronic constipation) 8 liters PEG solution

*Requires prescription from referring physician

Physician Signature (order): _____

FAX completed order form to: 434-924-8144 WITH a copy of the following Required information:

- demographics
- insurance card
- most recent clinic note (H&P, current medications, allergies, BMI)
- past procedure and pathology reports
- recent lab results

Questions? Call 434-924-9999

PATIENT MUST BE ACCOMPANIED BY A RESPONSIBLE ESCORT WHO IS 18 YRS OLD & ABLE TO DRIVE. PATIENT MUST NOT DRIVE FOR AT LEAST 12 HOURS AFTER A PROCEDURE USING SEDATION.