

# Capsule Endoscopy Record

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN#: \_\_\_\_\_

Indication: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Ordering Provider: \_\_\_\_\_

## Pre-Procedure

Pacemaker (y/n)      Defibrillator (y/n)      Difficulty Swallowing (y/n)      MRI Scheduled (y/n)

- Pre-Capsule Preparation Followed
- Contraindications Reviewed
- Patient Consent Obtained

## Procedure

Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_ NPO Food: \_\_\_\_\_ NPO Drink: \_\_\_\_\_

Abdomen Shaved:       Yes (Skin Intact)       Not Necessary

Capsule Ingested: \_\_\_\_\_ Dimethicone Drops Used: (y/n)

Difficulty Ingesting:       Yes       No

## Post-Procedure

Arrival Time: \_\_\_\_\_

Problems (y/n) Explanation: \_\_\_\_\_

Sensor Arrays Removed

Skin Intact (y/n) Explanation: \_\_\_\_\_

Discharge Instructions Given

Nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_