



MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMIP2406720

Age/Sex : 56 Years /M DOA : 05/10/2024

BED : SW-518 WARD : MWU

DR : DR.PRASHANT ATHALE



NABH ACCREDITED



**MGM**  
**NEW BOMBAY HOSPITAL, VASHI**



JCI ACCREDITED

## CHECKLIST FOR ENDOSCOPY PROCEDURE

Date: 4/11/2024 Time: 3:38 pm Doctor Name: Manoj Jondhale  
Functional endoscopic evaluation of swallowing

Sr. No	DO'S AND DON'TS	YES	NO
	<b>DO'S</b>		
1	8 hour's fasting prior to procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Always one relative to accompany patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	In case of any insurance / company benefits , check with TPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Take medicine's for Thyroid, Hypertension if any in early morning [5-6 AM] with sip's of water	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sr. No	DON'TS	Yes	No
1	Diabetic medicine not to be taken prior to procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	No smoking atleast 48 hours prior to procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	No artificial tooth [dentures ] to be worn during procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	No jewelry / metal ornament to be worn during procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Valuable article / money to be kept with patients relative during procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	You will not allowed to drivethat day after procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## FOR COLONOSCOPY PRE PROCEDURE CHECKLIST

Sr. No	INSTRUCTIONS	yes	no
1	1.Peglec preparation taken	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	2.Any other specific preparation taken (pc Enema, Laxative)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	3. 3L clear liquids taken in between peglec preparation ( plain water, electrolyte water, coconut water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	4.Motion passed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	5.Frequency of motion passed after preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	6.Type of motion passed ( Solid, semi-solid, watery stool)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Report to DAY CARE department on \_\_\_\_\_ at \_\_\_\_\_ with responsible relative

WARD STAFF NAME: Ayan Day ID NO: N3400 SIGN: [Signature]

ENDOSCOPY STAFF NAME: T.Rashani ID NO: New SIGN: [Signature]