

Date of Birth: Hospital Number:

<u>**Procedure:**</u> Colonoscopy / Barium Enema / Small Bowel Meal / CTC / Capsule Study / Other

Step 1: Absolute Contraindications	
GI Obstruction, ileus or perforation	Y/N
Severe Inflammatory Bowel Disease	Y/N
Toxic Megacolon	Y/N
Reduced conscious level	Y/N
Hypersensitivity to any ingredients	Y/N
Dysphagia (unless via NGT)	Y/N
lleostomy	Y/N
If we a tan any superfield when the	

If yes to any question, do not continue

Step 2: If patient likely to ha	
Review the <b>Blood Results</b> Na	eGFR 30-60 = CKD 3 eGFR 15-29 = CKD 4
K eGFR	eGFR 0-14 = CKD 5

If abnormal blood results, refer to Step 4

<u>Step 3:</u> Rev	iew <b>Me</b>	edications		
ACEi/ARB	Y/N	Safe to stop for 72 hrs?	Y/N	
Diuretics	Y/N	Safe to stop for 24 hrs?	Y/N	
NSAIDs	Y/N	Safe to stop for 72 hrs?	Y/N	
Lithium*	Y/N	Safe to stop?	Y/N	

Step 8: Signature	
Drint Nome	
DesignationDate	
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## **Oral Bowel Cleansing Agent Prescription Checklist**

This checklist is to be completed by the clinician authorising the oral bowel cleansing agent and should then be filed in the patient's medical records.

## ► <u>Step 4:</u> Consider Co-Morbidities & Risk Factors

Co-Morbidities	Optimal Bowel Cleansing	Acceptable
<b>Kidney Disease</b> CKD 3 CKD 4 CKD 5 Haemodialysis Peritoneal Dialysis Renal Transplant	Klean Prep / Picolax Klean Prep (if fluid status allows) Klean Prep (if fluid status allows) Discuss with nephrologist Discuss with nephrologist Discuss with nephrologist	Picolax Picolax
Electrolyte Imbalance	Klean Prep	Picolax
Cardiac Failure	Klean Prep	Picolax
Liver Cirrhosis	Klean Prep	Picolax
Hypertension	Klean Prep / Picolax	
↓ <u>Step 5:</u> Other Com	ments:	
	wel Prep to be Issued: Picolax / K I cleansing solution of choice for mos	•
	Step 7: Instructions provided to p Leaflet Y/N	atient

KEY: ACEi Angiotensin converting enzyme inhibitors, ARB Angiotensin II Receptor Blockers, CKD chronic kidney disease, (Taken from BSG, 2009) RAF, HMD, JS, 2010. \*Lithium levels and toxicity may be increased by the fluid and electrolyte imbalance caused by administration of the bowel preparation. Check the most recent lithium level and make a clinical decision whether to omit any doses of lithium, if the lithium level is high, advice should be sought from the pt's psychiatrist.