

Please supply standard bowel preparation

Phosphate enema (for Flexible Sigmoidoscopy)

Moviprep® 2 doses (A+B sachet)

Endoscopy Request Form

The London Clinic
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| CLINIC | | | | | endoscopy@thelondonclinic.co.uk |
|---|-----------------------------|---|--------|---------------------------|--|
| Referral Details | | | | | |
| Referring Dr | | | | Contact | |
| Date of appointment | | | | Details | |
| Patient Details | | | | | |
| Title and Surname | | | M | F | Daytime Tel. no. |
| Forename(s) | | | | | Inpatient (Ward & Room No.) |
| Date of Birth | | | | | |
| Address | | | | | |
| Examination Require | d | Indication and Clinical D | etails | for Exam | ination required |
| Colonoscopy | | | | | |
| Flexible Sigmoidoscopy | | | | | |
| Gastroscopy | | | | | |
| Endoscopic Ultrasound (EUS) | | | | | |
| Bronchoscopy EBUS | | | | | |
| Other (please specify) | | | | | |
| Drug & Medical History | (please select) YES / NO | Drug & Medical History | " | lease select) YES / NO | List of Medications and Allergies |
| Anticoagulant / Antiplatelet | 1237110 | Pacemaker/ICD | | 1257110 | |
| Aspirin | | Cardiovascular | | | |
| Diabetes Insulin / Tablet | | Respiratory | | | |
| Allergies | | Ability to consent | | | |
| Infective (e.g. HIV/ TB/Hepatitis/CJD) | | Mobility problems (please specify) | | | |
| Bowel Preparation Pr | escription | | | | |
| Bowel preparation ne | eds to be pre | scribed. The standard pre py Unit can provide this w | • | | at the London Clinic is Moviprep, unless |
| otherwise prescribed. | . THE EHROSEO | Py Chile can provide this W | | .56 4660113 | in required. |

The requesting clinician must undertake a clinical assessment for each patient sufficient to ensure that there are no contraindications for the use of the prescribed bowel cleansing solution and that any precautions for its use have been addressed. Please see overleaf for further information.

Declaration of Referring Dr

| I authorise for the patient to undergo the above procedure/s. Signature | Date | |
|--|------|----|
| I hereby prescribe bowel cleansing solution which may be posted/given to my patient. | | No |
| | | |

| Office use only | | | |
|-----------------------------|------------|-----------|------|
| Preparation posted/given by | Print name | Signature | Date |
| | | | |

Yes

No

Death and harm from electrolyte abnormalities, dehydration and serious gastrointestinal problems have been associated with the use of bowel cleansing solutions prior to surgery or investigative procedures (Picolax®, Citrafleet®, Fleet Phospho-soda®, Klean-Prep®, Moviprep®). Frail and debilitated elderly patients, children and those with contraindications are particularly at risk.

It is the responsibility of the referring clinician to ensure that there are no contraindications for the use of the prescribed bowel cleansing solution and that any precautions for its use have been addressed.

Please contact The London Clinic Endoscopy Unit or Pharmacy for further information.

Warnings for the use of oral bowel cleansing solutions¹

Contraindications

- Known or suspected gastrointestinal obstruction or perforation, ileus, gastric retention, acute intestinal or gastric ulceration, toxic colitis or toxicmegacolon.
- Severe acute inflammatory disease.
- Severely reduced renal function, as accumulation of electrolytes contained in the bowel cleansing medicines may occur in plasma
- Congestive heart failure (NYHA grade III or IV).
- · Difficulty swallowing.
- Reduced levels of consciousness.
- Hypersensitivity to any of the ingredients (Moviprep® contains aspartame: not to be used in phenylketonurics)
- G6PD deficiency (Moviprep® only due to ascorbate content).

Special warnings and precautions

- Dehydration should be corrected before use.
- In debilitated fragile patients, patients with poor health, those with clinically significant renal impairment and those at risk of electrolyte imbalance, the physician should consider performing a baseline and post-treatment electrolyte and renal function test.
- An inadequate oral intake of water and electrolytes could create clinically significant deficiencies, particularly in less fit patients. In this regard, the elderly, debilitated individuals and patients at risk of hypokalaemia may need particular attention.
- · Use with caution in patients taking the following drugs
 - o Lithium: changes in fluid balance may increase risk of lithium toxicity
 - Corticosteroids, diuretics: these medicines may increase risk of hypokalaemia,
 - Digoxin: as hypokalaemia increases risk of digoxin toxicity.
- Caution is also advised when bowel preparations are used in patients taking non steroidal anti-inflammatory medicines or
 medicine known to induce Syndrome of Inappropriate Anti-diuretic Hormone release (SIADH) e.g. tricyclic antidepressants,
 selective serotonin re-uptake inhibitors, antipsychotic drugs and carbamazepine; these medicines may increase the risk of
 water retention and/or electrolyte imbalance.
- The period of bowel cleansing should not exceed 24 hours because longer preparation may increase the risk of water and electrolyte imbalance.
- Oral medication should not be taken within one hour of administration of MOVIPREP as it may be flushed from the gastro-intestinal tract and not absorbed.
- Bowel cleansing medicine may modify the absorption of regularly prescribed oral medication. The therapeutic effect of drugs with a narrow therapeutic index or short half-life may be particularly affected (e.g. antiepileptics, contraceptives, antidiabetics, antibiotics) and may therefore be modified during the treatment period. Other medicines should not be taken within one hour of taking Moviprep®.
- Recent gastrointestinal surgery.
- 1. National Patient Safety Agency Rapid Response Report RRR012. Reducing the risk of harm from oral bowel cleansing solutions: Supporting information. Feb 2009.