

VIDEOCAPSULE ENDOSCOPY REQUEST FORM

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(PLEASE COMPLETE AS MUCH DETAIL AS POSSIBLE)

DATE of REQUEST:

NHS/BLT [] NHS NON BLT [] PRIVATE [] .

Patient Sticker/details here
 NAME:
 DOB:
 ADDRESS:

 Hospital number: _____
 TEL #'s

<p><u>INDICATION:</u> - GI Bleed: OBSCURE [] OVERT [] - Suspected SB inflammatory disease [] - Other: (Please state) _____ REFERRING CONSULTANT / TEAM: CONTACT NUMBER:</p>	<p><u>CONTRAINDICATION:</u> Known or suspected obstruction or stricturing, Pregnancy. <u>RELATIVE CONTRAINDICATIONS – PLEASE DISCUSS WITH THE TEAM:</u> - Dysphagia, Zenker’s Diverticulum, Pseudo obstruction, Motility disorders. Previous abdominal surgery, longstanding NSAID use, Large/numerous diverticula, abdo pain (poor yield). REFERRING HOSPITAL:</p>
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SYMPTOMATOLOGY AND RELEVANT HEALTH DETAILS:

<p><u>MANDATORY INVESTIGATIONS PERFORMED:</u> OGD – Report attached? []</p>	<p>COLONOSCOPY – Report attached? []</p>
<p><u>IF ACUTE BLEEDING UPPER BARIUM STUDIES NOT INDICATED – FOR ALL OTHER CASES Ba MEAL & FOLLOW THROUGH RECOMENDED</u> – Report attached? []</p>	
<p><u>OTHER INVESTIGATIONS PERFORMED?:</u> ANGIO – Report attached? [] MECKELS – Report attached? []</p>	<p>CT SCAN – Report attached? [] PUSH ENTEROSCOPY – Report attached? []</p>

RELEVANT PAST MEDICAL HISTORY:

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MEDICATION: (i) **To be stopped before the test:** Iron supplements [] Alginates [] Prokinetics []
 (ii) **To be notified if on:** Warfarin [] Insulin [] Oral Hypoglycaemics [] Steroids [] NSAID’s []

TRANSMISSIBLE INFECTIONS?

Mobility impairment?: [] **Requires hospital transport?** [] **Communication/language difficulty?** [] **Any special needs?** []
Visual / auditory impairment? []

Any details? (to help individualise patient care)

Ⓢ Signing this form certifies that, in your opinion, the patient is fit to have the bowel preparation. THIS FORM WILL BE USED AS THE PRESCRIPTION FOR THE LAXATIVE. The regime will include stopping oral iron a week before the procedure, dietary restrictions and a sachet of Picolax on the day before the procedure.

SIGNATURE: _____ **DATE:** _____

FOR USE BY VCE SERVICE ONLY

REC’VD: _____ TRANSPORT BOOKED? _____

LETTER: _____ APPT: _____

COMMENTS:

TMT 05/06