

# AUTHORISATION FOR THE USE OF BOWEL CLEANSING SOLUTION

This form is to accompany a request for Endoscopy or Barium Enema or prior to a surgical procedure. An appointment for the procedure will not be given without this form signed by the referring clinician.

## Contra indications for the use of bowel cleansing solutions

- Use in patients with known or suspected gastrointestinal obstruction or perforation, ileus, gastric retention, acute intestinal or gastric ulceration, toxic colitis or toxic megacolon.
- Severe acute inflammatory disease.
- In patients with severely reduced renal function, accumulation of electrolytes contained in the bowel cleansing medicines may occur in plasma e.g. when using Picolax an accumulation of plasma magnesium may occur. Another preparation should be used in such cases.
- Congestive heart failure
- Difficulty swallowing
- Reduced levels of consciousness
- Hypersensitivity to any of the ingredients
- DIABETIC YES  NO  *If yes*

### Insulin Dependent Diabetic Management

Insulin Directives

- NBM from.....
- Omit Mané Insulin
- Take Insulin as prescribed
- Other Directives:

Details.....

Oral Hypoglycaemic's

- NBM from.....
- Omit Mané medication
- Take as prescribed
- Other: \_\_\_\_\_

## BOWEL PREP - Please Specify

KLEAN PREP  PLENVU PREP

## In the case of Phosphate Enema

EVENING BEFORE  MORNING OF

I have undertaken a clinical assessment of this patient and in my opinion there is no contraindication or risks from the use of bowel cleansing solution. I authorise the use of bowel preparation as per protocol by the department performing the endoscopy or Barium Enema.

Signed by Consultant..... Print Name.....Date: .....

Full instructions given and explained to patient

Nurse Signature.....

Patient Signature.....