

# Oral Bowel Preparation - Patient Assessment and Prescription Form

Patient Name:  Hospital Number:  Date of Birth:  NHS number:  <i>AFFIX ADDRESSOGRAPH</i>	Date of procedure <i>(if known)</i> :	Consultant:	Bowel preparation is potentially hazardous. You, as prescriber, <b>must</b> be familiar with the NPSA Alert 'Reducing Risk of Harm from Oral Bowel Cleansing Solutions'. You are responsible for the patients' safety when they take prescribed bowel prep. Medication will not be dispensed by Pharmacy unless this form is fully completed, signed and dated by a prescriber.
<i>Pharmacy will return the form to the prescriber if any sections are incomplete</i>			

**STEP 1: ABSOLUTE CONTRAINDICATIONS**

GI Obstruction, ileus or perforation	Y / N
Severe IBD	Y / N
Toxic megacolon	Y / N
Reduced conscious level	Y / N
Hypersensitivity to any ingredients	Y / N
Dysphagia (unless via NGT)	Y / N
Ileostomy	Y / N

*If 'Yes' to any question, do NOT proceed and seek specialist advice.*

**STEP 3: REVIEW MEDICATIONS.** There are risks of major electrolyte imbalance, dehydration and renal failure with use of oral bowel cleansing agents. Concurrent medicines from the groups below are particularly hazardous. If in doubt, contact Medicines Information ext. 3163, or seek specialist advice. Always inform patient/carer of any medication decisions and plans.

Medication				Comments
ACEi/ARB	Y / N	Is it safe to STOP for 72 hours?	Y / N	If NO, monitor renal function daily whilst on bowel cleansing solution and 1 day after.
Diuretics	Y / N	Is it safe to STOP for 24 hours?	Y / N	If NO, monitor U&Es and fluid balance. There is a risk of dehydration and low serum K <sup>+</sup> occurring.
NSAIDs	Y / N	Is it safe to STOP for 72 hours?	Y / N	If NO, monitor renal function daily.

Other medications such as immunosuppressants, digoxin, lithium, antidepressants, antiepileptics, oral hypoglycaemics, antibiotics, warfarin and insulin should not be stopped, but the patient or their medication regime may require close monitoring or adjustment.

**STEP 2: REVIEW BLOOD RESULTS**

Na<sup>+</sup> \_\_\_\_\_ *Writing 'N' or 'normal' is not appropriate.*

K<sup>+</sup> \_\_\_\_\_

eGFR 30-60 = CKD 3  
 eGFR 15-29 = CKD 4  
 eGFR 0-14 = CKD 5

eGFR \_\_\_\_\_

Date of results *(within 3 months)*:

**STEP 4: CONSIDER CO-MORBIDITIES & RISK FACTORS**

Co-morbidities	Optimal	Acceptable	Avoid
<b>Kidney Disease</b>			
CKD 3	PEG/ <i>Picolax</i> / <i>Citramag</i>		OSP
CKD 4	PEG (if fluid status allows)	<i>Picolax</i> / <i>Citramag</i>	OSP
CKD 5	PEG (if fluid status allows)	<i>Picolax</i>	OSP, <i>Citramag</i>
Haemodialysis	Discuss with nephrologist		
Peritoneal dialysis	Discuss with nephrologist		
Renal transplant	Discuss with nephrologist		
<b>Electrolyte imbalance</b>	PEG	<i>Picolax</i> / <i>Citramag</i>	OSP
<b>Cardiac Failure</b>	PEG	<i>Picolax</i> / <i>Citramag</i>	OSP
<b>Liver Cirrhosis</b>	PEG	<i>Picolax</i>	OSP
<b>Hypertension</b>	PEG/ <i>Picolax</i> / <i>Citramag</i>		OSP

CKD: chronic kidney disease. PEG: polyethylene glycol preparations (*Klean Prep*, *MoviPrep*). OSP: oral sodium phosphate preparations (*Fleet Phospho-soda*).

**STEP 5: PRESCRIPTION**

**PICOLAX: 2 sachets to be taken as directed.**

If an alternative agent is required, delete *Picolax* and print clearly

**STEP 6: STATE INSTRUCTIONS PROVIDED TO THE PATIENT/CARER**  
*i.e. regarding the procedure, how to take the oral bowel cleansing solution, whether or not appropriate to stop concurrent medicines, and any additional special instructions.*

VERBALLY Y / N and LEAFLET  Instructions re medications

**STEP 7: OTHER COMMENTS**

**STEP 8: PRESCRIBER NAME** (print legibly):

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_