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.

NAME .....
HOSPITAL NO. .....
Date of Birth .....

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 continue.

STEP 2: Review the BLOOD RESULTS

Na .....
K .....
eGFR .....

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

STEP 3: Review MEDICATIONS

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

STEP 4: Consider CO-MORBIDITIES & RISK FACTORS

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

STEP 5: TYPE OF BOWEL PREP ISSUED?

Picolax / Citramag / Klean Prep / Moviprep / Fleet Phospho-soda

STEP 6: INSTRUCTIONS PROVIDED TO THE PATIENT

Verbally Y/N
Leaflet Y/N

STEP 7: OTHER COMMENTS

STEP 8:

SIGNATURE.....

KEY **ACEi** Angiotensin converting enzyme inhibitors, **ARB** Angiotensin II Receptor Blockers, **CKD** chronic kidney disease, **OSP** oral sodium phosphate preparations (Fleet Phospho-soda), **PEG** polyethylene glycol (Klean Prep, Moviprep)