

APPOINTMENT FOR:

Patient's Name : _____

Scheduled for Upper Endoscopy (EGD) on : _____ Time: _____

Need to be at Carnegie Hill Endoscopy by: _____

Carnegie Hill Endoscopy

1516 Lexington Avenue (Between 97th & 98th Street)

New York, NY 10029

Tel: 212-860-6300

On the night of the Procedure:

NO Food after : _____

On the morning of the Procedure:

NO Water ,Clear liquids after: _____

NOTE: Please call and check your insurance (policy, benefits/eligibility) and the facility for any additional fees such as copays, facility fees etc. so as to avoid surprises on your bills.

***PLEASE READ ATTACHED DOCUMENTS AND CALL US IF YOU HAVE QUESTIONS**

*** PLEASE CALL US FOR COVID SCREENING A WEEK BEFORE THE PROCEDURE DATE.**

***IF YOU ARE NOT FULLY COVID VACCINATED ,YOU ARE REQUIRED TO GET A COVID 19 PCR TEST 3 TO 4 DAYS BEFORE THE PROCEDURE DATE. PLEASE FAX (212-230-1592) OR EMAIL THE RESULT TO US**

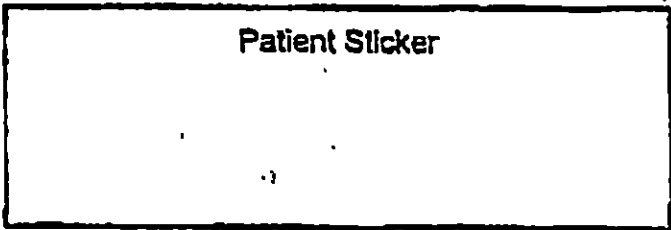
***IF YOU ARE FULLY VACCINATED , YOU DON'T NEED TO DO COVID TEST. PLEASE EMAIL OR FAX A COPY OF YOUR COVID VACCINATION CARD AND MAKE SURE TO BRING THE ORIGINAL COPY ON THE DAY OF YOUR PROCEDURE AT CARNEGIE HILL.**

***IF YOU ARE BRINGING AN ESCORT IN THE FACILITY, MAKE SURE THEY ALSO BRING THEIR COVID VACCINATION CARD, OTHERWISE THEY CANNOT STAY INSIDE THE FACILITY**

***IF YOU HAVE TO CANCEL OR RESCHEDULE THE DATE OF YOUR PROCEDURE CALL US AT 212-230-1144 , NOT CARNEGIE HILL ENDOSCOPY**

***YOU CANNOT DRIVE ON THE DAY OF.YOUR PROCEDURE !!!**

Carnegie Hill Endoscopy
1516 Lexington Ave.
NY, NY 10029
212-860-6300



~~The CDC and the New York State Department of Health require that all Healthcare Facilities screen all of the patients for Ebola Virus Disease (EVD). As an added precaution, Carnegie Hill Endoscopy is also screening for the coronavirus. Please answer all of the questions below and return this form along with your registration documents.~~

ACTIVE PRE PROCEDURE SCREENING FOR EBOLA VIRUS DISEASE (EVD) and CORONAVIRUS

Patient Name: _____ Scheduled Date of Procedure: _____

The following questions are asked during the pre-procedure phone call or admission process:

1. Have you had any of the following signs or symptoms?

- | | | |
|-----|----|--|
| Yes | No | Sudden fever > 38.6°C (101.5°F) PLUS ONE OR MORE |
| Yes | No | Severe Headache |
| Yes | No | Muscle pain |
| Yes | No | Abdominal (stomach) pain |
| Yes | No | Diarrhea & vomiting |
| Yes | No | Unexplained bleeding or bruising |

If yes, to sudden fever plus one or more symptom, continue to question 2
If no, you may stop screening for EVD and proceed with standard ASC process.

2. Any Travel, Contact, Activity (within 21 days of onset)?

- | | | |
|-----|----|--|
| Yes | No | Outside of the United States? |
| Yes | No | Travel to Guinea, Sierre Leone, Liberia, Nigeria, Senegal or the Democratic Republic of Congo? |
| Yes | No | Exposed to anyone who potentially could have been exposed to the Ebola virus? |

If yes, Place patient in isolation Standard, Contact and Droplet Precautions and proceed as per the Ebola Disease Policy.

3. If unable to contact patient for pre-procedure phone call, message left on answering machine to notify the Center, their physician or the nurse on call if it is after hours and if they have any signs or symptoms of EVD or answered yes to any of the above questions. Telephone numbers provided.

Yes No If no, document why (no machine, etc.) _____

Coronavirus:

- | | | |
|-----|----|---|
| Yes | No | Mild to severe respiratory illness with fever, cough or shortness of breath? ..
(symptoms may appear 2 – 14 days after exposure) |
| Yes | No | Travel outside the United States |
| Yes | No | Travel to China or Southeast Asia |
| Yes | No | Exposure to anyone who has traveled China or Southeast Asia |

If yes, Place patient in isolation Standard, Contact and Droplet Precautions and proceed as per the Infectious Disease Policy.

Date: _____ Time: _____ Signature: _____

Please provide us with your current
email address and phone number!

We want to be as respectful of your time as we can, so we are implementing a program to make your visit to Carnegie Hill Endoscopy go as smoothly as possible. For your convenience, our new system will allow patients to do a pre-check-in prior to your visit, and post-op follow up via text message. Because of this, we require an accurate email and phone number.

PRE-OP
ENDOSCOPES

Name: _____

Email: _____

Cell Phone: _____

Medical Associates of Manhattan , P. C.

121 East 60 Street Suite 9B

New York, NY 10022

Tel: 212-230-1144 Fax: 212-230-1592

Lawrence Herman, M.D.

Patient's Name: _____

You are scheduled to have a an upper Endoscopy (EGD) on _____

Please remember to come in fasting , **NO food** for 8 hours prior and **only clear liquids** up to 4 hours before the procedure.

Recent New York State regulations require us to place a cardiac monitor and give oxygen during the procedure. In addition, State law requires that you do not drive for 12 hours after recieving sedation . If you are referred by another physician and you have not been in the office for over a year, I am required to do a consultation at least a week prior to the procedure.

My preference is that you not take any of your medication until after the exam and if you must take medications (for example antibiotics), it should be taken 2 hours before the exam and only with 2 ounces of water.

If you take blood thinner (for example: Plavix , Aspirin or Coumadin/Warfarin) and NSAID (Advil , Ibuprofen, Mobic etc.) you should stop it one week before to the procedure.

Please remember to have someone pick you up after the procedure.

If you have any questions, I will be glad to answer them for you.

Sincerely yours,

Lawrence Herman , MD

Medical Associates of Manhattan, P.C.

121 East 60th Street Suite 9B

New York, NY 10022

Tel: 212-230-1144

Fax: 212-230-1592

DOV GRANT, MD

LAWRENCE HERMAN, MD

COLONOSCOPY/ FLEXIBLE SIGMOIDOSCOPY/UPPER ENDOSCOPY WORKSHEET

PLEASE READ THE INSTRUCTION BEFORE CALLING OUR OFFICE

- *Colonoscopy (CPT codes 45378 / 45380) * Upper Endoscopy (CPT Code 43239)
- * Flexible Sigmoidoscopy (CPT code 45333)

Our office has scheduled you for a Colonoscopy / Flexible Sigmoidoscopy / Upper Endoscopy. Patients who have a screening examination , have no signs and symptoms, and have a set benefit from their insurance carrier. Patients who are scheduled for colonoscopies need to be informed and understand that if Dr. Dov Grant / Dr. Lawrence Herman identifies a polyp or abnormality, your benefits and coverage for this procedure may change and your insurance carrier will reimburse differently, due to the fact that the procedure becomes a Diagnostic/ Surgical Colonoscopy at this point. Please use the worksheet to phone your insurance carrier to inquire about your eligibility and benefits for this procedure, as well as how much, if any financial responsibility you may incur.

In network plans sometimes require you , the patient to "share in the cost" of the procedure and these terms are designated by your insurance company and not out office. It is important for you to understand your benefits and that is the the purpose of this form.

Name of Insurance Carrier: _____

Policy # _____

Date of Procedure : _____

Co-insurance / Deductible for Colonoscopy / Flex Sig / Endoscopy : \$ _____

Deductible met ? Yes No Remainder of deductible to be met : \$ _____

Anesthesiology Coverage : Fee \$ _____ Deductible \$ _____ Copay \$ _____

Name of insurance representative you talked to : _____

Date and time of call: _____

Print Name of Patient

Patient's Signature

Date of Birth : _____

****PLEASE PAY THIS TO THE OFFICE BEFORE YOUR PROCEDURE**



1516 Lexington Avenue
New York, NY 10029

DIRECTIONS FOR PATIENTS HAVING OUTPATIENT EXAMINATIONS AT CARNEGIE HILL ENDOSCOPY

Thank you for making an appointment. Your endoscopic procedure will be performed on an ambulatory basis at Carnegie Hill Endoscopy. Your personal physician will provide specific preparation instructions for your examination.

Please Read The Following Information. It Is Very Important.

- You can expect a call from a Carnegie Hill Endoscopy nurse the day prior to your exam to review your medical history and confirm the appointment.
- Carnegie Hill Endoscopy is located at 1516 Lexington Avenue, between 97th-98th Streets. Our phone number is 212-860-6300.
- There is a drop off area in front of the front door.
- It is very important that you arrive in time for your appointment or the procedure may be cancelled. Try to arrive for registration at least 45 minutes prior to your scheduled examination.
- The Center requires that a companion collect you when the exam is finished.
- If you are a woman of childbearing age, you will be asked for a urine sample prior to the exam to assure the Center that you are not pregnant.
- Parking is available in the building's parking lot, located on 98th Street between Park and Lexington Avenues. You will have to pay for parking. The garage charges \$8.00 for 1 hour, \$10.00 for 2 hours, or \$12.00 for 3 hours. You must pay by credit card for this rate and have your ticket stamped by Carnegie Hill before you leave. Please inform the attendant that you are coming for an outpatient procedure.
- Prior to the exam, you must register in the registration area. From there you will be escorted to the endoscopy area.
- There is a waiting room for your family or companion.
- After the procedure, you will be monitored by the nursing staff and discharged the same day. You will receive medication prior to the procedure and will not be able to safely drive a car yourself.
- Most procedures performed in an "ambulatory surgery setting" require precertification from your insurance company if you have private insurance (not Medicare patients). Please call your insurance company and see if precertification is needed for your policy.
- Our website, www.carnegiehillendo.com has all the forms for consent, privacy, and financial responsibility available should you want to review them ahead of time.
- If you have any questions, please feel free to contact us @ 212-860-6300

Directions and Hotel information are contained on the back of this form.

If you are coming from out of town and want to spend the night before or after the procedure in Manhattan, there are several small hotels near the center.

- The Hotel Wales is located at 1295 Madison Avenue (at 92nd Street). Their phone is 212-876-6000.
- The Franklin Hotel is located at 164 East 87th Street (between Lexington and Third Avenues). Their phone is 212-369-1000.
- The Marriott Courtyard is located at 410 East 92nd Street (between First and Second Avenues). Their phone number is 212-410-6777.
- Directions
 - By Bus – The M10, M102 or M103 buses run north on Third Avenue and south on Lexington. If north bound, get off at 98th Street and walk to Lexington from Third. If south bound, get off at 98th Street in front of the center. For more bus information go to www.mta.info/nyct/service/bus
 - By Subway – Take the 6 Train to 96th Street. The center is located on the northwest corner of 97th Street. For more train information go to www.mta.info/nyct/maps/submap
 - If you are driving:
 - From New Jersey: George Washington Bridge to Harlem River Drive (East River Drive, same road) South to 96th Street exit. Right on 96th Street (West) and drive 5 blocks to Park Avenue. Turn right on Park Ave. to 98th Street. Turn right on 98th St and then turn right onto Lexington Avenue, between 98th and 97th Streets. You will have passed the parking garage on 98th Street.
 - From Long Island: Triborough Bridge to Manhattan. Harlem River Drive (East River Drive, same road) South to 96th Street exit. Right on 96th Street (West) and drive 5 blocks to Park Avenue. Turn right on Park Ave. to 98th Street. Turn right on 98th St and then turn right onto Lexington Avenue, between 98th and 97th Streets. You will have passed the parking garage on 98th Street.
 - From Westchester/Connecticut: Major Degan towards the Triborough Bridge. Take the Manhattan Bridge to the FDR Drive South. Exit at 96th Street. Right on 96th Street (West) and drive 5 blocks to Park Avenue. Turn right on Park Ave. to 98th Street. Turn right on 98th St and then turn right onto Lexington Avenue, between 98th and 97th Streets. You will have passed the parking garage on 98th Street.



3.1

Scope of Care

Start Date: 02-05-12

Revision Date: 5/24/12; 8/28/12; 7/18/13; 5/22/14; 1/29/15;
5-07-15; 11-12-15; 12-06-16; 7-17-17; 1-24-18; 6/12/20

By: BOM

Procedures performed in the Center will meet the following Criteria:

- A. GI Diagnostic and therapeutic endoscopic procedures as outlined in Policy 3.4 Procedure List
- B. *Patients should have no solid food by mouth for at least eight hours prior to the procedure and no clear liquids for at least two hours prior to their examination.
- C. No procedure shall exceed 1.5 hours of procedure time.
- D. **When a patient does not have an escort recovery time will start from the time of last dose of sedative administered with a waiting period of no less than 60 minutes before discharge from the Center.**
- E. The highest level of anesthesia to be used at the Center during a procedure is Deep Sedation. An Anesthesia provider may administer Deep Sedation, or Moderate (conscious) Sedation. At times a patient may elect to have a procedure with local medication only.
- F. The highest physical status (PS) level to be done at the Center is an ASA III patient.
- G. Adults and adolescents will be treated at the Center. Adolescents must meet the minimum requirement of 16 years of age AND 80 pounds.
- H. **Adult patients including 85 years and younger can be treated in the Center. Elderly patients 75 years and older need to be accompanied by a responsible adult upon discharge.**
- I. **The Gastroenterologist will ensure an order is in place in the EMR for patients 74 years and younger that they have met discharge criteria and can be discharged without an escort.**
- J. Patients with a diagnosis of Sleep Apnea may be treated at the Center at the discretion of the **Gastroenterologist** and Anesthesiologist. No narcotic will be used on OSA patient.
- K. **Patient's that require supplemental oxygen** will not be done at the Center.
- L. For upper endoscopy, the presence of solid food/debris in the stomach is an indication for aborting the procedure.
- M. See Pacemaker/Defibrillator Management Policy for restrictions on patients with internal defibrillators.
- N. Patients with central lines (H/B, and Port-A-Cath, etc.) who met the Center criteria can be scheduled. However, H/B and Port-A-Cath cannot be used for medication purposes. A peripheral line should be started. PICC central lines can be used for medication at the discretion of the Gastroenterologist and Anesthesiologist.
- O. **Patients with a diagnosis of End Stage Renal Failure and on dialysis may be treated at the Center at the discretion of the Gastroenterologist and Anesthesiologist.**
 - a. **The procedure will not be done on the same day the patient has dialysis**
Requirements before procedure can be done:
 - b. **Lab results of a Complete Chemistry, with a Potassium level (WNL) will be available before procedure commences.**
Beta- Sub Unit (Hcg) for a female patient of child bearing age.

Patients with the following medical condition/s will **NOT** be considered as a viable candidate to have a procedure here at the Center. These condition/s include:

- A. For Upper endoscopy or **colonoscopy**, patients with a BMI > 40 with known history of sleep apnea.
- B. For Upper endoscopy or **colonoscopy**, patients with a BMI > 45 without known sleep apnea.
- C. For colonoscopy, patients with a BMI not to exceed 48 and at the discretion of the Anesthesiologist.
- D. Ventilator dependent patient
- E. Patient dependent on supplemental oxygen
- F. Patient with Automatic Implantable Cardioverter-Defibrillator (AICD) **that requires caution.**
- G. Patients that cannot be intubated **due to body habitus after being assessed by the anesthesiologist.**
- H. Any patient assessed by the anesthesiologist as inappropriate candidate for monitored anesthesia care (MAC) or Moderate Sedation. **The Gastroenterologist can proceed with the procedure if it is done without anesthesia or sedation.**

All women will have urine pregnancy test the day of the procedure with the following exceptions;

- A. Post-menopausal for one year
- B. Surgical history of tubal ligation
- C. Surgical history of hysterectomy

Whenever a patient refuses to provide urine specimen for pregnancy testing, the DON or in their absence, the Administrator must be informed.

Female patients of child bearing age that are unable to provide a urine specimen to r/o pregnancy may consent to a Straight Catheterization. Written order is placed by the physician in the patient EMR.

Patients identified to be pregnant by urine testing on admission will not be treated at the Center.

Exception:

- ❖ A patient confirmed to be pregnant prior to admission, provided these requirements are all met may be done in the Center:
 - The patient is on her 2nd trimester of pregnancy,
 - The procedure is for flexible sigmoidoscopy, and
 - The patient will not receive anesthesia
 - **The patient is undergoing in vitro fertilization treatments and it is confirmed with her PCP**

Infectious Disease

- **Patients with systemic infections or communicable diseases that would put other patients or staff at risk such as tuberculosis, lice, chicken pox, measles, fifth disease, conjunctivitis, influenza, active shingles, will not be done at the Center.**
- **Patients with a history of c-diff can be seen at the Center after they have been treated with 7 days of antibiotic therapy.**

*These recommendations maybe adopted, modified or rejected according to clinical needs and constraints and are not intended to replace local institutional policies. In addition, practice guidelines by the ASA are not intended as standards or absolute requirements, and their use cannot guarantee any specific outcome.