

## ERCP Booking Form

**ONLY TO BE USED FOR INPATIENTS REQUIRING URGENT ERCP  
(Community Hospital Inpatient → Victoria Hospital)**

### Patient Information

Last Name:

First Name:

Middle Name:

Date of Birth:

Health Card Number:

Patient Weight: \_\_\_\_\_ lbs/kg

Sending Facility:

Referring Physician:

Sending Facility Contact Number:

**Please email completed form to: [urgentercp@lhsc.on.ca](mailto:urgentercp@lhsc.on.ca) to be reviewed by physician**

### Reason for Referral:

**Medical History must include liver function test and imaging (US, CT or MR)**

**Please attach relevant imaging and laboratory investigations**

1. Anticoagulation  Yes  No (If Yes, Medication Name and date/time last taken):

2. Previous gastric surgery  Yes  No (If Yes, please specify RINGYB, sleeve gastrectomy, Billroth I, Billroth II, Whipple):

3. Cardiorespiratory Disease that may limit the ability to administer sedate  Yes  No (If Yes, please specify):

4. History of substance use (ETOH, quantify, Marijuana, quantify):

## Once ERCP booking is confirmed:

1. Please keep patient NPO from 2400 hours before procedure
2. Organize anticoagulation, diabetic medications
3. Sending facility is responsible to arrange transport and escort to and from home hospital with RN or RPN to LHSC, Victoria Hospital B2-220.
4. **Optimal Anticoagulation for ERCP**

<b>Drug</b>	<b>Request to Hold or Continue</b>
Clopidogrel (Plavix)	Hold x 5 days
Warfarin (Coumadin)	5 days
NSAIDS	2 days
Xarelto (Rivaroxaban)	Hold x 48 hrs
Eliquis (Apixaban)	Hold x 48 hrs
Dabigatran (Pradaxa)	Hold x 48-72 hrs
Fragmin (Dalteparin)	Not day of
Edoxaban (Lixiana)	Hold x 48 hrs
IV Heparin Infusion	Hold x 4-6 hrs
DVT prophylaxis	Continue
Aspirin 81 mg	Continue
Ticagrelor (Brilinta)	Hold x 5 days
Prasugrel (Effient)	Hold x 7 days
Enoxapirin	Hold x 24 hours