Children’s Gastroenterology Specialists
Patient Education Sheet - EGD (Upper Endoscopy) with Biopsies

Information on the procedure:

Esophagogastroduodenoscopy (EGD) (also called an upper endoscopy) is a procedure that involves placing a narrow flexible tube with a light and camera through the mouth into the esophagus, stomach, and duodenum (the first part of the small intestine). Biopsies or small tissue samples are taken to detect irritation in these areas (such as from reflux, infection, or food allergies) and identify a site of bleeding. The test is done while your child is totally asleep and usually takes less than ten minutes.

Pre-operative Forms
Prior to the procedure please fax to our office at 847-724-7845
1. History and Physical Form (your primary care provider to complete)
2. Clearance(s) stating that your child is cleared for general anesthesia from___________________________________________

Procedure Appointment:

Your child is scheduled for an upper endoscopy in the Operating Room on the 6th floor at the main campus of Lurie Children's Hospital of Chicago on Friday________________________

If your child is sick with a cold, fever, or other illness please call our office to reschedule the procedure.

The hospital will call you the day before to give you the time to come and the time of the procedure. The procedure will be scheduled in the morning. Most children are at the hospital for about 3 hours.

The hospital is located at 225 E. Chicago Ave. Parking is across the street in the Huron-Superior Parking Garage (see Map, note one way streets). With patient/visitor validation, costs are $10.00 for 0-7 hours. You can receive your validation card at the Concierge desk on the 2nd floor.

Once you park, take the 2nd floor pedestrian overpass to the 2nd floor lobby. You can check in at the concierge desk and then proceed on the sky elevators to the 6th floor. The check-in and waiting area is immediately in front of you when you exit on the elevator bank.

The day of the procedure your child will not be allowed to return to school, play a sport, or drive a car (if applicable!). The following day most children are able to resume their normal activities.
**Fasting Instruction**

1. No solid foods or milk after midnight on the night before the scheduled procedure.
2. Up to 2 hours prior to arrival in the Procedure Suite, your child may have clear liquids.
   - Examples of clear liquids include water, clear fruit juices without pulp (apple juice, white grape juice), carbonated beverages (i.e., lemon-lime soda, ginger ale), gelatin, Pedialyte, popsicles, and bouillon cubes
   - **Clear liquids do not include orange juice, dairy products or chicken broth that contains any fat.**
3. Hold all non-essential medications the day of the procedure until after the procedure.

**Insurance**

1. We will call your insurance to see if your insurance company requires a prior authorization to do the procedure.
2. Call the business associate at 312-227-1230 to confirm insurance coverage for the charges generated by Lurie Children’s Hospital
SURGERY ADMISSION/OBSERVATION HISTORY & PHYSICAL EXAM

PATIENT HISTORY (use additional sheets as necessary)

Patient Name: _______________________________________________________
Informant: ______________________________ Interpreter: (Indicate Language ______________________________)

CHIEF COMPLAINT: _____________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

HISTORY OF PRESENT ILLNESS:
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Past Medical History:
Birth-If pertinent (include birth weight, gestational age, complications)
_______________________________________________________________________________________________________

Allergies (include medication, food, latex, other) _____________________
_______________________________________________________________________________________________________

Anesthesia (Difficulty with prior sedation/anesthesia)
_______________________________________________________________________________________________________

Other medical conditions/diagnoses: __________________________________________________________________________
_______________________________________________________________________________________________________

Prior Surgeries: __________________________________________________________________________________________
_______________________________________________________________________________________________________

Prior Hospitalizations: _____________________________________________________________________________________
_______________________________________________________________________________________________________

Exposure to infectious disease in the past month: _______________________________________________________________
_______________________________________________________________________________________________________

Medications – List here or complete medication reconciliation form
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Immunizations: Up to date? Yes _________ No _______________

Family History: (If noteworthy, indicate pertinent parental and sibling information or document “not noteworthy”)
_______________________________________________________________________________________________________

Social History – If pertinent (If noteworthy, indicate house and school situation, smoking, sexual activity or document “not noteworthy”)
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
Patient Name: _______________________________________________________

**REVIEW OF SYSTEMS** (If the response is yes for any of the following systems, seek consultation if necessary from appropriate specialty service)

<table>
<thead>
<tr>
<th>System</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of neurological disorders?</td>
<td>History of neurological disorders?</td>
</tr>
<tr>
<td>Seizures/epilepsy?</td>
<td>Seizures/epilepsy?</td>
</tr>
<tr>
<td>Developmental delay?</td>
<td>Developmental delay?</td>
</tr>
<tr>
<td>VP shunt?</td>
<td>VP shunt?</td>
</tr>
<tr>
<td>Asthma?</td>
<td>Asthma?</td>
</tr>
<tr>
<td>Respiratory Disorders?</td>
<td>Respiratory Disorders?</td>
</tr>
<tr>
<td>Cystic Fibrosis?</td>
<td>Cystic Fibrosis?</td>
</tr>
<tr>
<td>History of heart disease?</td>
<td>History of heart disease?</td>
</tr>
<tr>
<td>Heart murmur?</td>
<td>Heart murmur?</td>
</tr>
<tr>
<td>Hypertension?</td>
<td>Hypertension?</td>
</tr>
<tr>
<td>Kidney disease?</td>
<td>Kidney disease?</td>
</tr>
<tr>
<td>History of GI disease?</td>
<td>History of GI disease?</td>
</tr>
<tr>
<td>Liver disease?</td>
<td>Liver disease?</td>
</tr>
<tr>
<td>Reflux?</td>
<td>Reflux?</td>
</tr>
<tr>
<td>Difficulties with chewing/swallowing or unintended weight loss?</td>
<td>Difficulties with chewing/swallowing or unintended weight loss?</td>
</tr>
<tr>
<td>History of endocrine disorders?</td>
<td>History of endocrine disorders?</td>
</tr>
<tr>
<td>Diabetes?</td>
<td>Diabetes?</td>
</tr>
<tr>
<td>Thyroid conditions?</td>
<td>Thyroid conditions?</td>
</tr>
<tr>
<td>Diabetes Insipidus?</td>
<td>Diabetes Insipidus?</td>
</tr>
<tr>
<td>Has patient taken steroids in the last two weeks?</td>
<td>Has patient taken steroids in the last two weeks?</td>
</tr>
<tr>
<td>Ever seen a hematologist for any type of blood disorder or bleeding problem?</td>
<td>Ever seen a hematologist for any type of blood disorder or bleeding problem?</td>
</tr>
<tr>
<td>Ever seen an oncologist or received chemotherapy or radiation therapy?</td>
<td>Ever seen an oncologist or received chemotherapy or radiation therapy?</td>
</tr>
<tr>
<td>Immunological disorder?</td>
<td>Immunological disorder?</td>
</tr>
<tr>
<td>Seen any other specialists?</td>
<td>Seen any other specialists?</td>
</tr>
<tr>
<td>If yes, please specify:</td>
<td>If yes, please specify:</td>
</tr>
</tbody>
</table>
Physician

Patient Name: _______________________________________________________

PHYSICAL EXAM (use additional sheets as necessary)

Measurements

<table>
<thead>
<tr>
<th></th>
<th>Height</th>
<th>Weight</th>
<th>Head Circumference (infants)</th>
</tr>
</thead>
</table>

Vital Signs

<table>
<thead>
<tr>
<th></th>
<th>Temp</th>
<th>HR</th>
<th>RR</th>
<th>BP</th>
</tr>
</thead>
</table>

Overall description (include mental/psychiatric status, if applicable)

HEAD:

Eyes:

Ears:

NECK:

CHEST: Overall

Lungs:

Cardiac:

ABDOMEN:

GENITALIA:

EXTREMITIES:

NEUROLOGIC:

SKIN:

Other Physical or Abnormal Findings:

Laboratory/Radiology/Other Test Reports Reviewed:

Assessment:

Treatment Plan:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Signature of Examining Provider _______________ Pager/Phone _______________ Date _______________ Time _______________

To be completed day of surgery/procedure:

I have reviewed the history and physical, examined the patient and found no interval change (changes must be documented).

_____________________________ M.D./APN _______________ Signature _______________ Pager/Phone _______________ Date _______________ Time _______________
Main hospital
225 E. Chicago Ave., Chicago, IL 60611  |  1.800.KIDS DOC®

Our main entrance is at 225 E. Chicago Avenue. Family and visitor parking is across the street in the **Huron-Superior Parking Garage at 222 E. Huron Street**. The Huron-Superior Parking Garage has entrances on both Huron and Superior, however it is easiest to use Huron Street entrance. A pedestrian bridge connects the garage to the 2nd floor of Lurie Children’s. For wheelchair accessible van parking, please use Huron entrance and visit the customer service office on the 1st floor, immediately to your right. If you use the Superior entrance, please take the Northwest corner elevators to the ground level and walk east on Superior to the crosswalk. You may also park at the Erie-Ontario garage a few blocks away at 321 E. Erie.

**Parking cost:** $10 for less than 7 hours and $15 for more than 7 hours.

**Valet parking:** Available for emergencies or for children with disabilities. Your car can be left with the valet on driveway accessed from Chicago Ave. and your car can be retrieved by crossing a pedestrian bridge to the 2nd floor of the parking garage.

**Valet parking cost:** $14 for less than 7 hours and $19 for 7-24 hours. Stays exceeding 24 hours will incur additional fees.

*Note: For extended stays or multiple appointments, please ask your nurse or social worker for off-site parking options and shuttle schedules.*
Directions & parking information

Lurie Children’s: 225 E. Chicago Ave., Chicago, IL 60611

Parking: Huron-Superior costs $10 for less than 7 hours and $15 for more than 7 hours (same rate applies for Erie-Ontario) and valet parking (for emergencies and children with disabilities) costs $14 for less than 7 hours and $19 for 7-24 hours. Validation: At second floor concierge desk in Lurie Children’s for patient families and visitors (before or after visit)

Driving from the North & Northwest

I-90/I-94: East to Ohio Street exit; east on Ohio, past Michigan Avenue.

To self park: Left (north) on St. Clair St., right (east) on Superior St., right into Huron-Superior parking garage, walk to second floor pedestrian bridge to the main hospital entrance.

To drop off: Left (north) on N. Fairbanks Court, left (west) on E. Chicago Avenue, left into the Lurie Children’s main driveway.

Michigan Avenue: South on Michigan.

To self park: Left (east) on Superior St., right into the Huron-Superior parking garage, walk to second floor pedestrian bridge to the main hospital entrance.

To drop off: East (left) on E. Pearson Street; right (south) on Mies Van der Rohe Way; slight left (east) on E. Chicago Avenue; immediate right into the Lurie Children’s main driveway.

Lake Shore Drive: South to Chestnut Street exit.

To self park: South on inner Lake Shore to E. Huron St., right (west) at Huron, right into the Huron-Superior parking garage, walk to second floor pedestrian bridge to the main hospital entrance.

To drop off: South on inner Lake Shore to E. Chicago Avenue; right (west) on Chicago past N. Fairbanks Court; left into the Lurie Children’s main driveway.

Driving from the West & Southwest

I-88 & I-290: East to Congress Parkway; straight (east) on Congress Parkway; left (north) on N. Columbus Drive (becomes N. Fairbanks Court).

To self park: Left (west) at E. Huron St., right into the Huron-Superior parking garage, walk to second floor pedestrian bridge to main hospital entrance.

To drop off: Left (west) at E. Chicago Avenue, left into the Lurie Children’s main driveway.

Driving from the South

I-55: North to Lake Shore Drive; north to Illinois Street/Grand Avenue exit; west (left) on Grand to Columbus/N. Fairbanks Court. Right (north) on Fairbanks.

To self park: Left (west) on E. Huron St., right into the Huron-Superior parking garage, walk to second floor pedestrian bridge to main hospital entrance.

To drop off: Left (west) on E. Chicago Avenue; left into the Lurie Children’s main driveway.

I-57: North to I-94; I-94 west to Ohio Street exit; east on Ohio, past Michigan Avenue.

To self park: Left (north) on St. Clair St., right (east) on Superior St., right into Huron-Superior parking garage, walk to second floor pedestrian bridge to the main hospital entrance.

To drop off: Left (north) on N. Fairbanks Court, left (west) on E. Chicago Avenue, left into the Lurie Children’s main driveway.

Driving from Indiana

I-80 West: West to I-94; I-94 west to Ohio Street exit; east on Ohio, past Michigan Avenue.

To self park: Left (north) on St. Clair St., right (east) on Superior St., right into Huron-Superior parking garage, walk to second floor pedestrian bridge to the main hospital entrance.

Please note: When driving, please allow additional time for traffic and parking. Visit the following websites for traffic and construction updates: Notify Chicago, Chicago Traffic Tracker and Illinois Department of Transportation

Taking Chicago Transit Authority (CTA)

For more information about bus or train routes, call 312.836.7000 or visit www.rtachicago.com.

CTA Buses

Stopping at Chicago Ave and Mies Van Der Rohe (in front of Lurie Children’s):
- #3 - King Drive (North Bound & South Bound)
- #10 - Museum of Science and Industry (North Bound)
- #26 - South Shore Express (South Bound)
- #66 - Chicago Ave. (West Bound & East Bound)
- #125 - Water Tower Express (North Bound)
- #157 - Streeterville/Taylor (East Bound) (Union Station to Lurie Children’s)

Stopping at either Michigan & Huron
- #143 - Stockton/Michigan Express
- #144 - Marine/Michigan Express
- #145 - Wilson/Michigan Express
- #146 - Inner Drive/Michigan Express
- #147 - Outer Drive Express
- #148 - Clarendon/Michigan Express
- #151 - Sheridan (Lurie Children’s to Union Station)

CTA Trains

- Red Line Chicago stop: exit at Chicago and State
- Brown/Purple Line Chicago stop: exit at Chicago and Franklin

Shuttle service will connect main hospital and Outpatient Center in Lincoln Park

Shuttles are expected to run Monday through Friday, about every 20 minutes. Main hospital pick up / drop off will be at the south (Superior Street) side of the main hospital driveway, and outpatient center pick up / drop off will be at 2515 N. Clark St.