

**ENDOSCOPY ON CALL FLOW CHART**

Over 90% of acute Upper GI bleeds will stop spontaneously and can be appropriately scoped in normal working hours.

If evidence of on-going bleeding and haemodynamic instability (BP <100 and HR >100) despite 2 hours of resuscitation then Medical Registrar should initiate the following pathway.

IVPPI infusion as per pharmacy protocol

If variceal bleed considered in differential then start terlipressin and antibiotics

Consider intubation by anaesthetist and if GCS <8 intubation is essential

On-Call Medical Registrar discusses patient with on call Medical Consultant, if Medical Consultant agrees Registrar contacts On-call Gastroenterology Consultant and complete referral form.

On-call registrar contacts Theatre Co-ordinator and Anaesthetists. The Anaesthetist decides when procedure is to be done. On- Call Medical Registrar then contacts Switchboard to call in Nurse and HSDU staff.

On Call Gastroenterology Consultant decides that there is a need for Endoscopy, and once notified of time will make their way in.

ON call Gastroenterology Consultant decides there is no need for Endoscopy. Patient to be listed for 9 am (to be decided who will do this scope). Informs Department of this, Nurses in the Department Monday- Friday 0730 hours

Switchboard Contacts On -Call Nurse and HSDU Staff. Switchboard to book contract taxi for relevant staff (to be indicated on On-Call rota).

HSDU staff come in and release scope from Cabinets for the Endoscopy Nurse to take to Theatre.

Endoscopy Staff report to Theatre and take a TSW to collect all the equipment from Endoscopy. A porter may be required as well.

Post procedure all equipment is returned to the department. The scope is to be returned to HSDU and all equipment cleaned and restocked. Nursing staff update a Diary of events and comments. Consultants can also comment.

Written by M H Clements, Senior Sister Endoscopy Unit. 16/4/14

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