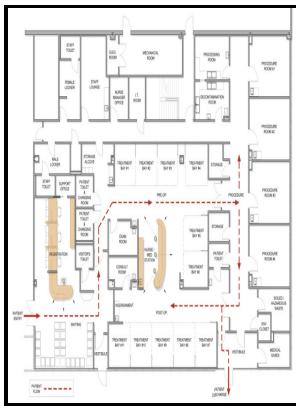


Planning an endoscopy suite for office and hospital

Igaku-Shoin - Guidelines For Office Endoscopic Services



Description: -

Planning Techniques.

Hospital Units.

Health Facilities.

Endoscopy.

Hospitals -- Design and construction.

Medical offices -- Planning.

Endoscopy -- Planning Planning an endoscopy suite for office and hospital

-Planning an endoscopy suite for office and hospital

Notes: Includes bibliographical references (p. 149-150).

This edition was published in 1990



Filesize: 58.39 MB

Tags: #Setting #Up #an #Endoscopy #Facility

Planning An Endoscopy Suite For Office And Hospital PDF Book

Guard rails, wide procedure tables and other appropriate means should be used as necessary to prevent falls and mechanical injury during and after endoscopic examinations. Patient Selection Prudent selection of both procedures and patients appropriate for office endoscopy is critical. Endoscopes should be cleaned to a high level of disinfection, as outlined in the Standards for Infection Control and Reprocessing of Flexible Gastrointestinal Endoscopes as issued by the Society of Gastroenterology Nurses and Associates.

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Indications, findings, treatment results, and complications should be kept in a database, and periodic peer review of this data should be performed. Disclaimer Clinical practice guidelines are intended to indicate the best available approach to medical conditions as established by a systematic review of available data and expert opinion. Serious cardiopulmonary or other disease should be excluded by appropriate clinical and, if necessary, laboratory evaluation.

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During particularly complex or instrument-intensive procedures, where the assistant is likely to be too busy assisting the physician to adequately monitor the patient, a second assistant must be made available to monitor and care for the patient. Quality Improvement Appropriate records should be kept of accepted indicators that reflect quality levels such as: 1 Cancellation of booked procedures, 2 Unplanned admission to the operating room, 3 Unplanned overnight admission, and 4 Delay in patient discharge.

Setting Up an Endoscopy Facility

Pulse oximetry, cardiac monitoring, automated blood pressure recording, and supplemental oxygen should be routinely employed.

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Any modifications to standing medication schedules should be provided at the time of scheduling. Once the facility is constructed, careful attention to appropriate staffing, scheduling, documentation, and quality improvement activities promotes efficient and effective care as well as optimal

patient outcomes. Confirmation of important compliance issues such as NPO status should be documented.

Setting Up an Endoscopy Facility

Patients with an ASA score of III should be further assessed for appropriateness of the office setting. With those objectives accomplished, attention turns to planning the facility, including site selection, choosing equipment, and planning the physical environment and flow of patients and staff. Patients with an ASA score of IV should not undergo endoscopy in the office setting.

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Records and clinical documents should adhere to the same standards required for institutions by the JCAHO and other regulatory agencies, and should conform to HIPAA standards and those others in effect.

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