

# Endoscopy Procedures (GI): Duties of Endoscopy Nurses

## Site Applicability

PHC Endoscopy Suites (SPH GI Clinic and MSJ Endoscopy Suite)

## Practice Level

RN and LPN oriented to PHC Endoscopy Suites

## Need to Know

- The Surgical and Endoscopy Procedural Safety Checklist (S-PSCL) is completed and documented for every endoscopy patient as per policy.
- Appropriate personal protective equipment (PPE) must be worn during every case. PPE includes:
  - Gown
  - Gloves
  - Face protection (mask and eye protection)
- Scope number is documented.
- Monitoring, assessment and documentation is done as per [Procedural Sedation and Analgesia in Clinics and Procedure Rooms](#). (PSA)
- RN and LPN responsibilities are outlined to reflect appropriate scope of practice, define roles and maintain an efficient flow.
- Collaborative responsibilities are within the scope of both RN and LPN practice. Both the RN and LPN are responsible for ongoing communication to ensure completeness.

## Protocol

Endoscopy Room Preparation: Beginning of the Day	
RN Responsibilities	LPN Responsibilities
<b>Bedside safety check. This includes:</b> <ul style="list-style-type: none"> <li>Ambu-bag is functional and connected to oxygen.</li> <li>Suction is functioning and in working condition, connected with tubing and a Yankauer.</li> <li>Bedside safety box has all items: <ul style="list-style-type: none"> <li>3 oral airways (sizes 80 mm, 90 mm, 100 mm)</li> <li>3 nasal airways with lubricant (sizes 7.5, 8.0, 8.5)</li> <li>1 set of nasal prongs</li> <li>1 oxygen mask</li> <li>Syringe (10 mL)</li> </ul> </li> </ul>	<b>Room set up. Includes preparing:</b> <ul style="list-style-type: none"> <li>First endoscope of the day.</li> <li>Equipment (i.e. turn on Endoworks computer, Olympus monitor, Erbe).</li> <li>Supplies (gather any supplies needed for cases throughout the day).</li> </ul>
<b>Collaborative Responsibilities:</b> <ul style="list-style-type: none"> <li>Ensure ECG monitor is working, that there is sufficient ECG recording paper, and that appropriate cables (ECG cables, NIBP and SpO<sub>2</sub>) are available.</li> <li>Review the slate for the day. Discuss endoscope preferences with provider.</li> <li>Check-in patient for procedure at bedside.</li> </ul>	
Pre-Procedure Area	
<b>Collaborative Responsibilities:</b> <p><b>Review the following prior to bringing a patient into the Endoscopy Suite (reviewed at bedside):</b></p> <ul style="list-style-type: none"> <li>Introductions are made to the patient by all staff "Hello my name is..."</li> <li>Confirm patient identity with two patient identifiers.</li> <li>Confirm procedure with the patient.</li> <li>Ensure consent form is complete for the following procedure.</li> <li>Verify allergies with the patient and ensure accuracy in the patient's chart.</li> <li>Review and modify Perioperative Pre-procedure Checklist for completeness to ensure the patient is ready for the procedure.</li> <li>Once patient is ready, bring into endoscopy room. <ul style="list-style-type: none"> <li><b>For lower GI procedures</b>, patient is brought into the room head first, lying on left side.</li> <li><b>For upper GI procedures</b>, patient is brought into the room feet first, lying on left side.</li> </ul> </li> </ul>	

Pre-Procedure: In Endoscopy Room (before PSA given)	
RN Responsibilities	LPN Responsibilities
<b>Documentation:</b> <ul style="list-style-type: none"> <li>RNs complete procedure and sedation documentation for all cases where procedural sedation and analgesia (PSA) is used</li> </ul> <b>Medications:</b> <ul style="list-style-type: none"> <li>Prepare PSA according to the provider's written or verbal orders</li> <li>Initiate oxygen to keep SpO<sub>2</sub> over 92% if needed</li> </ul>	<b>Documentation:</b> <ul style="list-style-type: none"> <li>LPNs can complete procedure documentation for all cases where PSA is <u>not</u> used</li> </ul> <b>Medications:</b> <ul style="list-style-type: none"> <li>LPNs can maintain existing oxygen therapy for patients where there is a provider's order</li> </ul>
<b>Collaborative Responsibilities:</b> <ul style="list-style-type: none"> <li>Initiate Endoscopy Procedural Safety Checklist (S-PSCL) Policy</li> <li>Initiate ECG monitoring and attach ECG strip to patient's chart</li> <li>Establish and record baseline vital signs, which includes: <ul style="list-style-type: none"> <li>BP</li> <li>HR</li> <li>RR</li> <li>SpO<sub>2</sub></li> </ul> </li> <li>Initiate NS TKVO if needed</li> </ul>	

Intra Procedure	
RN Responsibilities	LPN Responsibilities
<p><b>Assisting provider:</b></p> <ul style="list-style-type: none"> <li>With procedures and interventions such as biopsy, polypectomy or coagulation</li> </ul> <p><b>Monitoring, assessment and documentation:</b></p> <ul style="list-style-type: none"> <li>Ongoing assessment of patient status including but not limited to airway, respiratory status, level of sedation, level of consciousness, vital signs and over all comfort and safety of patient.</li> <li>Continuous ECG monitoring. ECG changes are documented and brought to provider's attention.</li> <li>Procedure and sedation documentation are completed.</li> </ul> <p><b>Provide nursing interventions and safety:</b></p> <ul style="list-style-type: none"> <li>Including but not limited to administering top-up PSA as per ongoing patient assessment and provider's orders.</li> <li>Administer oxygen, if necessary, to maintain SpO<sub>2</sub> over 92% as per provider's orders</li> </ul> <p><b>Follow any procedure orders:</b></p> <ul style="list-style-type: none"> <li>As per provider's orders.</li> </ul>	<p><b>Assisting provider:</b></p> <ul style="list-style-type: none"> <li>With procedures and interventions such as biopsy, polypectomy or coagulation.</li> </ul> <p><b>LPN limitations:</b></p> <ul style="list-style-type: none"> <li>LPNs do not administer IV PSA</li> <li>LPNs are assigned to the tech nurse role for any patient receiving PSA</li> </ul> <p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>LPNs can maintain existing oxygen therapy for patients where there is a provider's order</li> </ul>
<p><b>Collaborative Responsibilities:</b></p> <p><b>Psychological well-being:</b></p> <ul style="list-style-type: none"> <li>Provide reassurance to patient.</li> </ul> <p><b>Assisting provider:</b></p> <ul style="list-style-type: none"> <li>With patient positioning as per provider and needs of the procedure.</li> </ul> <p><b>Specimen handling and management:</b></p> <ul style="list-style-type: none"> <li>Ensure specimen is placed in appropriate container.</li> <li>Ensure all specimens are correctly labeled at time of collection.</li> <li>Documentation is complete – type, location, time of collection, time formalin added (for pathology specimen) and number of specimens on the requisition.</li> </ul> <p><b>Ensure specimens are correctly labeled and match the information on the requisition as per provider</b></p>	

Post-Procedure: In Endoscopy Room (Phase 1)	
RN Responsibilities	LPN Responsibilities
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Ensure all required documentation for patients receiving PSA is complete.</li> <li>Finalize perioperative doc.</li> </ul> <p><b>Nursing interventions:</b></p> <ul style="list-style-type: none"> <li>Initiate 1:1 recovery for patients who have received PSA</li> </ul> <p><b>Discharge criteria:</b> Assess patient readiness for discharge from 1:1 monitoring (See Appendix A: Discharge Criteria: Modified Aldrete Scale).</p> <ul style="list-style-type: none"> <li>For criteria 3 – Respirations- score must be 2.</li> <li>For criteria 4 – SpO<sub>2</sub>- score must be 1.</li> <li>The TOTAL score for criteria 1 to 5 must be 8 or greater.</li> <li>There must be no score of 0 (zero) in any category.</li> </ul> <p><b>Patient may be transferred to recovery bay once phase 1 discharge criteria have been met.</b></p> <p><b>Pre-clean endoscope (RN may do when patient has not received PSA):</b></p> <ul style="list-style-type: none"> <li>As per Flexible Pre-Cleaning Guide After Use (<a href="#">Appendix B</a>).</li> <li>Place in designated bin for MDRD to reprocess once pre-cleaning is done.</li> </ul>	<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Ensure all required documentation for unsedated patients is complete.</li> <li>Finalize perioperative doc.</li> </ul> <p><b>Nursing interventions:</b></p> <ul style="list-style-type: none"> <li>Provide support and assistance to the RN as directed/required.</li> </ul> <p><b>Pre-clean endoscope:</b></p> <ul style="list-style-type: none"> <li>As per Flexible Pre-Cleaning Guide After Use (<a href="#">Appendix B</a>).</li> <li>Place in designated bin for MDRD to reprocess once pre-cleaning is done.</li> </ul>
<p><b>Collaborative Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Initiate “Debriefing” phase as per Endoscopy Procedural Safety Checklist (S-PSCL) Policy</li> <li>Completion of debriefing phase of the Endoscopy Procedural Safety Checklist (S-PSCL) Policy.</li> <li>Ensure specimens are correctly labeled and provider has signed the requisition.</li> <li>Waste any unused PSA medications in Omnicell – 2 nurses required, one of which may be a LPN</li> </ul>	

Room Change Over, Cleaning Between Cases	
RN Responsibilities	LPN Responsibilities
<ul style="list-style-type: none"> <li>Discharge patient from 1:1 monitoring when criteria met (see <a href="#">Appendix A</a>).</li> <li>Transfer patients who have received PSA to recovery bay in the post-procedure area.</li> <li>Provide nurse to nurse report with receiving nurse.</li> <li>Ensure any bedside safety equipment used has been replaced prior to next procedure.</li> </ul>	<ul style="list-style-type: none"> <li>Transfer patients who have <u>not</u> received PSA to the post-procedure area.</li> <li>Provide nurse to nurse report with receiving nurse.</li> </ul>
<b>Collaborative Responsibilities:</b> <ul style="list-style-type: none"> <li>Wipe down cardiac monitor and cables; equipment and any surfaces that have come in direct or indirect contact with the patient or patient's body fluid with a disinfecting wipe.</li> <li>Change endoscopy suction tubing.</li> <li>Change suction canister when full.</li> <li>Wipe down endoscope cart, equipment and any surfaces that have come in direct or indirect contact with the patient or patients' body fluid with a disinfecting wipe.</li> <li>Prepare for next case. (i.e. collect equipment or supplies needed for next case).</li> </ul>	
End of Day Duties	
<b>Collaborative Responsibilities:</b> <ul style="list-style-type: none"> <li>Turn off Endoworks computer, backup date and exit program.</li> <li>Turn off all equipment including CO<sub>2</sub> tank, flusher, Olympus monitor.</li> <li>Restock endo supplies (i.e. D-Zyme Appli-Kit cleaning enzyme) <ul style="list-style-type: none"> <li>Ward aides may assist with restocking.</li> </ul> </li> </ul> <p><b>Housekeeping will do a terminal clean of the Endoscopy Suite at the end of the day.</b></p>	

### Documentation

- Perioperative Doc IntraOp Record
- SAAnesthesia Sedation Record
- ECG strip flowsheet (Form ID 2892)
- Department of Pathology Surgical Requisition

### Related Documents

- [B-00-11-10110](#) - Consent to Health Care
- [B-00-11-10192](#) - Patient / Resident Identification

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3. [B-00-13-10046](#) - Procedural Sedation in Clinics and Procedure Rooms: Protocol
4. [B-00-07-13-33](#) - Gowns and Protective Apparel
5. [B-00-07-12026](#) - Gloves- Infection Control
6. [B-00-07-13027](#) - Face Protection: Masks, Goggles and Face Shields- Infection Control
7. [B-00-12-10158](#) - Endoscopy Suite: Specimen Handling and Management
8. [B-00-16-10004](#) – Flexible Endoscope Care: Pre-cleaning After Use, at MSJ
9. [BD-00-11-40012](#) - Surgical and Procedural Safety Checklist (S-PSCL) Policy
10. [B-00-13-10019](#) – Oxygen Therapy, Acute Care

## References

1. Ginsberg, G., Kochman, M.L., Norton, I.D., Gostout, C.J. (2011) Clinical Gastrointestinal Endoscopy (2<sup>nd</sup> Edition). WB Saunders, Philadelphia.

### Persons/Groups Consulted:

Endoscopy/PACU Nursing staff, MSJ

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Clinical Nurse Leader, MSJ

Practice Consultant, PHC; Scope of Practice

Practice Consultant, PHC; Documentation and Practice Standards

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## Appendix A: Discharge Criteria - Modified Aldrete Scale – Revised

### Criteria for Discontinuing from One to One monitoring

- Modified Aldrete score for **Respirations** must be **2**; AND
- Modified Aldrete score for **Oxygen Saturation** must be **1 or greater**; AND
- **Total** Modified Aldrete score must be **8 or greater**.

### Criteria for Discharge or Transfer from Procedure Clinic / Area

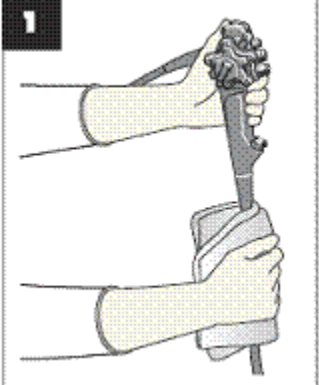


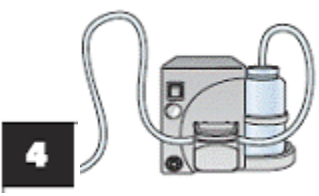
- 30 minutes after the last dose of sedation or analgesia is given; AND
- 120 minutes after the last dose of IV reversal agent administered (if given); AND
- **Total** Modified Aldrete score must be **10**; AND
- Nausea and Vomiting must be acceptable to patient; AND
- Pain must be acceptable to patient; AND
- Dressing/operative site is dry or requires extra padding but marked and not increasing; hematoma present but not growing. Indication of potential internal bleeding absent.

### Modified Aldrete Scale

Category	Criteria	Point Value
<b>Respirations</b>	Able to deep breath and cough freely	2
	Dyspnea or limited breathing	1
	Apneic	0
<b>Oxygenation</b>	Able to maintain SpO <sub>2</sub> greater than 92% on room air	2
	Requires supplemental oxygen to maintain SpO <sub>2</sub> greater than 90%	1
	SpO <sub>2</sub> below 90% even with supplemental oxygen	0
<b>Circulation</b>	Blood pressure +/- 20mmHg pre-procedure value	2
	Blood pressure +/- 20mmHg to 50mmHg pre-procedure value	1
	Blood pressure +/- greater than 50mmHg of pre-procedure value	0
<b>Level of Consciousness</b>	Awake and oriented	2
	Wakens with stimulation	1
	Not responding	0
<b>Movement</b>	Moves 4 limbs on own	2
	Moves 2 limbs on own	1
	Moves 0 limbs on own	0



**Appendix B:**
**Flexible Endoscope Pre- Cleaning Guide After Use**

	<p><b>STEP 1:</b></p> <ul style="list-style-type: none"> <li>• Use pre-mixed enzymatic solution, D-Zyme Appli-kit cleaning.</li> <li>• Set up a separate basin for water only.</li> </ul> <p><b>Wipe down scopes:</b></p> <ul style="list-style-type: none"> <li>• While still connected to power/light source, wipe down the endoscope with pre-mixed D-Zyme Appli-kit cleaning enzyme soaked sponge to remove debris on scopes.</li> <li>• Clean from control section end (“boot”) to distal end.</li> <li>• Repeat with clean sponge until there is no visible soil on endoscope or cloth.</li> <li>• Wipe down the endoscope with water-dampened cloth to remove enzymatic agent to prevent biofilm formation.</li> </ul>
	<p><b>STEP 2:</b></p> <ul style="list-style-type: none"> <li>• Immerse the distal end tip of endoscope in D-Zyme Appli-kit Cleaning solution. Ensure to protect tip of endoscope.</li> <li>• Suction enzymatic mixed solution for 30 seconds.</li> <li>• Then suction water for 10 seconds.</li> <li>• Lastly, suction air for 10 seconds.</li> </ul>
	<p><b>STEP 3:</b></p> <ul style="list-style-type: none"> <li>• Remove suction valve and attach the AW (air/ water) cleaning adaptor (key).</li> <li>• Immerse the distal end tip of endoscope in water. Ensure to protect tip of endoscope.</li> <li>• Depress AW cleaning adapter (key) for 30 seconds to feed water through the channels.</li> <li>• Keeping tip submerged in water, release adapter for 10 seconds to expel water.</li> </ul>
	<p><b>STEP 4:</b></p> <ul style="list-style-type: none"> <li>• If auxiliary water channel is present, flush the OFP flushing pump by stepping on the OFP pedal for 10 seconds.</li> </ul>
	<p><b>STEP 5:</b></p> <ul style="list-style-type: none"> <li>• Place valves, adaptor and pre-cleaned endoscope loosely coiled into a flat designated container and send to MDRD immediately.</li> </ul>