

# GI Endoscopy Procedures: Admission Assessment and Discharge Criteria

## Site Applicability

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

## Practice Level

A Registered Nurse (RN) or Licensed Practical Nurse (LPN) who has demonstrated knowledge and skill related to the post-procedure care of GI endoscopy patients shall perform a post-procedure Phase II recovery nursing assessment and provide care to the patient upon return to the recovery area.

LPNs can care for stable or predictable GI endoscopy patients in pre procedure and recovery.

## Need to Know

All patients having a GI endoscopy procedure must have a pre-procedure assessment, vital signs, pre-procedure checklist and COVID 19 screening completed prior to the procedure.

An RN and LPN oriented to PHC Endoscopy Suites may discharge patients from the recovery area (Phase II) when the provider's discharge order is present and the patient meets pre-established discharge criteria via a systems assessment with described criteria outcomes (See [Appendix A](#): Discharge Criteria: Modified Aldrete Scale).

The physician must reassess the patient for admission or discharge if/when the patient deviates from the approved admission/discharge criteria

- Recovery Phases
  - Phase I Recovery (Endoscopy Suite): the time period directly after the procedure and the administration of procedural sedation analgesia (PSA). The RN focuses on providing one to one monitoring and nursing care on basic life-sustaining needs based on objective nursing assessment data (i.e. respirations, oxygenation, circulation, level of consciousness, movement).
  - Phase II Recovery (Recovery Area): the time period that occurs directly after Phase I recovery. After criteria for discontinuing from one to one monitoring has been met, the RN or LPN focuses nursing care on the patient's immediate physical/comfort needs based on subjective and objective nursing assessment data.

## Procedure

### Admitting Process and Patient Identification:

- Introductions are made to the patient by all staff "Hello my name is..."
- The Admitting Clerk will check the patient in and apply the patient identification band. The Admitting Clerk will verify if a responsible adult is available for escort and inform the nurse if no escort is available. The Admitting Clerk will identify if an interpreter is needed.
- Once the patient is admitted by the Admitting Clerk, the patient's status is set to "Pt in waiting room" in Cerner. This alerts the nurse a patient is admitted into the system and ready for pre-procedure admission.
- The nurse brings the patient into a bay and confirms patient identification with two patient identifiers.
- If the need has been identified, the nurse will provide the patient access to an interpreter (i.e. in-person, virtual).
- In-patients will arrive to the endoscopy bay prior to their GI endoscopy procedure. Once the in-patient arrives to the endoscopy bay, the admitting nurse will confirm the patient's identity using two patient identifiers.

### Pre-Procedure/Admission:

The endoscopy RN/LPN who has demonstrated competency shall:

- Admit patient to endoscopy bay after confirming the patient's identification and verify procedure with the patient.
- Instruct patient to change into a hospital gown.
- If applicable, ensure patient is aware they will be receiving sedating medication.
- Confirm the person responsible for escorting the patient home. Inform the provider if the patient does not have a responsible adult for escort or intend to drive themselves home. The procedure may be done without sedation or rescheduled if the patient does not have a responsible adult for escort or intend to drive themselves home.
- Ensure patient's questions are answered in a way that makes sense to the patient.
- Conduct admission assessment, pre-procedure checklist and COVID screening and document in Cerner.
- Inform the provider if there has been any change to the patient's health status, the patient has taken anticoagulants, the bowel prep was ineffective, the patient has not been NPO, the consent is incomplete or the patient has questions about the procedure. In addition refer to items listed in pre procedure procedural sedation guideline.
- Initiate provider's orders.
- Insert saline lock as per pre-procedure orders if applicable.
- Initiate IV fluid as per pre-procedure orders if applicable.

**Post-procedure:**

The endoscopy RN/LPN who has demonstrated competency shall:

- Receive a verbal handover report from the GI endoscopy intraprocedure RN.
- Position patient on left side, HOB slightly elevated (30 degrees), side rails up.
- Assess and record vital signs, discharge assessment and Modified Aldrete Score upon arrival from endoscopy suite, then, Q15 minutes until discharge criteria met.
  - Vital signs and discharge assessment include:
    - Level of consciousness
    - Pain
    - BP
    - HR
    - Respirations
    - SpO<sub>2</sub>
    - Skin colour
    - Swallow/gag reflex
    - Bowel sounds
    - Nausea
    - Bleeding
    - CBG (if diabetic)
  - Discharge score is completed as per Discharge Score Criteria (See [Appendix A](#): Discharge Criteria: Modified Aldrete Scale).
  - LPN must consult with RN if additional monitoring needed and if discharge criteria not met in 30 minutes post procedure. If discharge score is not met in 30 minutes post-procedure continue to assess, monitor and document vital signs, discharge assessment and discharge score Q15 minutes X 2 then Q30 minutes until criteria met.
- Monitor and assess patients for a minimum of 1 hour who have undergone endoscopic variceal banding, esophageal dilation, endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound-guided fine needle aspiration (EUS-FNA), gastric variceal injection therapy with cyanoacrylate glue, double balloon enteroscopy (DBE), HALO 360 radiofrequency ablation (RFA) procedure, endoscopic mucosectomy or procedures done under general anesthetic (GA).
- Ensure gag reflex is present for upper GI endoscopy patients.
  - Keep patient NPO until swallow/gag reflex present.
- Ensure patient is passing flatus for colonoscopy patients.

**Discharge:**

The endoscopy RN/LPN who has demonstrated competency shall:

- Ensure that patient meets criteria for discharge or transfer from procedure clinic/area prior to discharge (See [Appendix A](#): Discharge Criteria: Modified Aldrete Scale);
- Ensure appropriate verbal and written instructions are given to the patient and responsible adult, including procedure specific instructions in a language that is understood by patient;
- Discharge patient from procedure clinic/area once discharge criteria met.

If the patient who has received procedural sedation indicates that they intend to drive following

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procedure and discharge, the nurse shall:

- Inform the patient that they are medically impaired and not able to drive themselves home;
- Notify the provider;
- Offer the patient a taxi voucher (a responsible adult other than the taxi driver must accompany the patient).

If the patient refuses travel by taxi and proceeds with wanting to drive themselves home, the nurse shall;

- Obtain a vehicle description (including the license plate number if possible);
- Contact the Clinical Nurse Leader (CNL), Clinical Site Coordinator (CSC), or Patient Care Manager (PCM) and notify them of the above situation;
- Inform the patient that if they attempt to drive home, local police will be contacted;
- Document in Cerner and complete a BC Patient Safety and Learning System (PSLS) report.

### Documentation

Complete the appropriate assessments and forms in Cerner.

- Ensure all medications administered are documented.

Document discharge teaching performed and educational resources provided.

### Related Documents

1. [B-00-11-10110](#) - Consent to Health Care
2. [B-00-11-10192](#) - Patient / Resident Identification
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
11. [B-00-13-10185](#)- Safety Checklist (Procedural) for PHC Endoscopy/GI Suites
12. [B-00-12-10155](#)- Endoscopy Procedures (GI): Duties of Endoscopy Nurses

### 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.

2. Interior Health. (2017). *Ambulatory Care Unit Post-Procedure Phase II Recovery- Adult; Admission Assessment and Discharge Criteria*. AC01500
3. National Association of PeriAnesthesia Nurses of Canada (NAPAN). (2014). *Standards for Practice (3rd ed.)*. Ontario, Canada: Pembroke.

**Persons/Groups Consulted:**

Endoscopy/PACU Nursing staff, MSJ

Patient Care Manager, MSJ

Nurse Educator, MSJ

Clinical Nurse Leader, MSJ

Practice Consultant, PHC; Scope of Practice

Practice Consultant, PHC; Documentation and Practice Standards

Patient Care Manager, SPH

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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