



Endoscopy

Student Nurse Orientation

Name: _____

Te Whatu Ora
Health New Zealand

Capital, Coast, Hutt Valley and Wairarapa

Contact Details

The staff in the ward/department care about your well-being as well as your education. They will notice and be concerned if you don't arrive for a planned shift, if there is illness on the ward or in case of emergency. They may need to contact you to check if you are alright and to let you know if there needs to be a change to your shift.

Please could you provide the department with your contact details and an emergency contact using the form below. This information will be kept by a senior staff member for the length of this placement and then will be destroyed. It will not be shared with anyone else without your permission unless there is an emergency.

Your name	
Your Home Phone Number	
Your Mobile Phone Number	
Name of Emergency Contact	
Phone number of Emergency Contact	

Contacting your Tutor/CTA

From time to time the staff on the department may need to contact your tutor regarding your progress, for support or in the case of problems.

Please could you supply the contact details for the tutor/CTA that will be supporting this placement, in the form below.

Name of Tutor/CTA	
Phone number for Tutor/CTA	

Please complete a new form before each new placement and give it to the senior staff at the beginning of your placement

We are looking forward to working with you

Welcome to the Endoscopy Unit

We hope you enjoy your experience here and take the opportunities to further develop your clinical skills. We hope that you will develop great working relationships with the patients, family and the interdisciplinary team to both yours and the organization's benefit.

This orientation pack has been developed to inform you about Endoscopy.

There are plenty of learning opportunities available to you while on placement here. Below are some suggestions available to you.

- Observe during Colonoscopy, Gastroscopy, Flexible Sigmoidoscopy, Bronchoscopy and ERCP procedures.
- Observe the Scope Technicians and see how scope are cleaned and processed if time permits.
- Spend time in recovery area.

With a wide variety of healthcare professionals that work on this unit it would be hard to list them all individually. As time goes on you will get to know them all and the role that they have on this unit. They consist of Respiratory, GI and Liver Consultants, Upper GI and Colorectal Surgeons, Registered Nurses, Healthcare Assistant, a Scope Technician, a Service Manager and Receptionist.

Key contacts for Endoscopy/MDS

Charge Nurse Manager	Marie Press	04 570 2694
Coordinator	Trudy Moretti	027 201 3647

Please contact CNM Marie Press to confirm your start dates and times. If you have any special requirements during your placement these can be discussed with her.

Your Preceptor

You will be allocated one main preceptor; this preceptor will be responsible for helping you completing your objectives. We will endeavour to ensure that you mainly work with this preceptor however this is not always possible.

It is your responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion.

Your preceptor will not complete any evaluations if you give them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact Marie Press, CNM.

Expectations of the Student Nurse while in ENDOSCOPY

We will be expecting you to attend your hours as stated in the Welcome email sent to you.

The provision of lunch break is 30 min after the completion of the morning session, with 10 minutes tea breaks during the morning and afternoon.

If your training education provider is expecting you to be here less than 5 days per week, please let us know.

We have a few expectations of student nurses working in Endoscopy:

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell during your placement you must contact the department on 04 570 9158 at first available opportunity. If students fail to attend placement without informing the department, we have a requirement to escalate non-attendees to the training education provider.
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your preceptor or Clinical Nurse Manager.
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives.
- If you are not achieving your objective please see Marie Press or your preceptor (before the last week in the unit).
- Always display your ID badge, wear a clean neat and tidy uniform.
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will not complete any paperwork that is given to him or her if it is given in the last days of your placement.

References and Acknowledgement

Marie Press – Charge Nurse Manager.

Trudy Moretti – Co Coordinator and Megan Mackay - Senior Endoscopy Nurse for their work in the previous Student Nurse Orientation Workbook.

Common Medications – IV Therapy : <http://intranet.huttvalleydhb.org.nz/policies-guidelines/iv-related-therapies/iv-related-therapies/iv-drug-and-fluid-administration-procedures.pdf>

Conscious Sedation:

<https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Gastroenterology/2021/2021-Self%20Learning%20Sedation.pdf?ver=dqzTDvUC5pNIJ6rA6iiiJw%3D%3D>

Senior Endoscopy Nurses 2023

Fire Evacuation Policy and Procedure

As with any ward/department in this hospital, there is a strict policy on fire evacuation.

What number do you call if you find a fire on the unit? _____

Who is the Fire Warden? _____

In the event of a fire/civil emergency alarm where would you locate?

Fire Alarms: _____

Fire Cells: _____

Fire evacuation procedure: _____

Assembly points if evacuation is necessary?

Internal: _____

External: _____

Flip Chart Location: _____



TREASURE HUNT

This list is designed to help you become familiar with the environment.

Please complete this Treasure Hunt on your first day.

Fire Extinguisher

Telephones

Emergency Flip Chart

Fire Hose

Resuscitation Trolley

Staff tea room

Staff Toilet

Emergency button in Procedure rooms

Emergency Button in Recovery Area

Emergency Reversal Drugs

Decontamination area

Drug/Treatment room

Store room

Isolation room

Waiting Area

Clinic Room

Meeting Room

Decontamination Room

Rubbish Area

Welcome to the Endoscopy Unit

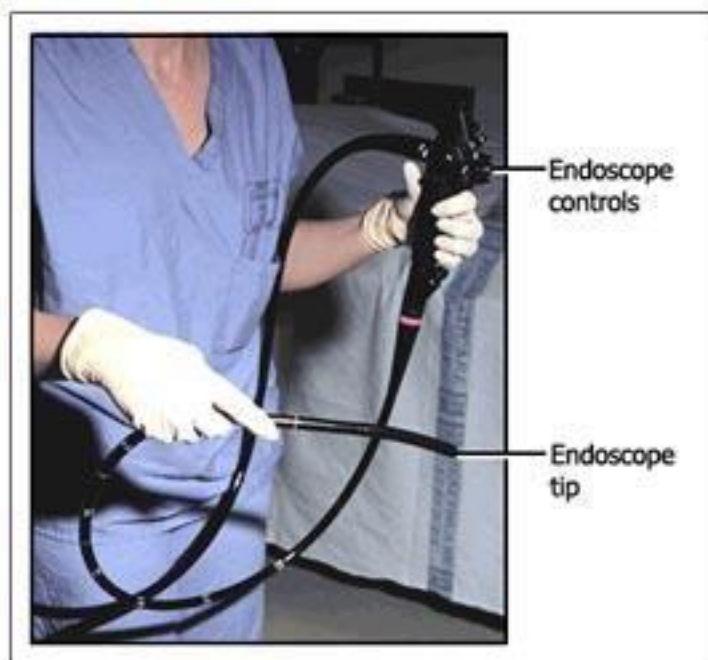


WHAT IS ENDOSCOPY?

An Endoscopy is a procedure where the inside of your body is examined internally using an Endoscope. There are four main types of Endoscopy performed here, a Gastroscopy, Colonoscopy, Bronchoscopy and ERCP. All of which are explained further on, where basic explanations and an accompanying diagram help you to visualize each procedure.

Endoscope

An Endoscope is a thin, long flexible tube that has a light source and a fibre optic video camera at the tip. Images of the inside of your body are relayed to an external television screen where photos can be taken, or the procedure recorded.



Endoscopes come in various sizes depending on the procedure performed. They are inserted into the body's natural openings, such as your nose, throat or anus.

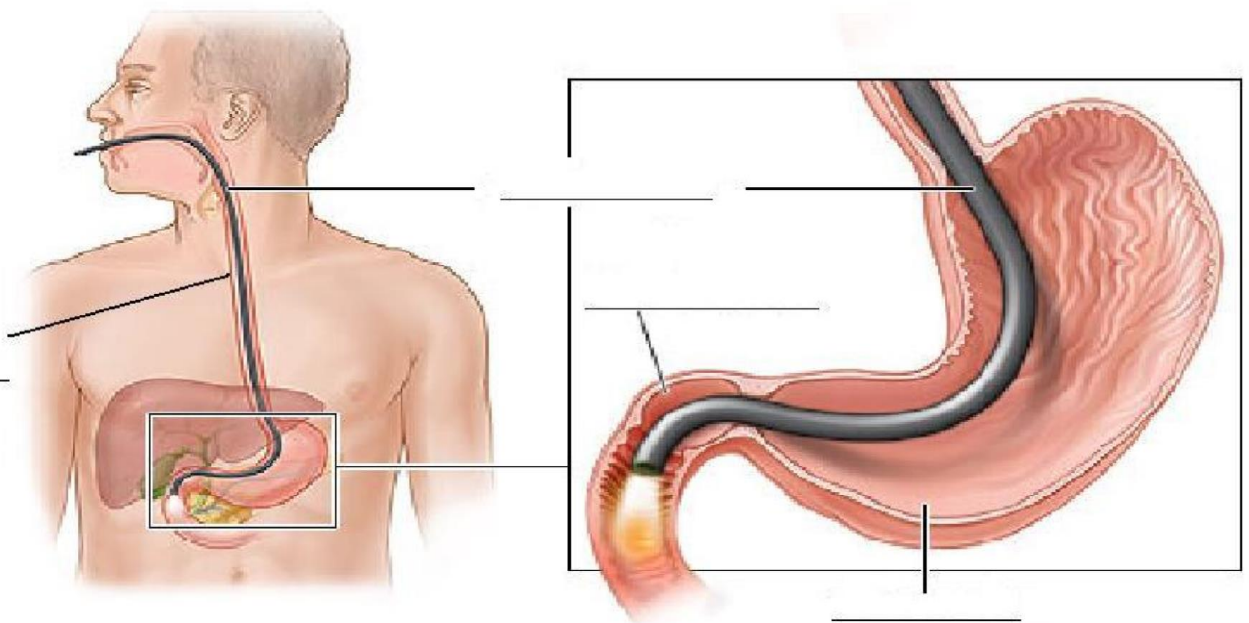
GASTROSCOPY

A Gastroscopy is a procedure that allow an Endoscopist to look inside the Oesophagus, Stomach and the first part of the Small Bowel. A Gastroscope enter through the mouth where it is swallowed and passed down the Oesophagus into the Stomach, and then into the Duodenum.

A Gastroscopy can help find out what causes symptoms such as indigestion, heartburn, repeated vomiting or vomiting blood, difficulty in swallowing, long-term abdominal pain, weight loss, and anaemia. It is also used to check certain GI conditions such as Inflammation, Ulcers, Coeliac disease, Barrett's oesophagus and early signs of cancer.

In emergencies, Gastroscopies are also performed to stop Gastric bleeding or remove any foreign bodies or blockage or varices.

Label the following areas of the Upper GI Tract

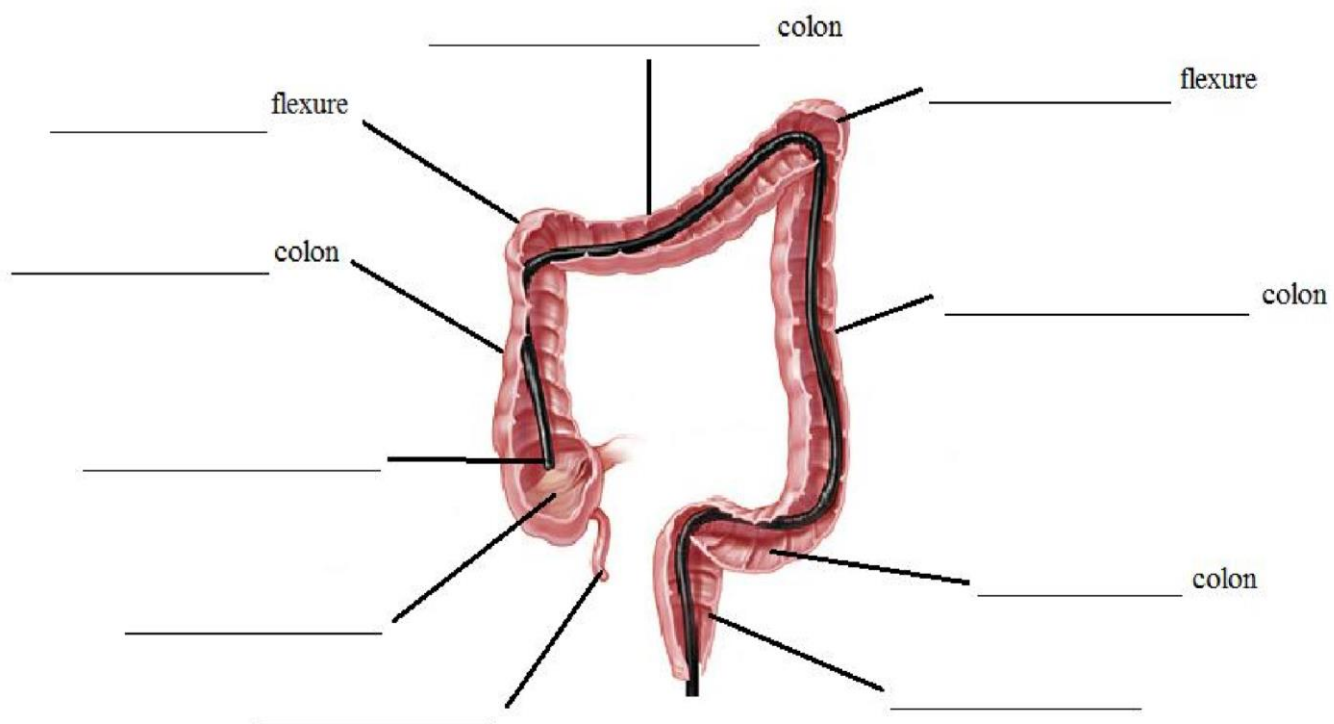


COLONOSCOPY

A Colonoscopy is a procedure that allows an Endoscopist to look inside the Large Bowel. A Colonoscope is inserted into the Colon through the Anus and passed to the furthest point, called Caecum. In some cases, they will also enter the Small Bowel, known as the Terminal Ileum.

A Colonoscopy can help Doctors find out what causes symptoms such as persistent diarrhoea or a change in bowel habit, bleeding from the Rectum or blood in your faeces. These may be the result of inflammation caused by conditions such as Ulcerative Colitis or Crohn's Disease, Polyps (small growth of tissue, sometimes called Adenomas) or Bowel Cancer.

Label the following areas of the Lower GI Tract



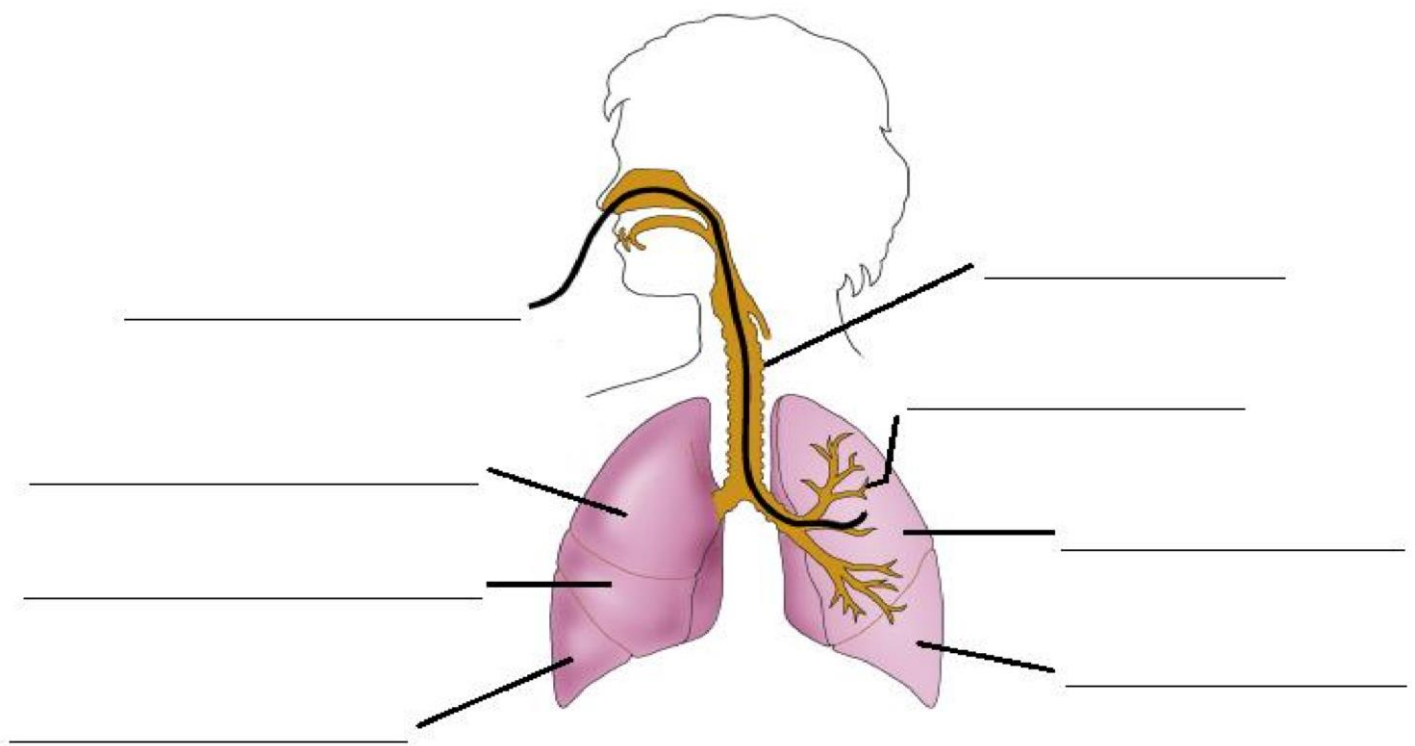
BRONCHOSCOPY

A Bronchoscopy is a procedure that allows an Endoscopist to look inside the lungs. A Bronchoscope is entered through either the nose or mouth where it is passed down the Trachea into the different lobes of the lungs.

A Bronchoscopy can help Doctors find out what causes symptoms such as persistent cough, coughing up blood or if there are changes seen on an X-ray or other imaging test.

They also help diagnose suspected Lung Disease, infection in the Lungs and Bronchi. A Bronchoscopy can also treat Lung or Airway problems such as removing fluid or mucus plug from your airways, draining an abscess or washing out an airway (therapeutic lavage) or foreign body.

Label the following areas of the Respiratory System

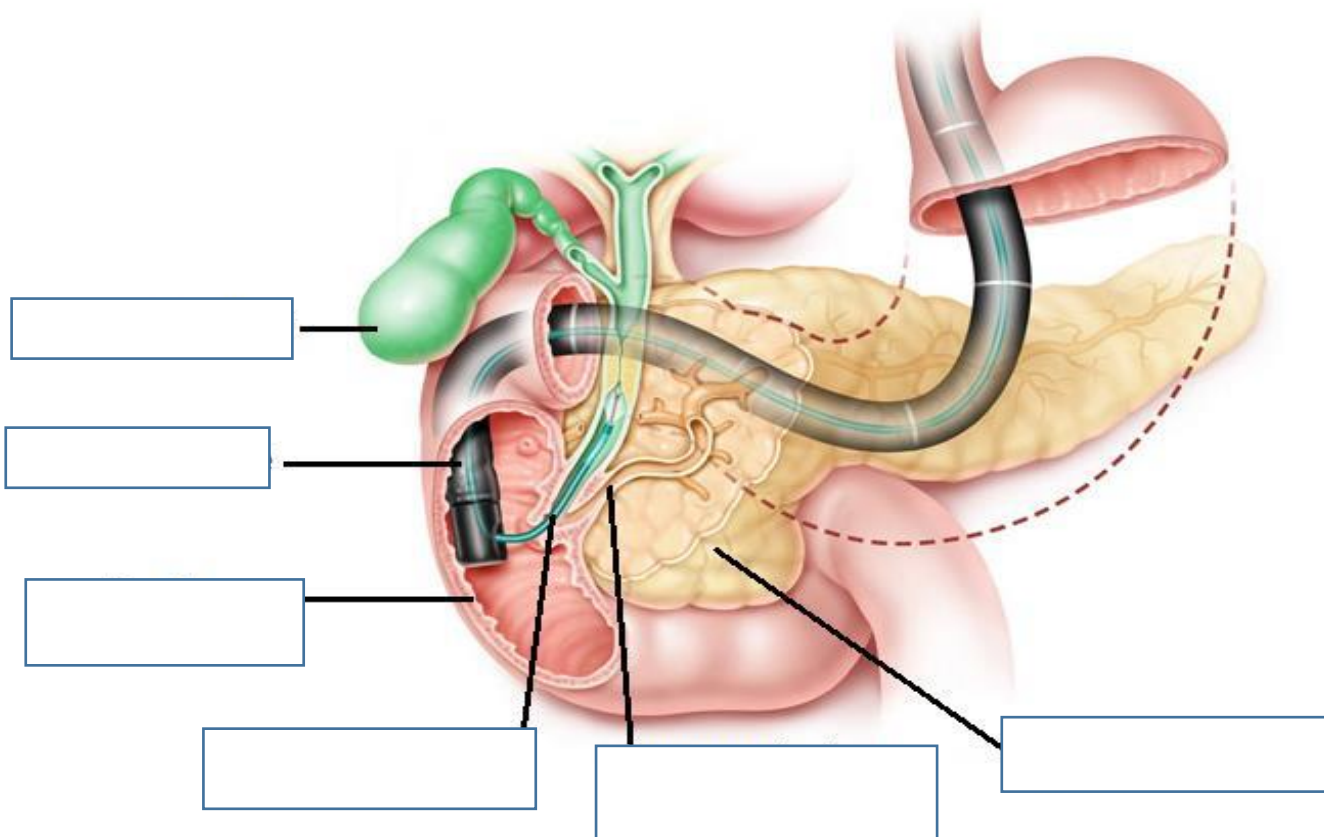


ERCP

An Endoscopic Retrograde Cholangiopancreatography (ERCP) is a specialised technique used to study the drainage tubes (ducts) of the gallbladder, liver, and pancreas. During the procedure, an endoscope – a long, thin, flexible tube with a ‘video camera’ at the tip – will be passed through your mouth, down your oesophagus and through your stomach, into the first part of the small intestine (the duodenum). This is where the bile duct, and pancreatic duct, connect to the bowel.

A small plastic instrument is placed through the endoscope and passed into the bile duct and/or the pancreatic duct, and a dye (contrast) is injected, making the ducts visible on X-ray. Sometimes a small cut is made into the muscle surrounding the opening of the bile duct in a procedure called a Sphincterotomy in order to allow better drainage of the bile, or to perform other procedures such as the removal of stones; tissue sampling (biopsies); stent placement (drainage tubes); or to stretch any narrowing of the Bile Duct.

Label the following areas of the Biliary Tract.



Common Medications

Administration of IV therapy in Endoscopy/MDS is in accordance with the IV & Related Therapies Policy available on the intranet

According to the Basic Certification Standard please note “Students (nursing, midwifery, radiologic technology, anaesthetic technology), and their respective clinical lecturers/clinical teaching associates are expected to adhere to the standards and principles of this document”.

Conscious Sedation in Endoscopy

“Conscious Sedation is defined as a drug induced depression of consciousness during which patients are able to respond purposefully to verbal and tactile stimulation.”

In Endoscopy it is used to reduce patient anxiety and discomfort so that it enables a thorough endoscopic examination and therapeutic procedures to be performed.

The following medications are commonly used in Endoscopy. Please indicate below the indications, contraindications and side effects of each drug.

<i>Fentanyl</i>	
Indications	
Contraindication	
Side Effect	
<i>Midazolam</i>	
Indication	
Contraindication	
Side Effect	
<i>Naloxone</i>	
Indications	
Contraindication	
Side Effect	
<i>Flumazenil</i>	
Indication	
Contraindication	
Side Effect	
<i>Buscopan</i>	
Indications	
Contraindication	
Side Effect	
<i>Oxygen</i>	
Indication	
Contraindication	
Side Effect	

Recovery

Patients would have received Conscious Sedation before starting their procedure. The effects of this will differ with each person – taking to account their Co-Morbidities, Drug Allergies/Adverse Reactions and Health Status

Levels of Sedation

	Minimal Sedation	Moderate Sedation/Analgesia	Deep Sedation/Analgesia	General Anaesthesia
Responsiveness	Normal response to verbal stimulation	Purposeful response to verbal/tactile stimulation (not just reflexive)	Cannot be easily aroused but responds purposefully following repeated or painful stimulation.	Not arousable, even to painful stimulation
Airway	Unaffected	No Intervention required	Intervention/Protection may be required	Total loss of Airway protective reflexes
Spontaneous Respirations	Unaffected	Adequate	May be inadequate	Frequently inadequate, support required
Cardiovascular Function	Unaffected	Usually maintained	Usually Maintained	May be impaired
Reversal Agents	Should have immediate access to reversal medications for all levels of sedation			

Recovery Nurse Process

1. Be aware of which procedure room the patient is returning from.
2. Go to the empty bed space in that colour.
3. Receive the Handover from the Patient Assist Nurse
4. Do a Patient Assessment – Vital Signs, Colour, O2 Supplement, Level of Sedation
5. When patient is awake, able to sit up and talking give a drink and Biscuits after appropriate wait time.
6. Remove IVL – note for any Phlebitis. Confirm that they have a ride home.
7. RN or DR to give report.
8. Clean and make beds

Things to think about and discuss with your Preceptor.

What would you do if the Oxygen Saturations were to drop from 94% Room Air to 88% Room Air?

What would you do if after 30mins the patient is still not easily roused?

Notes
