

# Endoscopy Guidelines for after hour ED patients

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- 1) Endo nurses will resume the practice of notifying the nsg supervisor on arrival (or enroute) when coming in to perform a procedure.
- 2) The nsg supervisor will begin the process of identification of a suitable location to recover patients if the Endo nurse does not feel comfortable recovering the patient in their area. Potential recovery locations may include, but are not limited to PACU, ACCU, SSU, or other unit. The ED will be considered the last option due to volume and acuity.
- 3) ED patients requiring Endoscopy are rarely the sickest of the potential cases to do, so whenever possible, will be placed at the end of the caseload to eliminate the issue of the Endo nurse being unable to recover the current patient due to needing to participate in a procedure on the next patient.
- 4) In the event an ED patient has a procedure, and there is no other viable alternative for recovery location, the Endo nurse will communicate with the nursing supervisor, who will communicate with the ED Coordinator for discussion about available recovery space and staffing to recover.
- 5) If the patient is returned to the ED for recovery, he/she will be accompanied by the Endo RN, who will recover the patient to the acceptable AVPU scale. Discharge from the hospital requires a PAR score of 10, or a PAR score that at least equals the pre-procedure score.
- 6) Whatever location the patient is recovered in, discharge instructions should be printed and readied for the patient. The patients family may to come to the unit, discharge instructions will be reviewed with the patient and family, and the Endo nurse may discharge the patient to home from that unit.
- 7) In situations where the “on call” staff is required to perform another procedure and is unable to recover the ED patient from conscious sedation, the Nursing Supervisor would utilize the following options to determine where that recovery occurs:
  - a) Availability of Float nurse to recover and discharge patient from SSU or another unit.
  - b) Assess PACU presence and availability to recover patient. PACU should never be called in to recover these patients, nor should they be asked to stay late. If patients are recovered by a PACU nurse in PACU, they may be returned to the ED for discharge following suitable report to the ED Coordinator.
  - c) If no alternate placement is available, the Nursing Supervisor will contact the ED Coordinator and ask if resources are available to return the patient to the ED for recovery and discharge. ED volume and acuity will determine viability of this option.