

NZNO Recommendations:

REGISTERED NURSE FIRST ASSIST
FOR THE
PLACEMENT OF P.E.G. TUBES
IN
ENDOSCOPY SUITES IN NEW ZEALAND:
ENDOSCOPY SERVICE POLICY GUIDELINES

Gastroenterology Nurses Section NZNO
July 2015

**NEW ZEALAND NURSES ORGANISATION (INC)
RECOMMENDATIONS FOR:**

**REGISTERED NURSE FIRST ASSIST for the PLACEMENT of
PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBES in
ENDOSCOPY SUITES in NEW ZEALAND: ENDOSCOPY SERVICE
POLICY GUIDELINES**

July 2015

New Zealand Nurses Organisation

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1 INTRODUCTION

The Gastroenterology Nurses Section of the New Zealand Nurses Organisation (NZNO) recognised that Registered Nurses to assist medical practitioners with the insertion of Percutaneous Endoscopic Gastrostomy (P.E.G) tubes.

The process utilised in developing the guidelines for PEG Nurse first assist included:

- A literature review.
- A review of national and international peri-operative nurse surgical assist policies and protocols.
- Draft document for consultation, circulated to Gastrostomy Clinical Nurse Specialists, Section members, NZNO professional and legal advisers, NZ Society of Gastroenterologists.
- Guidelines are reviewed on a 5 yearly cycle

In 2010 the Nursing Council of New Zealand revised the Registered Nurse scope of practice to enable expanded practice. RNs who undertake the role of Endoscopy RN First Assist P.E.G placement (or working towards this) need to meet the NCNZ competencies for expanded practice (Nursing Council of New Zealand, 2010). See further explanation in section 4 of this document.

The Gastroenterology Nurses Section NZNO thanks all those who have contributed to the review of this document, and in particular, the working party. Those on the original working party were Jenni Masters, Michelle Lau, Donalee Grimminck, Gendy Bradford, Anne Cleland, Sandra Burton and Thysje Waghorn.

July 2015 review party: Rosemary Tonkin, Janice Duxfield, Thysje Waghorn, Jacky Watkins.

Karen Kempin
Chairperson

2 Gastroenterology Nurses Section NZNO – Position Statement on RN First Assist for P.E.G. Placement

The Gastroenterology Nurses Section NZNO supports the position statement of the Society of Gastroenterology Nurses and Associates Inc (SGNA) 2008. <http://www.sgna.org/Portals/0/Education/Position%20Statements/PEGPlacementPositionStatement.pdf>

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The Gastroenterology Nurses Section NZNO assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses function within the limitations of legislation and/or institutional policy.

3 PURPOSE

Endoscopy RN First Assist: P.E.G tube placement (RNFA) is an expanded scope of practice for the endoscopy nurse. Safety for the public, the nurse and the service provider are paramount considerations in expanding the role of the nurse. A framework and standards implemented nationally will provide public assurance and support implementation of Nursing Council New Zealand (NCNZ) expanded scope of practice guidelines (2010).

The purpose of this guideline is to achieve a national quality and consistency for endoscopy nurses assisting surgically with the insertion of P.E.G tubes.

There will be consistency in:

- Organisational policy
- Standards of practice and competencies
- Preparation for the RN First Assist role in P.E.G placement
- Credentialing processes

The guidelines offer a framework of safe practice for patients, nurses and service providers. It will assist in the recognition and transportability of nursing skills nationally in endoscopy RN First Assist roles.

4 POLICY

4.1 Definition of Endoscopy RN First Assist: P.E.G Placement (RNFA: PEG)

The Registered Nurse First Assist PEG (RNFA: PEG) in the endoscopy suite collaborates with the endoscopist and others in the endoscopy team in performing a safe P.E.G placement procedure with optimal outcomes for the patient. The RNFA is an experienced practitioner in endoscopy nursing and must have acquired the necessary knowledge, skills and judgement specific to endoscopy practice and P.E.G placement. The Endoscopy RNFA practices in collaboration with and under the direct supervision of the endoscopist during the intra-operative phase of the endoscopy experience. The endoscopy RNFA does not concurrently function as the endoscopy circulating nurse or the patient monitoring nurse.

4.2 Scope of Practice

The RNFA: PEG, is a Registered Nurse, experienced in endoscopy nursing, who has acquired additional knowledge, skills and experience to function in this expanded role. The decision to practice as a RNFA:PEG must be made voluntarily and deliberately with understanding of the accountability that the role entails.

The scope of practice of the nurse acting as RNFA:PEG is an expanded role within endoscopy nursing practice. Endoscopy nursing is a specialised area of practice. The activities included RNFA:PEG are further refinements of endoscopy nursing practice, which are executed within the context of the nursing process.

The observable nursing behaviours are based on an extended body of scientific knowledge. These intra-procedure nursing behaviours are included in the position description (Section 5.4):

(Amended from <http://www.sgna.org/Portals/0/Education/Position%20Statements/PEGPlacementPositionStatement.pdf> 2008)

4.3 Framework & competencies for expanded practice – Nursing Council of NZ Guidelines.

In 2010 the Nursing Council of New Zealand (NCNZ) revised the Registered Nurse scope of practice to enable expanded practice. RNs who undertake the role of RNFA:PEG (or working towards this) need to:

- a. meet the NCNZ competencies for expanded practice, and
- b. demonstrate and document how they meet these additional competencies when they apply for the Annual Practising Certificate.

They will be assessed as part of a PDRP or an employer's credentialing programme and as part of the Councils recertification audit (Nursing Council of New Zealand, 2010).

4.4 Organisation Policy

The employing organisation has a formal policy in regard RNFA:PEG. reviewed according to organisations policy.

The policy covers:

- Scope of practice and competencies for expanded practice (Nursing Council of New Zealand, 2010)
- Standards and practice guidelines
- Credentialing process
- Position description
- Prerequisite knowledge, skills and experience

The policy states:

The RNFA:PEG provides intra-operative assistance within a framework of nursing and the wider context of endoscopy nursing practice.

The RNFA:PEG functions in collaboration with the endoscopist during the P.E.G placement procedure, and does not concurrently function as a scrub/circulating nurse.

The RNFA:PEG is responsible and accountable for his/her own practice within the legislation governing nurses and the policies of the employing organisation.

The RNFA: PEG functions according to the position description, credentialing process, and the standards and practice guidelines of the employing organisation. The nurse should assist with a minimum of five PEG tube placements per annum.to maintain competence. A record is to be maintained.

The RNFA:PEG assists only those Endoscopists recognised as experts in PEG tube placement.

5 POSITION DESCRIPTION

5.1 Title: Endoscopy RN First Assist: P.E.G Placement (RNFA:PEG)

5.2 Purpose:

- To maintain patient safety before, during and after procedure
- To provide reliable, appropriate access for nutrition of the patient
- To ensure there is adequate follow-up and education of the patient, whanau and/or caregivers following the procedure.

5.3 Outcome Standards

- The patient, whanau and/or caregivers is informed and understands the procedure according to their level of understanding and competence
- A valid consent is obtained
- The patient remains safe
- Feeding is established through a patent PEG tube
- Complications are minimised
- Universal precautions are maintained

5.4 Duties:

- Endoscopy nursing duties as per the RN endoscopy nursing position description
- Assist the endoscopist as RNFA for the procedure of P.E.G placements when required
- Works in collaboration with the endoscopist
- RN First Assist only assists endoscopists experienced in PEG tube placements

The Endoscopy RN First Assist: P.E.G Placement may:

- Ensure safety checklist is completed pre-procedure
- Preparing sterile field
- Localising site by transillumination and/or digital indentation, demonstrating knowledge of the relevant anatomy
- Injecting local anaesthetic using the safe tract method
- Incision technique(s)
- Insertion of trocar
- Gastrostomy tube insertion
- Fixing PEG/PEGJ tube and clean the wound
- Advanced product knowledge

5.5 Person Specifications:

- Registered Nurse with current NCNZ Practising Certificate;
- Proficient endoscopy nurse, minimum 2 years endoscopy experience;
- Ability to apply principles of asepsis and infection control;
- Knowledge of relevant anatomy, physiology, pathophysiology, and operative technique related to the P.E.G. procedure;
- Current cardiopulmonary resuscitation certification;
- Ability to recognise safety hazards and initiate appropriate preventive and corrective action;
- Ability to perform effectively and harmoniously as a member of the endoscopy team;
- Ability to demonstrate skill in behaviours unique to the Endoscopy RN First Assistant (as defined);
- Meets requirements of regulations, institutional policies relevant to Endoscopy RN First Assistants;
- Has professional indemnity insurance; and
- Successful completion of education programme meeting the standards for RNFA: PEG.
- The verification of the training, experience, and credentialing shall be documented on the nurses' personnel file.

6 STANDARDS AND COMPETENCIES

6.1 Patient safety throughout the procedure is maintained

- universal precautions are maintained
- the patient is assessed pre-procedure
- patient history, particularly, coagulation status and previous abdominal surgery, are checked
- antibiotic cover is checked
- oral hygiene is performed immediately prior to the procedure
- asepsis and the sterile field is maintained
- the site is appropriately anaesthetised
- safe tract method is utilised
- the PEG tube is inserted and positioned according to best practice
- sharps disposed of appropriately
- documentation includes type and size of tube, distance to bolster, follow up care, nil by mouth instructions, feeding implementation plan and written patient information on PEG cares
- communication between the Endoscopist, RNFA: PEG and endoscopy team is excellent

6.2 The patient, whanau and/or caregiver receive appropriate support, education and training in relation to PEG tubes and feeding regimes (*this standard may be implemented by other members of the multidisciplinary team staff in the organisation*)

Undertakes nursing care in a manner that the patient and family/whanau determines as culturally safe.

- Implements Te Tiriti o Waitangi principles in nursing practice.
- Provides access to appropriate multidisciplinary support to enable informed decision- making about the procedure.
- Provides education for the patient and family/whanau that they determine as culturally safe.
- Initiation of nutritional support is planned and written support information supplied
- follow-up care is arranged
- PEG tube care booklet is supplied to patient/caregiver
- emergency contact details are provided

7 PREPARATION FOR ENDOSCOPY RN FIRST ASSIST: P.E.G. PLACEMENT (RNFA: PEG)

The principles of knowledge, observation, guided practice, supervision, competence assessment and review apply to the preparation for an extended role.

The RN will have demonstrated proficiency in endoscopy nursing and have a minimum of two years speciality experience in endoscopy nursing, before being accepted for preparation for the endoscopy First Assist: P.E.G placement programme.

The Gastroenterology Nurses Section NZNO has developed a self-directed learning package and competence assessment tools that can be utilised as part of the expanded scope of nursing preparation within the organisation.

This will include:

- relevant anatomy and physiology
- indications/contraindications for PEG tube insertion
- ethical dimensions of PEG tube placement and feeding
- patient and/or caregiver education and support requirements
- initiation, maintenance and troubleshooting of PEG tube feeding
- universal precautions, asepsis and maintenance of sterile field
- consent procedures
- medication
- complications
- knowledge of PEG kits used and manufacturer instructions
- record/documentation requirements

Clinical training will comprise of

- observation of the assistant role for 5 procedures
- perform first assist role under direct guidance and with back up available for a minimum of 5 procedures
- complete satisfactorily the competency skills checklist (Appendix A)

8 CREDENTIALING PROCESS

RNFA: PEG is an expanded scope of practice for the Registered nurse.

To determine if an RN demonstrates the competencies for credentialing as an Endoscopy RN First Assistant, an approval process must be established. Credentialing is part of an organisational quality and risk management system. In New Zealand it often takes the form of a Certification process e.g. Cytotoxic Drug Administration Certification.

The credentialing process is as follows:

RN experienced in endoscopy nursing expresses interest in preparing RNFA: PEG role. Endoscopy suite manager and Endoscopist supports nurse in moving towards this expanded role.

RN undertakes prerequisite education, skills training and supervised practice programme (refer to NZNO Self - directed learning package RNFA: PEG).



Knowledge and competency assessments successfully completed.



Approval given and formal notification made on personnel file.



Re-verification of competency to continue in this expanded practice role becomes part of the annual performance appraisal for the nurse. A record of RNFA: PEG procedures performed is kept. The RN meets the NCNZ competency requirements for expanded practice as outlined in section 4.3 of this document.



And

The employing organisation monitors the policy and credentialing system through its quality assurance programme.

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Appendix A: Competency Checklist

Direct Observation of Practice

Date:

Rating Scale:

I =Independent. Safe, proficient, no supporting cues required

S =Supervised. Safe, proficient , requires occasional supporting cues

XI = Not directly observed but independent. Confident will achieve intended outcome in practical situation. No supporting cues required.

A = Assisted. Safe. Proficient when assisted. Required frequent verbal cues.

M = Marginal. Safe only with guidance. Unskilled. Required continuous verbal & physical cues.

D = Dependent. Unsafe. Unable to demonstrate procedure. Required continuous verbal & physical cues.

From QI Endoscopy DOPs scoring system 2013.

Nurse First Assist Percutaneous Endoscopic Gastrostomy (RNFA PEG)	I/S/XI/A/M/D	Comment/Review
To demonstrate competency in this the nurse will be observed:		
Pre Procedure preparation:		
Identify and discuss the procedure including potential risks and benefits		
Describes factors that may influence consent: cognitive ability, risks and benefits, ethical considerations.		
Demonstrates understanding of effective patient informed consent including confirmation of consent prior to procedure including risks and benefits		
Identifies all patient documentation to be completed including any history of abdominal surgery, coagulation and/ or allergies		
Describes rationale for antibiotic prophylaxis and RNFA responsibilities.		
Prepares the PEG insertion trolley with appropriate equipment as per DHB policy.		
Demonstrates understanding of theatre safety check principles and participates in pre-procedure checks		
Procedure preparation:		
Describes rationale for positioning of patient pre procedure		
Demonstrates principles of aseptic technique and prepares and maintains a sterile field		
Demonstrates product advanced knowledge and provides rationale for product selection		
Demonstrates good communication with endoscopist and nursing staff		

Describes rationale and demonstrates techniques for site selection e.g. digital indentation, trans-illumination, radiological imaging.		
Demonstrates appropriate skin preparation including cleaning techniques.		
Demonstrates use of safe tract technique including description of rationale		
Demonstrates appropriate local anaesthetic administration with knowledge of risks/benefits		
Demonstrates appropriate skin incision techniques including position to reduce risk of bleeding, depth and length of incision		
Demonstrates safe insertion of trocar (describes risks to patient and scope)		
Demonstrates competent use of product: use of guidewire, placement of tube, fixation device, fixation distance/ position and problem solving skills.		
Disposes of all equipment as per DHB policy.		
Post Procedure:		
Ensure documentation is complete including type and size of tube, skin depth and distance at bolster, NBM/tube status.		
Ensure appropriate post procedure education to patient/family/whanau/caregiver including – follow-up care, written information and contact details		
Witness Initial		

RN First Assist :

Assessor signature:

Role:

Date: