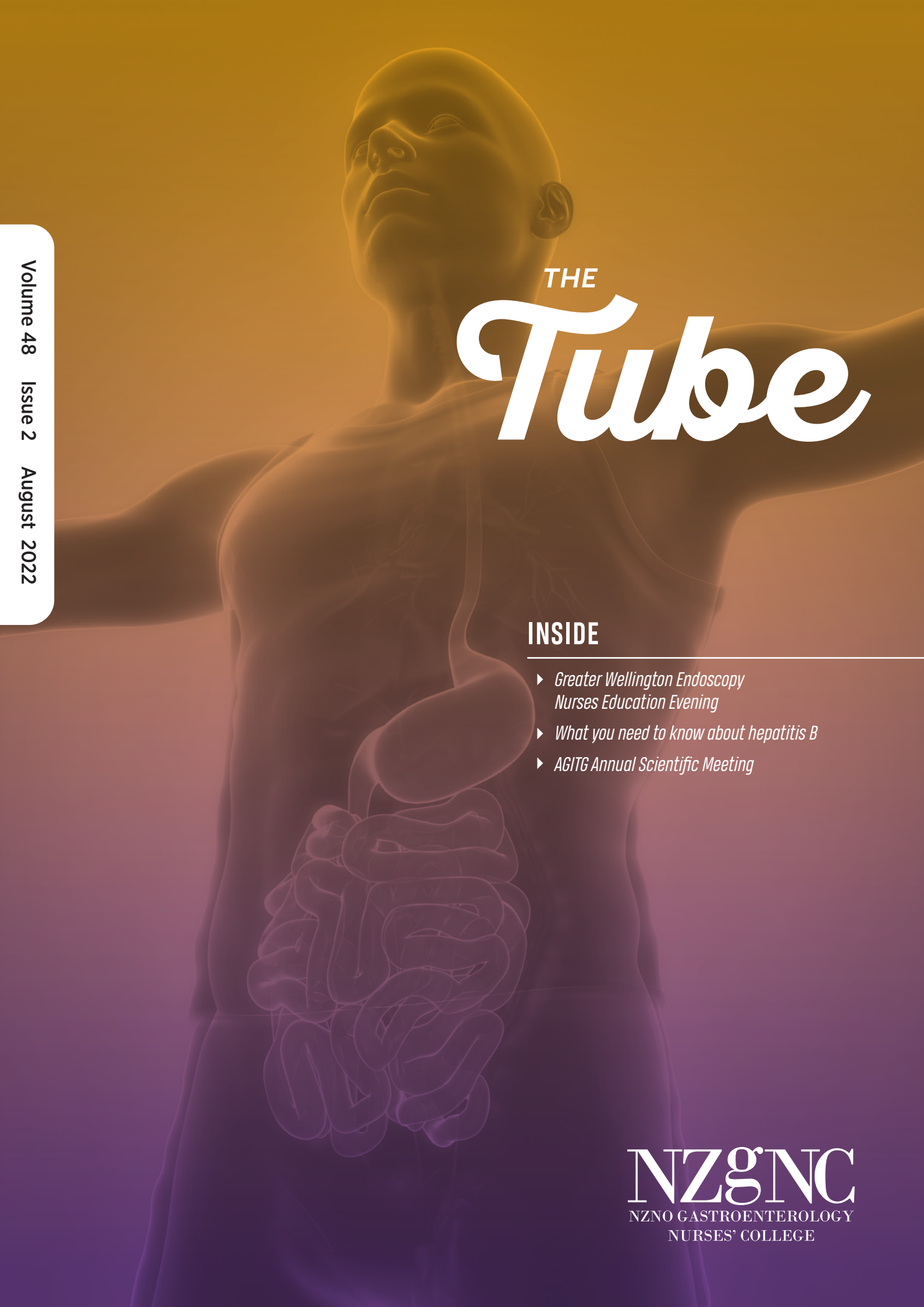
Volume 48 Issue 2 August 2022

THE Tube



INSIDE

NZgNC
NZNO GASTROENTEROLOGY NURSES' COLLEGE

OLYMPUS CORNER

WELCOME TO THE OLYMPUS CORNER

Meet our Olympus New Zealand team

At Olympus, we are focused on improving people's lives every day through innovative solutions in our core business areas: Medical and Surgical Products fostering a collaborative relationship with healthcare professionals with the focus on improving patient outcomes. Through the delivery of training programs and ongoing consultation with healthcare professionals, assists us in further developing and enhancing our product offering.

Our comprehensive service to our customers begins with a consultation with our technical sales professionals. Below are our fabulous New Zealand team's contacts details, if you have any questions, requests, suggestions or just would like a chat, do not hesitate to drop us a line.

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Olympus Academy

The Olympus Academy team is dedicated to educating the specialists of tomorrow. Olympus Academy offers courses and webinars for reprocessing and endoscope training, specific topics include infection control, reducing the risk of cross contamination, and other adverse events related to the reprocessing of flexible endoscopes and surgical instruments. To view course calendar and make bookings visit Olympus Academy website.

Upcoming Olympus Academy Courses & Webinars

Olympus EUS Webinar Masterclass
Advanced Therapeutic Endoscopic Ultrasound
Tuesday 30 August 2022, 06:30pm - 08:30pm AEST

Endoscopic Ultrasound (EUS) has emerged as an increasingly important imaging modality in gastroenterology and interventional medicine for both diagnostic and ultrasound-guided therapeutic procedures.

This webinar is aimed at Interventional Endoscopists and Gastroenterologists with a focus on advanced therapeutic procedures and techniques within EUS.

Chair Dr Saurabh Gupta from Sydney Adventist Hospital specialises in advanced diagnostic and therapeutic endoscopic procedures with a special interest in pancreatic and biliary disease.

Olympus invites you to join this unique event to hear from Dr Gupta and a number of local and international speakers, with the opportunity for attendees to ask questions during a panel discussion.

Endoscope Reprocessing Specialist Training (ERST)
Olympus LIVE Auckland, Tuesday 6 September 2022, 09:00am - 03:00pm NZST

Endoscope Reprocessing Specialist Training (ERST)
Olympus LIVE Auckland, Wednesday 2 November 2022, 09:00am - 03:00pm NZST

These ERST courses will provide participants with an overview of the procedure and recommendations for reprocessing Olympus flexible endoscopes.

To book, visit: www.olympusacademy.co.nz

If you would like more information on Olympus products and services, please contact your local Sales Specialist or Olympus New Zealand Customer Service on 0508 659 6787.

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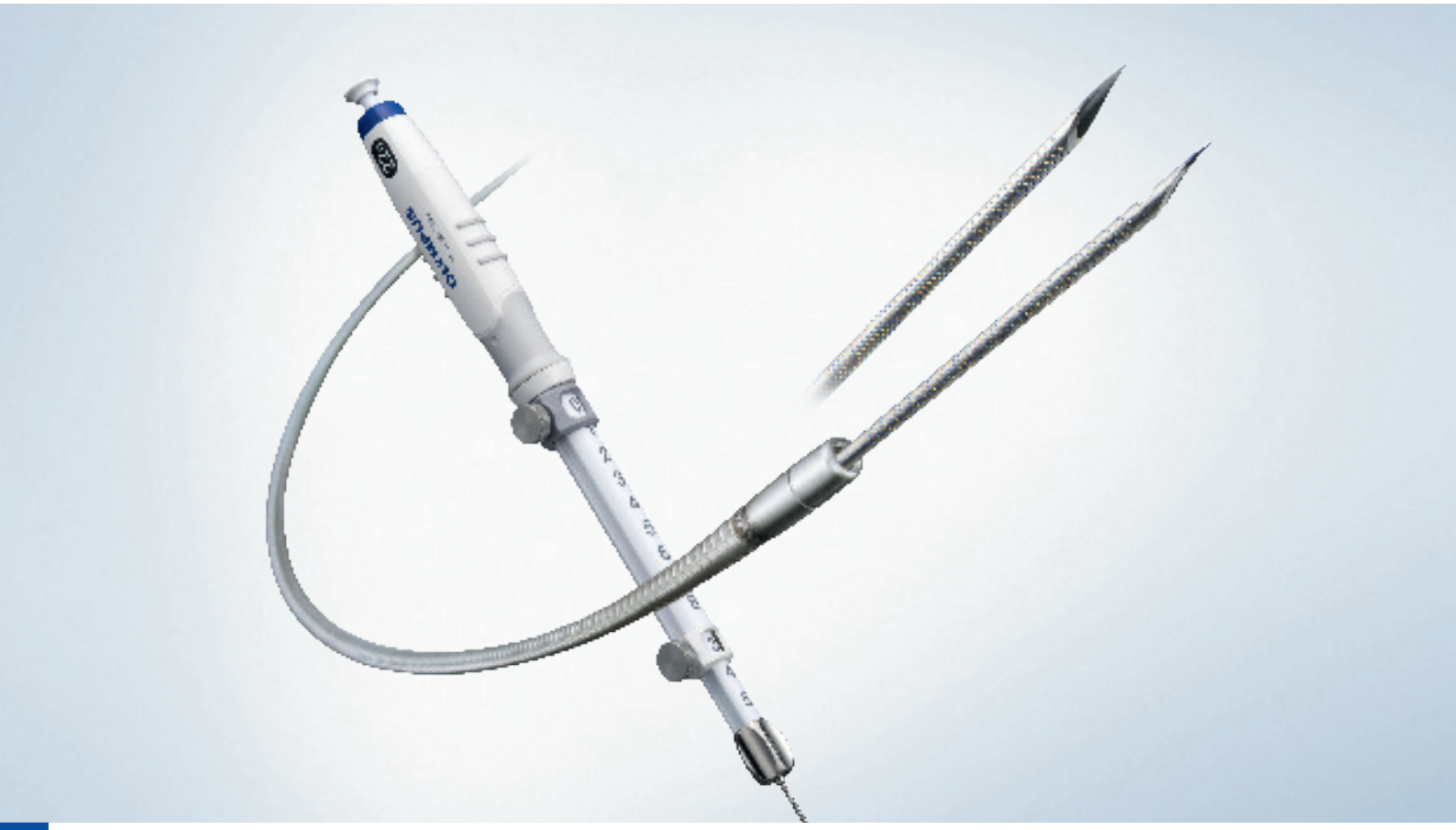

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NZNO NZGNC
Annual Chairperson Report 2022

Kia ora NZgNC members,

I write to you from sunny Dunedin, where it has been incessantly raining for 8 days. Luckily, we are quite hardy in the South, and water resistant, to a degree.

Things are pretty covidy out there in our healthcare settings again now, and with the peak not yet upon us, it's important to keep your own wellbeing as a high priority.

Our Gastroenterology Leaders day is just around the corner on Friday 26th August, at the Russley Golf course in Christchurch. You will find the online registration details and flier for this on the NZgNC website. This year's focus is 'Health, Strong leaders, Healthy Strong teams' – our aim is to invest in our senior nursing and leadership team and empower them with skills, and resources to take back to your teams. Sarah Linton is our key speaker, a leadership coach from 'Tides of Change' where she mentors and coaches leaders to become impactful and inspiring.

NZSG/Gastro conference planning is well underway, and the programme so far is looking to be packed full of great learning and networking opportunities. The convening committee are working hard to be sure to provide us with the interaction and learning that we love about gastro conference. Please consider submitting an abstract, and preparing a poster to share. This conference provides a supportive and encouraging audience of nurses to present to, away from the medical programme. So I encourage you to take the leap and prepare a presentation to share with us as your wider colleagues. There are prizes for presenters, which is well worth your while. It also looks fabulous on your CV and PDRP as undertaking professional development.

Take care out there, keep well

Merrilee Williams
Chairperson- NZgNC
Charge Nurse Manager

The Tube
August 2022 Editor's Report

COVID is now changing its identity on a regular basis. Confusing for us, but think of the lay person who must be overwhelmed with it all. The world has now been alerted to Monkey Pox by the World Health Organisation (WHO) and another form of Ebola has raised its head in Africa.

Infectious Diseases are on the increase, or is it just that they have always been there and with high density populations and world travel a perfect environment for them to spread has been created?

Since my last report inflation and interest rates have increased which has not changed the issues of everyday living. All involved in health are asking for recognition, not only, of their work in a monetary sense but also an increase in staffing levels to give a work, life balance. When I cast an eye over the world it appears that all countries are going through the same dilemma. Not enough personnel or money to go around which means there is a scramble to offer sweeteners to staff from neighbouring countries.

Croft Print, Christchurch has continued to format a great E journal for the college. This is only possible with the posters, articles and reports members supply to me. I am waiting for articles on unit history which is a great way to preserve history. Find forgotten photos and talk to those who are close to retirement or retired. As nurses, we love to read about how endoscopy has evolved and also how others are managing. There is an editor's prize each year for the best article which is presented at Gastroenterology NZ conference so get pen to paper.

The College has an Education/Travel fund available for members to apply for. This covers Conferences, travel and any study you may be partaking in. Go to our NZNO Gastroenterology College website and fill in the form. Do not be shy about applying as the money from advertising in the Tube is used for this purpose.

Closing dates:
1 March
1 September

Available to:
Applicant must be a Health Care Professional working within Gastroenterology in New Zealand and a member of the NZgNC

Travel must be undertaken within a year of award being made

Complete a report and have it published in 'The Tube' once conference attended.

To collect payment from the education fund you need to have your reports in by due date which is given in the approval of application letter.

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Call to Action

The recent audit of inflammatory bowel disease (IBD) nursing practice in New Zealand has revealed a severe shortage of nurses country wide (O'Connor et al, 2021). The audit was developed and disseminated by NZIBDNG and sent for electronic completion to the 25 IBD nurses across the country (response rate was 60%). The audit revealed that 100% of nurses were working in part-time positions (typically 0.4 – 0.6 FTE) and 70% had other clinical responsibilities such as liver care, endoscopy, and general gastroenterology.

With increasing numbers of IBD patients being diagnosed each year, there is an increasing demand on nurses' time. In the UK the model for IBD nursing positions is 600 patients to 1 full time IBD Nurse (Leary et al, 2018). With an estimated 20,000 patients with IBD across NZ, applying this model, we fall very short on this skilled nursing resource which poses a risk to the quality of care for patients.

IBD specialist nurses provide education to patients, access to care and clinical review and recent evidence demonstrates that when an IBD Nurse is in position that they can prevent / reduce ED attendances (HSJ, 2017).

Since our audit was published, we have had 6 IBD nurses resign from their positions across the country, which has demised our workforce further. This again creates further concern to patient care.

As a committee, we are keen to highlight this issue to the District Health Boards throughout the country so that this shortfall in nursing posts can be addressed. In addition, we are also keen to work with other key organisations, including CCNZ and the New Zealand Society of Gastroenterology, to urgently address this issue to ensure that we can provide our patients country-wide with the necessary care they deserve.

Marian O'Connor
Co-chair of NZIBDNG

For and on behalf of NZIBDNG

Merrilee Williams
Chairperson

NZNO Gastroenterology Nurses College

References

Health service journal (2017) The nurse whom specialise in savings

Leary, A., Mason, I. and Punshon, G. (2018) Modelling the inflammatory bowel disease Specialist nurse workforce Standards by determination of optimum caseloads in the UK. Journal of Crohns and Colitis, 1295-1301

O'Connor, M, White, L., Stone, J., and Murdoch, K. (2021) Inflammatory bowel disease Nurses; New Zealand and Australian Survey 2022. GENCA Journal.

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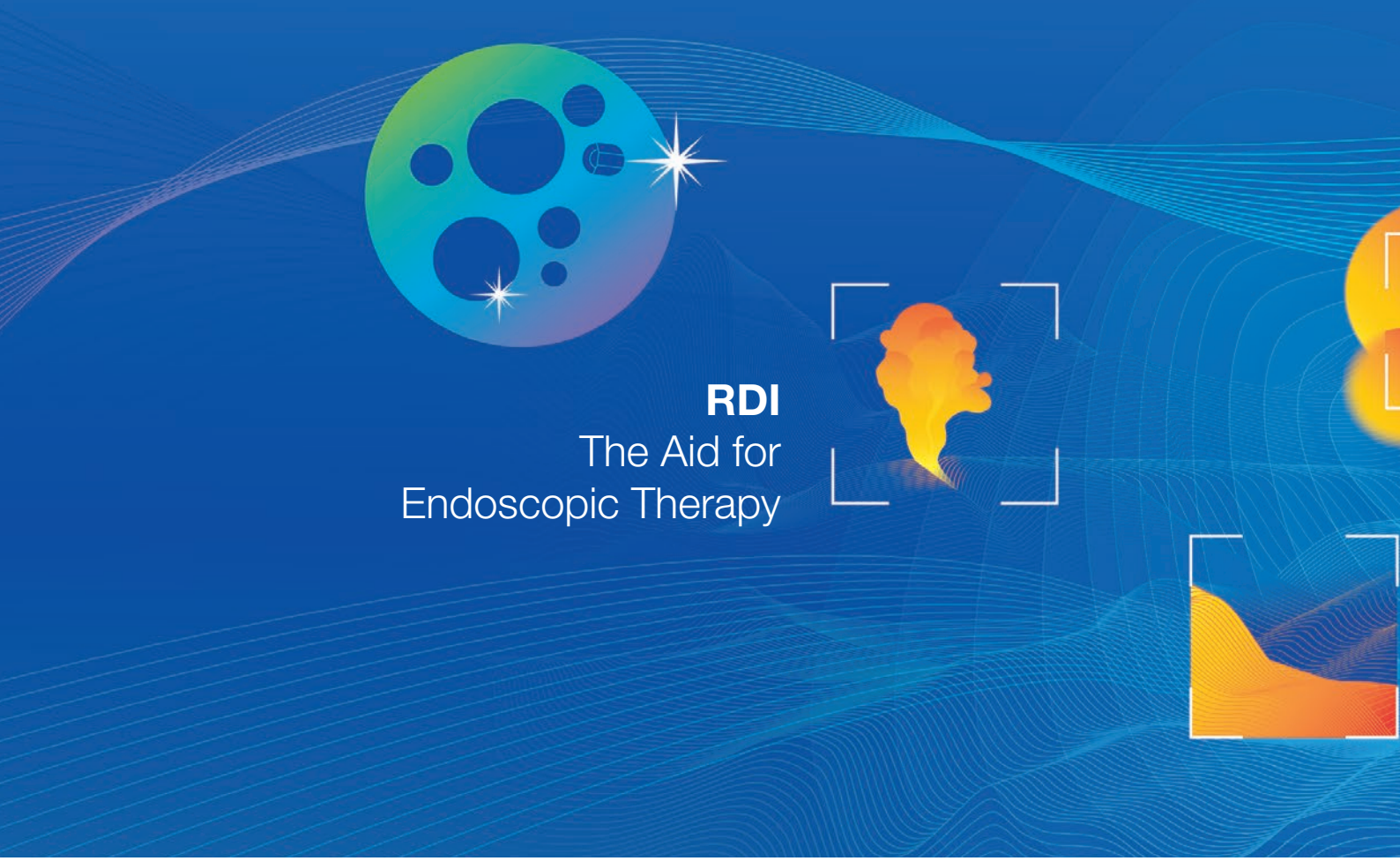

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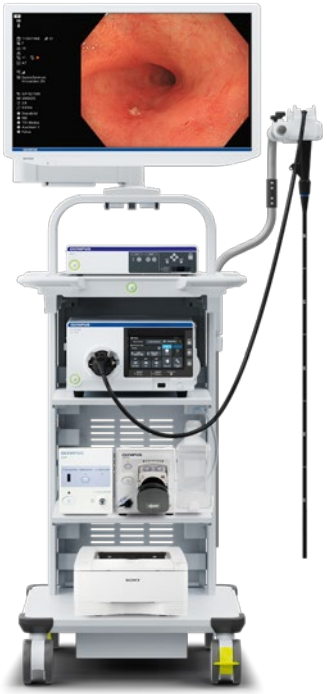

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NZgNC
NZNO GASTROENTEROLOGY NURSES' COLLEGE

GASTROENTEROLOGY NURSE LEADERS DAY

Positive, Strong Leaders
Positive, Strong Teams

Friday 26th August 2022

Russley Golf Club & Function Centre, 428 Memorial Ave Christchurch

08:30 – 09:00	Registration – Welcome tea/coffee
09:00 – 09:30	Housekeeping and Introductions
09:30 – 11:00	Sarah Linton workshop 1
11:00 – 11:30	***Morning tea***
11:30 – 13:00	Sarah Linton workshop 2
13:00 – 13:30	***Lunch***
13:30 – 14:45	Sarah Linton workshop 3
14:45 – 15:00	***Afternoon tea***
15:00 – 16:30	Leaders group discussion and networking

This year we will be focussed around team leadership, team and self-resilience, and building strength back into our on selves to take back to our teams and organisations.

It's all about developing skills for the leaders, and senior nursing staff. Sarah Linton is a career and leadership coach, and is the director of Tides of Change where she mentors and coaches leaders to become impactful and inspiring. Life Coach | Tides of Change | Home is where you can find more information about her.

Online registrations open now
https://na.eventscloud.com/ereg/index.php?eventid=691448&

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NB- Draft programme- subject to change

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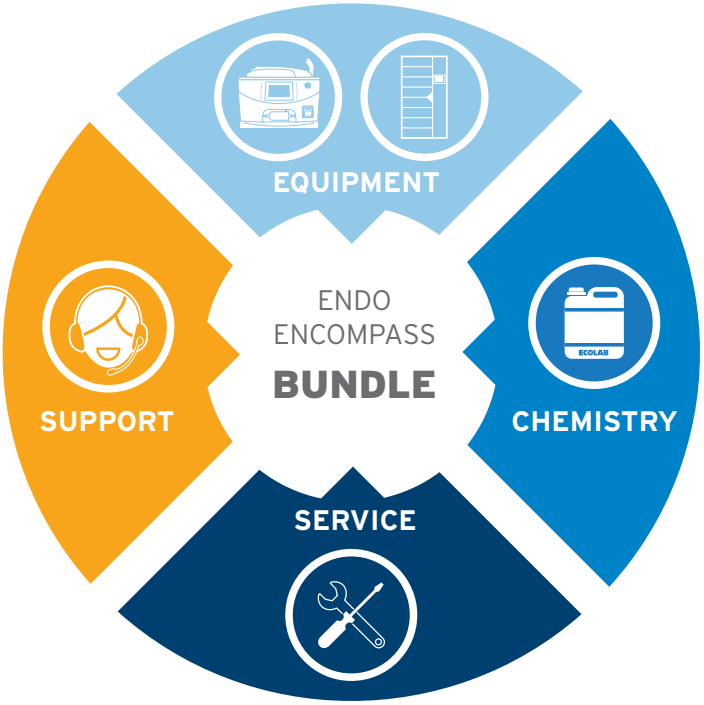

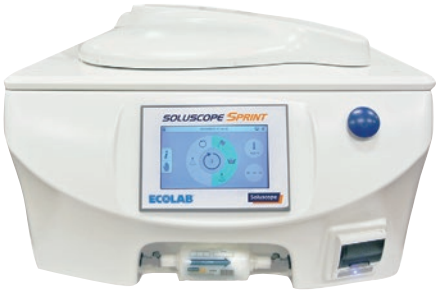

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Greater Wellington Endoscopy
Nurses Education Evening

Karen Kempin
Nurse Endoscopist| Nurse Practitioner| Mātanga Tapuhi
Endoscopy Department | Hutt Hospital | Capital, Coast and Hutt Valley

On a very wet and windy Wellington evening endoscopy nurses gathered at the Rutherford Clinic in Lower Hutt for some food, networking and information sharing. Attendees came from Hutt, Wellington, Bowen, Southern Cross Wellington, Wakefield and Boulcott Hospitals and Rutherford Clinic endoscopy units and the session was sponsored with catering from Pharmaco NZ, providers of Picosalax Bowel Preparation.

The program was divided into two parts. Part one was designed to share information and solutions to common issues for endoscopy patients.

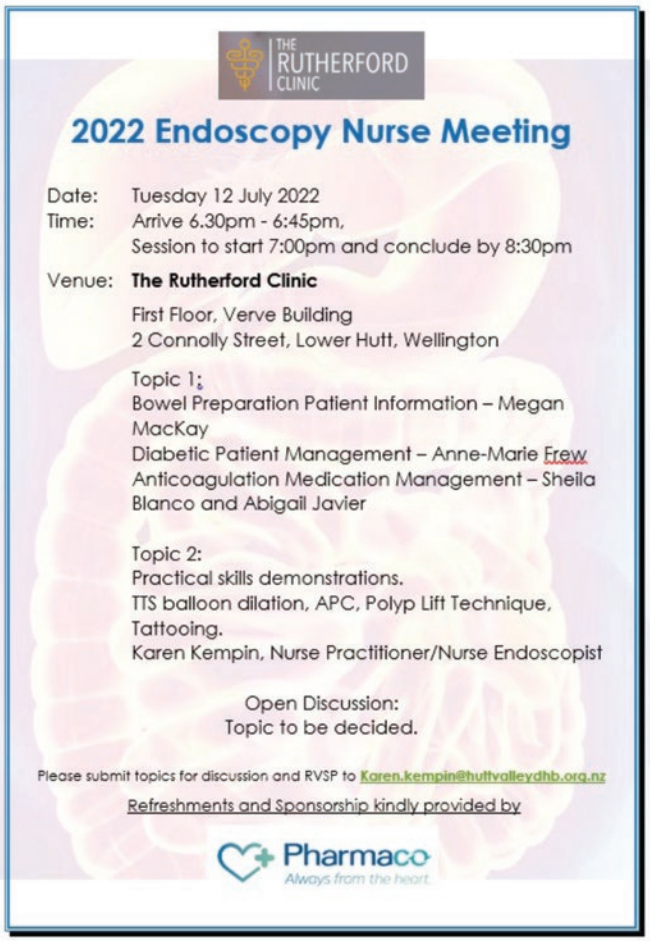
Anne-Marie Frew from Hutt Valley Diabetes Service gave a session on diabetic patient/medication management while fasting and taking bowel preparation. She gave information on new drugs, outlined and distributed a guidance document developed by the Hutt diabetes service specifically for endoscopy patients and facilitated a great Q and A session.

Megan MacKay from Hutt Hospital presented on an updated format for bowel preparation information sheet given to patients which features specific step by step instructions, has pictograms and provides important information that was missing in the previous version. She noted that there has been a decrease in patient telephone inquiries before colonoscopy and an improvement in patient bowel clearance and preparation scores since the new instructions were introduced. There is a plan to provide the instructions interpreted into Maori, Samoan and Tongan.

Sheila Blanco and Abigail Javier from Wellington Hospital presented their nurse led anti-coagulant and anti-platelet management process developed for National Bowel Screening Programme patients. They outlined a three step process of patient assessment for drug type, indication for the drug and renal function, categorising the patient into bleeding risk level and then determining level of risk of the procedure planned. An algorithm is then followed using the gathered information to determine the best individualised management plan. Doctor input using this process is minimal with most patients able to be safely managed by the nursing team. They facilitated a great interactive session, giving away NBSP t-shirts to participants who answered questions.

The second part of the evening was requested by participants to be a hands on demonstration of instruments used less frequently in endoscopy. The group was divided into two and Ying Eu and Karen Kempin from Hutt Hospital led a session on mucosal injection, balloon dilator, APC and Gold Probe. Participants were shown the instruments and techniques and then had the chance to practice set up and use the instruments.

We also took the opportunity to have a tour of the lovely Rutherford clinic and enjoy the supper provided by Pharmaco. Many thanks to Kate Broome and her team for organising and hosting the evening. Feedback from the session has been very positive, with a request for another session before the end of this year. COVID-19 permitting, we hope to continue with these sessions twice a year, sharing the organisation and venues around the Greater Wellington area.



24th AGITG

Annual Scientific Meeting

14 - 17 November 2022

Pullman Melbourne Albert Park

Convened by Professor Stephen Ackland

AGITG

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

asm.gicancer.org.au

Gastroenterological Nurses College of Australia

2022 Genca Calendar

Fundamentals of endoscope reprocessing workshops –

This foundation program serves as an introduction to the reprocessing of flexible endoscopes incorporating infection control, structure and function, water filtration and workplace health and safety.

These workshops are aimed at nurses, CSSD technicians and assistants involved with the reprocessing of flexible endoscopes.

The program was revised in 2016, in accordance with current standards including AS/NZ 4187:2014, updated guidelines and manufacturers' instructions.

Contact Name: GENCA Office,
Contact Phone: 1300 788 155
Contact Email: fundamentals@genca.org

Date: 20 May 2022 **Christchurch Venue:**
Riccarton Park, 165 Racecourse Road,
Start Time: 8:30am **End Time:** 4:00pm

Date: 01 July 2022 **Auckland Venue:**
Ko Awatea, Middlemore Hospital,
100 Hospital Road, Otahuhu
Start Time: 8:30am **End Time:** 4:00pm

Date: 19 August 2022 **Wellington Venue:**
Miramar Golf Club,
1 Stewart Duff Drive Miramar, Wellington,
Start Time: 8:30am **End Time:** 4:00pm

New Zealand Society of Gastroenterology Inc | NZgNC NZNO Gastroenterology Nurses' College

ANNUAL SCIENTIFIC MEETING 2022

CORDIS HOTEL
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23-25 NOVEMBER 2022

Welcome

The NZSG Annual Scientific Meeting 2022 be held in Auckland the "City of Sails" from the 23 – 25 November 2022. Our enthusiastic Organising Committee is already working hard to develop a programme you will all find appealing.

We look forward to seeing you at the Cordis Hotel in November.

Ngā mihi
Gastro 2022 Conference Committee

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GLYCOPREP-O KIT Minimum Data Sheet

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PICOPREP ORANGE Minimum Data Sheet

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PICOPREP ORANGE contains sodium picosulfate, magnesium carbonate hydrate and citric acid. **INDICATION:** Bowel emptying and cleansing by means of total gastrointestinal tract perfusion in preparation for GI examination (such as colonoscopy, barium enema x-ray examination), prior to intravenous pyelograms (IVP) or colorectal surgery, in adults and children 9 years of age and over. **CONTRAINDICATIONS:** Renal impairment, GI obstruction, gastric retention, bowel perforation, toxic megacolon, toxic colitis, ileus, those with a stoma or hypersensitivity to any of the ingredients. Children < 9 years. **PRECAUTIONS:** Debilitated patients or patients with severe ulcerative colitis, pre-existing electrolyte disturbances, heart conditions, dehydration, congestive heart failure, diabetes, impaired gag reflex, who are unconscious or semi-unconscious, who are prone to regurgitation or aspiration and particularly those with nasogastric intubation. **INTERACTIONS:** Oral medication taken within one hour of commencing PICOPREP ORANGE may be flushed from the GI tract and not absorbed. Antibiotics, low-dose contraceptive pill, calcium channel blockers, diuretics or other medications that may affect electrolyte levels and other bowel cleansing preparations or laxatives. Diabetic patients may require adjustment of their diabetic medication. **ADVERSE EVENTS:** Nausea, abdominal fullness and bloating, abdominal cramps, vomiting and anal irritation. **DOSAGE & ADMINISTRATION:** Day before procedure: drink recommended clear fluids only. Dissolve contents of one sachet in a 250 mL glass of warm water. Drink the contents of the glass followed by a glass of water. If two sachets are required, drink one sachet at approximately 3pm and 9 pm. If three sachets are required, drink one sachet at 1pm, 5pm and 9pm. Continue drinking approved clear fluids, at least one glass (250 mL) per hour, until 2 hours prior to examination. Based on Medsafe approved Data Sheet 21 Jan, 2022.

PREPKIT ORANGE Minimum Data Sheet

WARNING: Life-threatening dehydration and/or electrolyte disturbances may occur in "at risk" groups. See Contraindications and Precautions.

PREPKIT ORANGE contains 1 GLYCOPREP ORANGE sachet (macrogol 3350, potassium chloride, sodium chloride, sodium sulfate) and 2 PICOPREP ORANGE sachets (citric acid, magnesium carbonate hydrate, sodium picosulfate). **INDICATIONS:** PREPKIT ORANGE™ is indicated for bowel emptying and cleansing by means of total gastrointestinal tract perfusion in preparation for gastrointestinal examination (such as colonoscopy, barium enema x-ray examination), prior to intravenous pyelograms (IVP), or colorectal surgery, in adults 18 years and over. **CONTRAINDICATIONS:** PREPKIT ORANGE™ should not be used by patients with clinically significant renal impairment, gastrointestinal obstruction, gastric retention, bowel perforation (frank or suspected), toxic megacolon, toxic colitis, ileus, severe dehydration, those with a stoma and whose body weight is less than 20 kg or are hypersensitive to any of the ingredients. **PRECAUTIONS:** Debilitated patients or patients with severe ulcerative colitis, heart conditions or diabetes. **INTERACTIONS:** PREPKIT ORANGE increases the GI transit rate and therefore may reduce the efficacy of concomitant medications (e.g. oral contraceptive pill, antibiotics, other oral medications). Concomitant use of bacitracin, benzylpenicillin, medicines for diabetes as well as calcium channel blockers, diuretics or other medications that may affect electrolyte levels and other bowel cleansing preparations or laxatives. **ADVERSE EFFECTS:** Nausea, abdominal fullness and bloating, cramps, vomiting, anal irritation. **DOSAGE AND ADMINISTRATION:** Day before procedure: drink one glass of recommended clear fluids each hour. Dissolve contents of one sachet of PICOPREP ORANGE in 250mL of warm water and drink at 1pm. Dissolve contents of one sachet of GLYCOPREP ORANGE in 1 litre of water. From 5pm, drink one to two 250mL glasses of GLYCOPREP ORANGE every 15-20 minutes until completed. Dissolve contents of one sachet of PICOPREP ORANGE in 250mL of warm water and drink at 9pm. Continue to drink recommended clear fluids. Nothing (nil) by mouth 2 hours prior to the procedure. Based on Medsafe approved Data Sheet 14 July, 2022.

REFERENCES: 1. Picoprep Orange Approved Data Sheet, 21 Jan, 2022. **2.** Glycoprep Orange Approved Data Sheet, 07 Sep, 2021. **3.** Prepkit Orange Approved Data Sheet, 14 July, 2022. **4.** Glycoprep-O Kit Approved Data Sheet, 21 Jan, 2022. **5.** Data on File. Available on request (accessed July 7, 2021).

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What you need to know about Hepatitis B

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Viral hepatitis B infection is a worldwide public health threat that causes serious liver-related morbidity and mortality. The virus affects the liver of approximately 100,000 individuals living in New Zealand. It can cause both acute and chronic liver disease and puts individuals at high risk of developing cirrhosis and liver cancer. It is a disease that can be prevented with a safe and effective vaccine that offers 98%-100% protection from the hepatitis B virus (HBV).

HBV is a blood borne DNA virus that can be transmitted through contact with blood e.g. needle stick injury, tattooing, piercing and contact with dried blood or using contaminated needles and syringes. It is most commonly transmitted from mother to child during birth and delivery but can also be transmitted during sex with an infected person. Children living in high endemic areas can be exposed to HBV by coming into contact with open wounds and sores, as they are often in close contact with others (Terrault et al., 2018, 1563).

HBV infection is often asymptomatic however, some people may have acute illness with symptoms that can last several weeks. Symptoms include jaundice, dark urine, fatigue nausea, vomiting, and abdominal pain. The incubation period can last up to six months. In New Zealand people of Maori, Pacific, South-East Asian or Chinese ethnicity have a higher prevalence of HBV infection (Hepatitis B: Treatments Now Available for Primary Care - Bpacnz, 2018).

Diagnosis

It is common for patients to be diagnosed during routine serological examination revealing abnormal liver function tests (LFTs) including elevated ALT and AST. Hepatitis B surface antigen (HBsAg) is a confirmatory test for HBV infection. Chronic HBV infection is defined by the presence of HBsAg for more than 6 months.

Because of the potential for HBV transmission it is important to advise first degree relatives and sexual partners to be tested for hepatitis B and to offer vaccination to those who test negative and are non-immune. In addition, individuals who are HBsAg positive should be advised to not share toothbrushes, razors, injecting equipment, to cover open wounds and to use a barrier method of contraception if partner is not vaccinated.

Assessment and management

Assessment of a newly diagnosed patient with hepatitis B includes physical examination, family history, risk factors, comorbidities, serologic markers and assessment of fibrosis (Fibroscan® or liver biopsy). It is recommended that patients who are HBsAg positive be tested for hepatitis C, HIV and hepatitis D if from endemic areas. Abstinence or limited use of alcohol, maintaining a healthy body weight, diabetes and dyslipidaemia control are important to prevent concurrent development of metabolic syndrome and fatty liver (Terrault et al., 2018, 1567).

Treatment

The main goal of treatment for patients with chronic HBV infection is to prevent disease progression, liver related complications, mother to baby transmission and HBV reactivation. The endpoints of therapy should include long-term suppression of HBV DNA, HBeAg loss, ALT normalisation and optimally HBsAg loss (Lampertico et al., 2017, 376).

The current oral antiviral therapies available in New Zealand are Tenofovir and Entecavir. Treatment with oral antivirals is often lifelong, but it is well tolerated with minimal side effects and minimal risk of viral resistance development. Oral antiviral treatment is recommended for patients during stages of infection associated with liver damage. This includes patients who are/have:

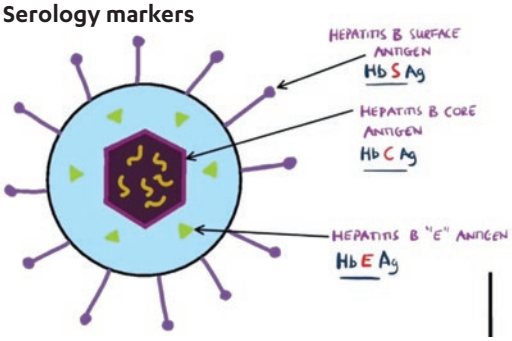
- HBeAg positive/negative, with HBV DNA levels >2000 IU/mL, ALT > upper limit of normal (ULN) and/or moderate liver damage
- Cirrhosis
- HBV DNA levels >20,000 IU/mL and ALT > 2× ULN, regardless of liver damage
- Chronic HBV (normal ALT and high HBV DNA) and aged over 30 years, regardless of liver damage
- HBeAg positive/negative and family history of hepatocellular carcinoma or cirrhosis

Hepatitis B: Treatments Now Available for Primary Care - Bpacnz, 2018)

Hepatocellular carcinoma

Hepatocellular carcinoma (HCC) is the main concern for patients diagnosed with chronic HBV. The risk for developing HCC is higher in patients with advanced fibrosis, family history of HCC, older age, alcohol abuse, infections with other hepatitis viruses, HIV, diabetes, metabolic syndrome, smoking and high HBV DNA in patients with untreated HBV infection (Lampertico et al., 2017, 372). It is important therefore to identify patients at risk of HCC and in need of surveillance.

Serology markers



Hepatitis B surface antigen (HBsAg)	present in almost all actively infected people with HBV infection. It is the first serologic marker to appear and indicates the person is infectious. It is detectable 30-60 days post exposure. If present for more than 6 months the person is said to have chronic HBV infection.
Hepatitis B surface antibody (HBsAb or anti-HBs)	produced by the body in response to HBsAg or after successful vaccination. People who have ever had a value greater than or equal to 10 IU/L are considered immune to hepatitis B even if levels decline over time.
IgM Hepatitis B core antibody (IgM HBcAb or anti-HBcIgM)	Indicates acute infection.
Hepatitis B envelope antigen (HBeAg)	can be detected in acute and chronic infection. A positive result suggests high levels of replication and infectivity.
Hepatitis B envelope antibody (HBeAb or anti-HBe)	produced in the body in response to the virus. Its presence indicates that the patient has seroconverted.

Serology markers interpretation

	HBsAg	anti-HBs	anti-HBc IgM
Susceptible or non-immune (never infected or vaccinated) *Vaccination recommended*	negative	negative	negative
Immune due to vaccination *No action required*	negative	positive	negative
Immune due to resolved infection *Consider family screening*	negative	positive	positive
Acute HBV infection	positive	positive	positive
Chronic HBV infection	positive	positive	positive/negative

(Seto, 2018,2314)

Phases of HBV infection

Chronic hepatitis B / Chronic HBV Infection	HBeAg positive		HBeAg negative		
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	Chronic HBV infection	Chronic hepatitis B	Chronic HBV infection	Chronic hepatitis B	Resolved HBV infection
HBsAg	High	High/intermediate	Low	Intermediate	Negative
HBeAg	Positive	Positive	Negative	Negative	Negative
HBV DNA	>10^7 IU/mL	10^4-10^7 IU/mL	<2,000 IU/mL*	>2,000 IU/mL	<10 IU/mL
ALT	Normal	Elevated	Normal	Elevated†	Normal
Liver disease	None/minimal	Moderate/severe	None	Moderate/severe	None
Old Terminology	Immune tolerant	Immune reactive HBeAg positive	Inactive carrier	HBeAg negative chronic hepatitis	HBsAg negative/anti-HBc positive

*HBV DNA levels can be between 2,000 and 20,000 IU/mL in some patients without signs of chronic hepatitis.
†Persistently or intermittently, based on traditional UNL (~40 IU/L).
‡Residual HCC risk only if cirrhosis has developed before HBsAg loss.
(Lampertico et al., 2017,372)

Parameter		Points	Patient Score
Gender	Female	0	0
	Male	1	
Age	18-29	0	
	30-39	1	
	40-49	2	0
	50-59	3	
	60-69	4	
	70-79	5	
	≥80	6	
Alcohol	No alcohol	0	0
	Drinking	1	
Cirrhosis at baseline	No cirrhosis	0	0
	Cirrhosis	2	
Diabetes	No diabetes	0	0
	Diabetes	1	
Platelet count	≥150	0	0
	<150	1	
	<100	2	
AFP	<10	0	0
	≥10	1	
REAL-B Score			0

Risk scores have been developed to predict a patient's risk for developing HCC. The REACH-B score is designed for patients not on treatment for HBV. It can be found online at https://www.mdcalc.com/reach-b-score-hepatocellular-carcinoma-hcc. Patients with a REACH-B score<10 can be followed up in primary care and have 6-monthly alpha fetoprotein (AFP); those with a REACH-B score >10 should be followed up by a specialist and require surveillance.

The REAL-B score, for patients on treatment for hepatitis B, can be calculated using the table below. A score of ≤4 suggests the patient is at low risk of developing HCC and therefore should have 6-monthly AFP in primary care. A score >4 suggests the patient is at moderate/high risk of developing HCC and therefore should be followed by a specialist and require surveillance.

NZ recommendations for HCC surveillance:

AFP + USS 6 monthly if at least one of the following:

1. Severe fibrosis/cirrhosis (LSM >8.1kPa)
2. Family history of HCC (one first degree relative or two second degree relatives)
3. Not on treatment and REACH B score >10
4. Suppressed on treatment and REAL B score >4

References

Hepatitis B: treatments now available for primary care - bpacnz. (2018, August 20). Bpac NZ. Retrieved June 28, 2022, from https://bpac.org.nz/2018/hepb.aspx#overview

Lampertico, P., Agarwal, K., Berg, T., Buti, M., Janssen, H. L.A., George, P., Zoulim, F., & Tacke, F. (2017). EASL 2017 Clinical Practice Guidelines on the Management of hepatitis B virus infection. 67(2), 370-398. 10.1016/j.jhep.2017.03.021

Terrault, N. A., Lok, A. S.F., McMahon, B. J., Chang, K.-M., Hwang, J. P., Jonas, M. M., Brown, R. S., Bzowej, N. H., & Wong, J. B. (2018, April). Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance. Hepatology, 67(5), 1560-1599. 10.1002/hep.29800

Word Search and Germ Matching

Infection Prevention Word Search

L	F	K	U	J	H	E	V	S	R	M	M	W	V	Q	B	J	N	L	N
L	F	K	D	F	G	T	P	E	N	B	I	I	Z	S	X	O	Q	O	A
O	S	J	B	P	A	I	X	I	K	O	R	C	U	B	I	M	I	C	F
R	R	M	U	A	D	M	A	M	D	U	I	R	R	T	B	T	U	B	Z
T	D	F	R	V	J	M	X	I	S	E	V	T	N	O	A	M	R	K	W
N	I	F	U	E	Y	U	L	E	D	E	M	E	U	Z	B	P	Z	F	L
O	X	N	M	D	G	N	S	X	I	S	V	I	I	A	N	E	K	X	O
C	U	N	F	X	G	I	Q	L	N	E	K	L	O	S	C	U	S	P	Q
N	T	O	Z	W	H	Z	L	L	R	B	I	Q	H	L	Y	E	M	V	N
O	Q	P	S	W	L	A	J	P	U	R	L	M	K	N	O	Z	R	V	O
I	T	S	X	U	N	T	R	S	E	V	O	L	G	T	V	G	H	P	I
T	V	N	Y	C	C	I	F	T	I	Z	R	R	L	C	C	L	Y	O	T
C	N	E	E	E	E	O	S	P	A	T	H	O	G	E	N	S	K	U	A
E	K	C	W	I	Y	N	X	O	E	Y	P	P	A	X	W	C	D	T	N
F	S	S	R	M	U	N	N	J	S	Z	N	E	C	Q	J	O	M	B	I
N	G	S	J	X	V	N	N	A	V	O	L	G	L	J	M	C	G	R	C
I	E	R	B	D	I	S	L	N	X	K	Q	M	J	X	O	T	W	E	C
T	G	I	L	Q	A	D	I	S	I	N	F	E	C	T	I	O	N	A	A
R	E	N	E	I	G	Y	H	D	N	A	H	N	Z	M	H	Z	B	K	V
C	C	A	C	V	L	N	E	E	H	T	J	F	O	A	L	F	S	Y	P

Word Bank

DISINFECTION
EPIDEMIOLOGY
GERMS
GLOVES
HAND HYGIENE
IMMUNIZATION
INFECTION CONTROL
MICROBES
OUTBREAK
PATHOGENS
PRECAUTIONS
PREVENTION
STERILIZATION
SURVEILLANCE
VACCINATION
VIRUSES

1. This is the best way to prevent the spread of germs.

2. You need to get this vaccination every year.

3. These are the minimum infection prevention practices that should be used in the care of all patients.

4. This is a yeast that can lead to invasive infections.

5. This is sometimes referred to as the "stomach flu" even though it isn't a flu.

6. This "ancient" disease has seen a recent comeback

7. Antibiotics can cause this gut germ to grow out of control.

8. Adults born between 1945 and 1956 should get screened for this disease.

9. Using these improperly may cause superbugs to grow.

10. This vaccine-preventable disease has seen upticks in recent years,

A. Antibiotics
B. *Candida auris*
C. *Clostridium difficile*
D. Hand hygiene
E. Hepatitis C
F. Influenza
G. Measles
H. Norovirus
I. Standard precautions
J. Tuberculosis

1. _____ **2.** _____ **3.** _____ **4.** _____ **5.** _____

6. _____ **7.** _____ **8.** _____ **9.** _____ **10.** _____

Answer Key

1.D, 2.F, 3.I, 4.B, 5.H, 6.J, 7.C, 8.E, 9.A, 10.G

NZgNC
NZNO GASTROENTEROLOGY NURSES' COLLEGE

TUBE writing guidelines for authors

The Tube is the official journal of the NZgNC (New Zealand Gastroenterology Nurses' College), and is published quarterly. We welcome articles that will be of interest to nurses working in Gastroenterology and related. Our aim is to publish a high quality, professional and educational journal for nurses working within the specialty of Gastroenterology.

All manuscripts received by the editor will be acknowledged, however, reports, area news or letters to the Editor will not. If you have not received confirmation of receipt within six weeks, please contact the Editor.

Suggestions for articles include:

- Recommendations for nursing practice based on current global trends/literature
- Overview of learning achieved through post graduate paper, or conference attendance
- Review of literary article relevant to best practice
- Case study relevant to specialty
- Education for nurses based on sub specialty topic

Editorial review/acceptance

Articles submitted to ***The Tube*** are currently reviewed at a minimum by the editor and co-editor. The review will assess the accuracy of fact, clarity of presentation, use of references and relevance to practice of gastroenterology nursing. The editor/co-editor may also request a committee member review any article, particularly if the article is a sub-specialty of gastroenterology nursing and the committee member area of special interest/ work.

All articles which are being considered for publication may be reviewed and returned to the author with suggestions for revisions and improvement. The author will be provided with a deadline in which to provide the revised article in order to comply with publication schedule.

The Editor's decision to publish or reject an article is final. You are welcome to email or phone the Editor to discuss your article should it not be accepted for publication.

Structure of Article for submission

The submission should include the following information:

Title Page

- Title of the Paper (20 word max)
- Author(s) name(s) in full
- Qualifications, current position, details of other relevant achievements, and affiliations of author(s)
- Address, contact telephone numbers, email address of the author(s)
- Conflict of interest and / or financial disclosure related to the article or related matter

Body of article

- Title at top of first page
- The body of work should be clearly written in an academic style of writing, and organised with headings/sub-headings (where appropriate)
- Pages numbered consecutively
- Tables, figures (if applicable) should be referred to in the body of the manuscript
- References (APA 6th Edition)
- Written authorisation(s) to publish identifiable person(s)/ institutions and copyright materials
- Word limit is approximately 1000 words. For the purposes of publication all articles should be formatted in Calibri, font size 10.
- All work should be saved as MS-Word (.docx) or text only (.txt) files.

All articles must be fully referenced where appropriate (APA 6th Ed)

Authors should keep an original copy of their article.

Submission

Articles should be submitted to the editor at editorofthetube@gmail.com

If submission of your article is as a requirement of a NZgNC Education/Travel Grant, please ensure you submit within the required timeframe of your funding application.

Request Further Information

For advice or clarification on any of the above matters please contact the editorofthetube@gmail.com

College committee members' reports:

The aim of such reports is to inform the national College membership of the business and activities of the College during the last quarter.

These reports should include such activities as:

- College meetings/teleconferences (date and venue)
- Decisions arising from these meetings/teleconferences (can be focused on the minutes of these meetings)
- Plans/development the College is involved in/hopes to develop
- Any external meetings committee members have attended relating to the business of the College, e.g. meetings with NZNO professional nursing adviser/professional services manager
- Any contributions to national NZNO business, e.g. contribution to any submissions/ national guideline development
- These should be a maximum of 600 words and contain people's correct names and titles.

Case study/clinical practice article:

- Outline the nature of the treatment/procedure/product that forms the basis of the case study
- Provide information on the patient: age, sex, history, any other pertinent clinical/social/cultural aspects. Avoid using information which would clearly identify the patient.
- Tell readers what is new, interesting, different, pioneering, about this treatment/procedure/product
- Outline the actual treatment/procedure or how product works
- Report on the patient's/client's response/recovery/
- Tell readers what you have learnt through your involvement with this

Treatment /procedure/product

- Outline any implications/meaning it may have for gastroenterology nurses' practice
- Provide references to support the article.

TO COMPLY WITH THE PRIVACY CODE:

ALL INFORMATION REGARDING YOUR APPLICATION WILL BE CONFIDENTIAL TO THE NZNO GASTROENTEROLOGY NURSES' COLLEGE NATIONAL COMMITTEE AND THE JUDGES.

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