

**Date:****Name:** Ann Framp**Address:** 77 James Cook Drive  
Welcome Bay  
Tauranga**Re:** Self Learning Package for Registered Nurse First Assist for the  
Placement of P.E.G Tubes in Endoscopy Suites in New Zealand

Dear

In November 2001 the Gastroenterology Nurses Section Committee and NZNO undertook a project to develop recommendations, standards and guidelines for nurses undertaking the extended role of placement of PEG Tubes. Following publication and distribution December 2002 of NZNO Recommendations: Registered Nurse First Assist for the Placement of P.E.G. Tubes in Endoscopy Suites in New Zealand, the Gastroenterology Nurses Section NZNO has developed a self learning package to provide nurses with theoretical knowledge necessary to underpin the clinical training and competence requirements for the placement of PEG Tubes.

The NZNO Gastroenterology Nurses Section presents this self learning package for endoscopy suites as promoting best practice within New Zealand and trusts that nurses in Endoscopy Suites throughout New Zealand intending to undertake the role of PEG First Assist Nurse will utilise it.

A bound copy of The Peg Self Learning Package may be obtained from NZNO at a cost of \$10 for Gastroenterology Section members and \$20 for non members. Currently they can be ordered via Gail Leonard in the Christchurch Office. The request is to be in writing, enclosing a cheque made out to NZNO and your NZNO membership number

Please contact Gail Leonard at [Gaill@nzno.org.nz](mailto:Gaill@nzno.org.nz) or it may be downloaded from the NZNO Gastroenterology Nurses Website at [www.nzno.org.nz](http://www.nzno.org.nz)

The NZNO Gastroenterology Nurses Section wishes to share, encourage and support Gastroenterology nursing practice throughout New Zealand.

Yours Faithfully

Ann Framp  
Chairperson NZNO Gastroenterology Nurses Section

**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  
November 2002**

**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**

November 2002

**New Zealand Nurses Organisation**

NZNO Gastroenterology Nurses

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Published 2002  
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Wellington

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ISBN 0-908669-66-6

Printed Wellington, New Zealand

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# 1 INTRODUCTION

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The Gastroenterology Nurses Section of the New Zealand Nurses Organisation (NZNO), recognised that increasingly Registered Nurses in endoscopy suites nationally were being asked to assist medical practitioners with the insertion of Percutaneous Endoscopic-Gastrostomy (P.E.G) tubes. Nurses were concerned that the introduction of this expanded scope of practice was occurring in an ad hoc manner, without appropriate policies, procedures and training in place.

The Gastroenterology Nurses Section NZNO national committee sought advice from NZNO professional and legal advisers and a decision was made to develop national standards and guidelines for Endoscopy Registered Nurse (RN) First Assist: P.E.G placement. These guidelines would be promulgated to all endoscopy units and employers. Further, the Section would facilitate the development of a national education programme.

The process utilised in developing these guidelines included a:

- Literature review
- Review of perioperative nurse surgical assist policies and protocols nationally and internationally
- Workshop, November 2001, at the Gastroenterology Nurses Section NZNO Conference
- Draft document for consultation, circulated to Section members, NZNO professional and legal advisers, NZ Society of Gastroenterologists
- Finalisation and circulation of guidelines

The Gastroenterology Nurses Section NZNO thanks all those who contributed to the development of this document, and in particular, the working party. Those on the working party were Karen Clarke, Kerin Hutchinson, Ann Framp, Rosemary Tonkin, Julia Cleaver, Margaret Fraser and Brigid McPherson.

Karen Clarke  
Chairperson

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

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The Gastroenterology Nurses Section NZNO supports the position statement of the Society of Gastroenterology Nurses and Associates Inc (SGNA).

### **Position**

The Society of Gastroenterology Nurses and Associates, Inc. supports the position that the registered nurse educated and experienced in Gastroenterology nursing and endoscopy can be given the responsibility for performing the expanded role in the presence of and under the direct supervision of an endoscopist.

Because of the importance assigned to the task of managing the patient who is receiving sedation and analgesia, a second RN is required to assume the expanded role of first assist.

Education and training must be provided to the RN assuming the expanded role. This instruction should include, but is not limited to, anatomy of stomach and abdomen, sterile technique, preparation of a patient's abdomen, digital indentation of the stomach, infiltration of the patient's abdomen with local anaesthetic, incision technique(s), trocar insertion, gastrostomy insertion, gastrostomy tube traction for proper positioning and potential complications and techniques to decrease complications.

SGNA 1998

### **Disclaimer**

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

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Endoscopy RN First Assist: P.E.G Tube placement is an expanded scope of practice for the endoscopy nurse. Safety for the public, the nurse and the service provider are paramount considerations in extending the role of the nurse. A framework and standards implemented nationally will provide public assurance.

The purpose of the guidelines 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 and privileging 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

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### 4.1 Definition of Endoscopy RN First Assist: P.E.G Placement

The RN First Assistant 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 RN First Assistant 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 RN First Assistant practices in collaboration with and under the direct supervision of the endoscopist during the intra-operative phase of the endoscopy experience. The endoscopy RN First Assist does not concurrently function as the endoscopy circulating nurse or the patient monitoring nurse.

### 4.2 Scope of Practice

The Endoscopy RN First Assist: P.E.G placement, 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 First Assistant must be made voluntarily and deliberately with understanding of the accountability that the role entails.

The scope of practice of the nurse acting as First Assistant is an extended role within endoscopy nursing practice. Endoscopy nursing is a specialised area of practice. The activities included in first assisting 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 may include:

- Preparing sterile field
- Injecting local anaesthetic
- Handling tissue, making incision
- Insertion of trochar
- Using Instruments
- Fixing PEG tube

(Amended from AORN Official Statement  
in RN First Assistants 1998)



### 4.3 Organisation Policy

The employing organisation has a formal policy in regard to Endoscopy RN First Assist: P.E.G placements. The policy is reviewed biennially.

The policy covers:

- Scope of practice
- Standards and practice guidelines
- Credentialing and privileging process
- Position description
- Prerequisite knowledge, skills and experience

The policy states:

The Endoscopy RN First Assist: P.E.G placement provides intra-operative assistance within a framework of nursing and the wider context of endoscopy nursing practice.

The Endoscopy RN First Assist functions directly under the supervision of the endoscopist during the P.E.G placement procedure, and does not concurrently function as a scrub/circulating nurse.

The Endoscopy RN First Assist is responsible and accountable for his/her own practice within the legislation governing nurses and the policies of *{employing organisation title}*.

The Endoscopy RN First Assist functions according to the position description, credentialing and privileging process, and the standards and practice guidelines of *{employing organisation title}*.

Maintenance of competence requires the nurse assists with a minimum of 10 PEG tube placements per annum. A record is to be maintained.

The Endoscopy RN First Assist assists only those Endoscopists recognised as experts in PEG tube placement.

## 5 POSITION DESCRIPTION

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### **Title:**

#### **Endoscopy RN First Assist: P.E.G Placement**

### **Purpose:**

To maintain patient safety before, during and after procedure

To provide reliable access for nutrition of the patient

To ensure there is adequate follow-up and education of the patient and/or caregivers following the procedure.

### **Outcome Standards**

- The patient 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

### **Duties:**

- Endoscopy nursing duties as per the RN endoscopy nursing position description
- Assist the endoscopist as surgical First Assist for the procedure of P.E.G placements when required
- Works under the direct supervision of the endoscopist inter-operatively
- RN First Assist only assists endoscopists experienced in PEG tube placements

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

1. Assist with positioning, prepping and draping the patient or perform these independently if so directed by the endoscopist
2. Inject local anaesthetic
3. Manage instruments for the P.E.G placement
4. Perform incision, insert cannula then guidewire through the abdominal wall into the gastric lumen and then assist locating the PEG Tube appropriately
  - Having knowledge of the relevant anatomy and demonstrating the ability to use the appropriate instrumentation

- Dissecting the abdominal wall, making a tract appropriately and inserting the cannula, guidewire and PEG tube into the gastric lumen
- Manipulating the P.E.G for appropriate placement as per endoscopists instructions and guidance

#### 5. Securing the P.E.G tube

- Closing any incision using standard techniques
- Securing P.E.G button/flange appropriately
- Cleansing the wound and applying a dressing if required

### **Additional Responsibilities:**

The Endoscopy RN First Assist: P.E.G placement **may be** responsible for the following also:

- Performs initial nursing assessment of patients on admission or in addition to evaluation by the endoscopist.
- Co-ordinates post-procedure care, for example, instruction and support of P.E.G tube management
- Participates in follow-up post-procedure visits for facility inpatients

### **Assistant at P.E.G Tube Placement**

The endoscopist may utilise RN endoscopy staff to assist in the procedure of P.E.G Tube placement providing that the nurse is approved by the credentialing process.

The verification of the training, experience, credential and privileges shall be documented on the nurses' personnel file.

### **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 Endoscopy RN First Assist.

(Adapted AORN Official Statement  
on RN First Assistants 1998)

NZNO Gastroenterology Nurses

## 6 STANDARDS AND COMPETENCIES

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### 6.1 Patient safety throughout the procedure is maintained

- the patient is assessed pre-procedure
- patient history, particularly, coagulation status and previous abdominal surgery, are checked
- antibiotic cover is checked
- oral thrush has been treated prior to procedure
- asepsis and the sterile field is maintained
- the site is appropriately anaesthetised
- the PEG tube is inserted and positioned according to accepted procedures
- communication between the Endoscopist, RN First Assist and endoscopy team is excellent

### 6.2 Complications are minimised

- universal precautions are maintained
- asepsis is achieved
- PEG tube is appropriately secured
- documentation includes type and size of tube, distance to bolster, follow up care, nil by mouth instructions, feeding implementation plan
- sharps disposed of appropriately

### 6.3 The patient and/or caregiver receive appropriate support, education and training in relation to PEG tubes and feeding regimes *(this standard may be the responsibility of other nurses within the endoscopy facility)*

- all issues in relation to PEG tubes, their placement and anticipated outcomes and risks to the patient are explored prior to a decision to proceed
- valid consent is obtained
- pre-procedure instructions are clear eg NBM
- intraprocedure support is provided by a circulating nurse
- 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

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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.

At present, there is no formal theoretical and clinical skills training programme in New Zealand. The Gastroenterology Nurses Section NZNO will be working towards the development of a self learning package and negotiating with surgical skills training centres to establish a simulated skills course for P.E.G placement. It is intended that this would be run annually.

A self-directed learning package, providing the necessary theoretical knowledge will be completed. 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)

*In developing a national training programme the Gastroenterology Nurses Section<sup>NZNO</sup> will review international self directed learning packages against these guidelines as well as developing a New Zealand package. Placement of information and the package on the NZNO website will be investigated. Once the simulated skills course is established, the clinical training guidelines will be revised.*

## 8 CREDENTIALING AND PRIVILEGING

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Endoscopy RN First Assist: P.E.G Tube placement is an expanded scope of practice for the endoscopy nurse.

To determine if an RN qualifies for clinical privileges as an Endoscopy RN First Assistant, an approval process must be established. Credentialing and privileging 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 and privileging process is as follows:

RN experienced in endoscopy nursing expresses interest in preparing for Endoscopy RN First Assist role. Endoscopy suite manager and Endoscopist supports nurse in moving towards this expanded role.



RN undertakes prerequisite education, skills training and supervised practice programme.



Knowledge and competency assessments successfully completed.



Endoscopy suite manager makes recommendation to Director of Nursing/General Manager of employing agency that the nurse be granted approval to practice as Endoscopy RN First Assist: P.E.G Tube placement.



Approval given and formal notification made on personnel file. The nurse applicant and the Endoscopy suite manager are notified.



Re-verification of competency to continue in this extended practice role becomes part of the annual performance appraisal for the nurse. A record of RN Assist procedures performed is kept.



And

The employing agency monitors the policy and privileging system through its quality assurance programme.

## 9 REFERENCES

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- Society of Gastroenterology Nurses and Associates Inc. (1998). **Placement of a Percutaneous Endoscopic Gastrostomy (PEG) Tube** (Position Statement). SGNA. Chicago.



## Appendix A

### Competency Checklist

	Met	Not Met
<ul style="list-style-type: none"> <li>• Confirm informed consent obtained</li> <li>• Check previous history especially               <ul style="list-style-type: none"> <li>- abdominal surgery</li> <li>- coagulation</li> </ul> </li> <li>• Check antibiotic cover</li> <li>• Wash hands, don sterile gloves</li> <li>• Prepare sterile field</li> <li>• Locate area on abdomen- Endoscopist hyperinflates and/or transilluminates abdominal wall</li> <li>• Clean area with recommended skin preparation</li> <li>• Allow to dry</li> <li>• Infiltrate skin with local anaesthetic, advance the needle until it is seen in the stomach. Inject local anaesthetic (pull back to check the injection is not given parenterally) while slowly withdrawing the needle.</li> <li>• Make an incision up to 10 mm at anaesthetised site</li> <li>• Insert cannula into the gastric lumen, ensuring that the gastroscope has been slightly withdrawn to prevent damage (maintain as near as possible a 90deg angle to obtain a straight tract for the peg tube)</li> <li>• Remove introducer</li> <li>• Thread guidewire through the cannula</li> <li>• Insert PEG tube as per manufacturer's guidelines</li> <li>• Gently pull the guide wire and cannula through the abdomen, supporting the skin around the stoma with two fingers. The PEG tube will be pulled through with steady traction. If resistance is found as the tapered end of the tube reaches the skin gentle side to side motion can ease the passage of the tube</li> <li>• Check that the PEG tube rotates freely</li> <li>• Cut tube above the tapered area and slide bolster onto tube</li> <li>• Cut the PEG at X mark and insert the Universal Connector</li> <li>• Position and secure bolster to hold the PEG tube gently in position</li> <li>• Clean skin, apply dressing if appropriate</li> </ul>		

<ul style="list-style-type: none"> <li>• Dispose of sharps as per protocol</li> <li>• Document fully: Distance to bolster Type and size of tube Follow-up care; nursing, dietician, District nurse etc Nil by mouth/ tube until Emergency contact person</li> <li>• Ensure PEG care booklet goes to home/ward with the patient</li> <li>• Ensure safe recovery from procedure</li> <li>• Provide appropriate post procedure education and advice</li> </ul>		
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