



NZNO RECOMMENDATIONS:

REGISTERED NURSE FIRST ASSIST

FOR THE

PLACEMENT OF P.E.G. TUBES

IN

ENDOSCOPY SUITES IN NEW ZEALAND:

ENDOSCOPY SERVICE POLICY GUIDELINES

June 2010

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**

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PO Box 2128

Wellington 6140

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Ph. 04-499-9533

Fax 04-382-9993

Email nurses@nzno.org.nz

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1 INTRODUCTION

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 Gastroenterology Nurse Section NZNO would facilitate the development of a national education programme.

The process utilised in developing these guidelines 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.
- Finalisation and circulation of guidelines

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 working party were Jenni Masters, Michelle Lau, Donalee Grimminck, Gendy Bradford, Anne Cleland, Sandra Burton and Thysje Waghorn.



Sandra Burton
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).

Position

The Society of Gastroenterology Nurses and Associates Inc. support 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, and 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

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

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 trocar
- Fixing PEG/PEGJ tube
- Advanced product knowledge

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

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 Endoscopy RN First Assist P.E.G placement (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 to Endoscopy RN First Assist: P.E.G placements. The policy is reviewed biennially.

The policy covers:

- Scope of practice and competencies for expanded practice (Nursing Council of New Zealand, 2010)
- 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 10x PEG tube placements per annum. A record is to be maintained.

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

5 POSITION DESCRIPTION

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
- RN First Assist only assists endoscopist's 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 endoscopist's 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

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)

6 STANDARDS AND COMPETENCIES

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 e.g. NBM
- intra-procedure 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

6.4 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.

7 PREPARATION FOR ENDOSCOPY RN FIRST ASSIST: P.E.G. PLACEMENT

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 are no formal theoretical and clinical skill training programmes 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 initial credentialing of 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 NZNO 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

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



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 RN Assist 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 agency monitors the policy and privileging system through its quality assurance programme.

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Appendix A: Competency Checklist

	Met	Not Met	Date	Initial
<ul style="list-style-type: none"> • Confirm informed consent obtained • Check previous history especially <ul style="list-style-type: none"> - abdominal surgery - coagulation • Check antibiotic cover • Wash hands, don sterile gloves • Prepare sterile field • Endoscopist hyper-inflates and trans-illuminates the abdominal wall. • Use digital indentation over the trans-illuminated area to identify safe PEG placement site. • Clean area with recommended skin preparation. • Allow to dry. • 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. • Make an incision up to 10 mm (1cm) at anaesthetised site • 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) • Remove introducer • Thread guidewire through the cannula • Endoscopist snares the guidewire and gently removes gastroscope with guidewire. • Guidewire is then attached to the looped wire of the PEG tube and is lubricated with gel. • The PEG tube will be pulled through with steady traction with 2 fingers placed either side of the incision site. 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.

- Check that the PEG tube rotates freely.
- Cut the PEG at X mark and slide on the bolster to just above skin level.
- Attach universal port to PEG tube.
- Clean skin, apply dressing if appropriate
- Dispose of sharps as per protocol
- Document fully:
 - Distance to bolster
 - Type and size of tube
 - Nil by mouth/ tube status
- Ensure safe recovery from procedure
- Provide appropriate post procedure education and advice
 - Follow-up care; nursing, dietician, district nurse
 - Contact details