

# Ed Day

March 8, 2017

## Opening

Brooke

## Conscious Sedation

Jerilyn & Billie

Jerilyn explains sedation. How its not as deep of a sleep as general anesthesia. She also explains ASA score. Typically a patient is at a 2. Medications that sedate are Opioids- Demerol, the reversal for this is Naloxone. Fentanyl-the reversal for this is Naloxone. This med is also safe for lactating patients. And Versed- the reversal is Flumazenil. This one is the most typically used.

For elderly patients use lower doses at a slower rate. Patients with sleep apnea usually need smaller doses.

Always watch for partial to full airway obstruction. Basic Airway Management includes Artificial Airway devices- Nasopharyngeal Airway, or a bag mask.

## Colonoscopy Preps

Patti

Open-Access Endoscopy- referral by primary care providers with out previous clinic consultation. The advantages to this method is decrease cost, decrease work load, and timely procedures. But this method

is not a substitute for a consultation. The types of Preps used to prep for a colon

are : Routine Prep, a 2-day prep (constipation or history of poor prep), a Hospital prep ( No bowel prep until arrive at hospital) and a Flex-Sig prep (magnesium Citrate and enemas).

Special Instructions: Pre-procedure antibiotics, diabetic patients and patients on blood thinners. Take medication can only take them 2 hours away from the laxative.

Laxative Options: Suprep (most commonly used), Nulytely, Prepopick, Osmoprep, Miralax, Movi Prep, and Gavilyte. Each one of these needs to be followed up with extra fluids.

Frequently asked question: Can I drink anything other than water? Answer only clear liquids. Why can't I drive home? or Why can't I take a taxi home? Answer because of the sedation you receive during the procedure. You need someone with you to make sure you get home safely. What can I eat before a colonoscopy? Answer No Solids.

### **Compliance**

**Lisa & Brenda**

Reminders JCAHO. Key reminders is in the breakrooms please review and sign.  
JCAHO questions to make sure we understand our policies.

### **Lovenox**

**Dr. Alardin**

Procedure related to bleeding risk. Colon, EGD, Flexible Sigmoidoscopy (FFS) are all low risks. High risk will need to do a bridge with their anticoagulant therapy.

What is a bridge? To taper the anticoagulant down until patient is off it or almost off it. Start the bridge a couple of days before procedure. When the INR/PT has started to dip between the therapeutic range.

Consider calling patient that is on the bridge therapy the day before to make sure patient is understanding their last dose of anticoagulant.

Patient is to hold Lovenox the day of the procedure and preferably the day prior.

### **Cardiac Rhythms**

**Levi**

Common Cardiac Rhythms. Normal Sinus Rhythm 60-100 BMP- regular rate.

Sinus Tachycardia > 100 BMP, Bradycardia < 60 BMP, Arrhythmia depends which arrhythmia the patient has.

### **Infection Control**

**Holly**

We do highly level disinfection cycles to make sure scopes are clean.

Pre Clean at bed sides, use each brush for each area designated for the

ERCP scope. Quality control on test strips. If scope was used before 7 days don't need to be recleaned before use. But if is 7 days or after need to be cleaned before use. This a recommendation, but here at Allen we are ahead of that and we are processing the scopes correctly.

## **Closing**

## **Barb**

Thanking everyone for their presentations.

Colon Cancer Awareness is the month of March. Thanking everyone for the preparations. Kelli started Pre-Procedures registration. She prepares and educates the patients prior to their procedure.

Introduce new staff- Deb and Ashley

June 7 will be next Ed Day.

PI Performance Improvement was explained by Jerilyn. There will be clocks put by the doors of each patient room. Every 15-20 minutes we are to check on the patient then move the clock arms when next time to check.

Remind patients of medication to be used during sedation on discharge. During post-calls ask patients questions about their medications.

March 20-24 is GI Nurses Week. Happy Colon Cancer Awareness Month.

Our poor prep rates are under 5%!

Brooke and Mindy are on the ballot for SGNA. So vote for them.

GI Conference on March 30 and would like everyone to go.