



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

Standards for Gastroenterology Nursing Practice

**APPROVED BY THE
CSGNA EDUCATION COMMITTEE
MARCH 2012**

The Specialty has Established Standards

Recommended Standards for Gastroenterology Nursing Practice were approved by the membership of the Canadian Society of Gastroenterology Nurses and Associates in September, 1996. These standards were written with input from gastroenterology nurses from across Canada.

The standards of the CSGNA are designed to be applicable across a continuum that covers independent and collaborative aspects of practice. Some tasks are performed independently and some in collaboration with others. Whether or not an action can be performed independently depends on the provincial regulating body, the skills, knowledge, and ability of the individual nurse, and the policy of the employing institution.

Recommended Standards for Gastroenterology Nursing Practice

- STANDARD 1 GASTROENTEROLOGY NURSING PRACTICE REQUIRES KNOWLEDGE FROM NURSING, THE SCIENCES, AND THE HUMANITIES. INDEPENDENT AND CONTINUOUS LEARNING FACILITATES PROGRAM DEVELOPMENT BASED ON NURSING RESEARCH, WITH AN EMPHASIS ON OUTCOMES.
- STANDARD 2 GASTROENTEROLOGY NURSING PRACTICE REQUIRES THE EFFECTIVE USE OF THE NURSING PROCESS FOR CLINICAL DECISION MAKING.
- STANDARD 3 GASTROENTEROLOGY NURSING PRACTICE REQUIRES THAT THE HELPING RELATIONSHIP BE THE NATURE OF THE PATIENT-NURSE INTERACTION.
- STANDARD 4 GASTROENTEROLOGY NURSING PRACTICE REQUIRES NURSES TO BE PROFESSIONALLY RESPONSIBLE AND ACCOUNTABLE.
- STANDARD 5 GASTROENTEROLOGY NURSING PRACTICE REQUIRES THAT ADMINISTRATION AND MANAGEMENT PROVIDE DIRECTION AND RESOURCES AS REQUIRED BOTH AT AN AGENCY AND A DEPARTMENTAL LEVEL.
- STANDARD 6 GASTROENTEROLOGY NURSING PRACTICE REQUIRES THAT ALL MEMBERS OF THE HEALTH CARE TEAM BE COMMITTED TO QUALITY ASSURANCE.

KNOWLEDGE

STANDARD 1

Gastroenterology nursing practice requires knowledge from nursing, the sciences, and the humanities. Independent and continuous learning facilitates program development based on nursing research, with an emphasis on outcomes.

1.1 Gastroenterology nursing practice requires the use of a conceptual model to give direction for nursing practice. CSGNA has chosen not to endorse a particular model of nursing practice but expects that the Gastroenterology nurse will incorporate the model of the employing health care facility or a model of the nurse's choice.

The Gastroenterology nurse in the practice setting:

- 1) Expresses the specific goals of gastroenterology nursing, which include:
 - a. Demonstrates knowledge of the anatomy and physiology of the gastrointestinal tract.
 - b. Demonstrates knowledge of pathophysiology of the gastrointestinal tract.
 - c. Demonstrates knowledge of diagnostic and therapeutic procedures related to known or suspected pathophysiology of the gastrointestinal tract.
 - d. Utilizes knowledge of anatomy and physiology, pathophysiology, and relevant procedures to establish nursing diagnoses.
 - e. Utilizes established nursing diagnoses to determine treatment modalities and expected outcome of the treatment.
- 2) States how the goals of gastroenterology nursing contribute to the overall goals of the health care team:
 - a. Participates in the development of facility policies and procedure.
 - b. Participates in resource allocation.

- c. Participates in strategic planning and evaluation.
- 3) Communicates the goals of gastroenterology nursing to other members of the health care team:
- a. Shares the specific goals of gastroenterology nursing with other members of the health care team.
 - b. Shares knowledge with other members of the health care team.
 - c. Participates in orientation and training of other members of the health care team.
 - d. Acts as a resource.
- 4) Expresses the needs and concerns of the patient:
- a. Acknowledges any needs or concerns expressed by the patient.
 - b. Responds with meaningful and accurate information.
 - c. Advocates for resources that reflect the needs and concerns of the patient.
- 5) Describes and demonstrates a caring approach, which is in keeping with the needs and concerns of the patient.
- 6) States the probable origin of the patient's actual and/or potential health problem – (nursing diagnosis).
- 7) States an optimum patient outcome.
- 8) Describes how diagnostic or therapeutic endoscopy may alter the health of the patient. *A gastroenterology patient may undergo colonoscopy to investigate rectal bleeding. If the cause of the bleeding is identified as a polyp, which can be removed during the procedure, the cause of the bleeding is thus treated. Additional benefits may include improvement of anemia and reduction in potential risk of colon cancer, as some polyps become malignant over time.*

- 9) Recognizes that the role of the gastroenterology nurse is continuously evolving and states the specific roles of the gastroenterology nurse.
- 10) Identifies the focus of intervention and the mode to be utilized.
- 11) Continuously adapts nursing interventions to reflect any physiologic alteration of the patient.
- 12) Provides health education and procedural teaching to the patient and family in order to facilitate informed choices.
- 13) Values the ability of the family to prevent, resolve and/or minimize patient/family health problems.
- 14) States the expected outcome of planned activities.

1.2 Gastroenterology nursing practice requires an expanding base of knowledge that is current, practical, and designed to meet the needs of the gastroenterology patient.

The gastroenterology nurse in the practice setting:

- 1) Identifies the rationale for nursing actions when meeting the unique needs of the gastroenterology patient. *Measurement of intake and output is a nursing intervention that would be appropriate for gastroenterology patients who are at risk of fluid volume deficit.*
- 2) Demonstrates knowledge of the principles of infection control and applies the principles in the practice setting. *See section 10 – CSGNA Infection Control: Recommended Guidelines in Endoscopy Settings.*
- 3) Is familiar with the operation of equipment and its care, cleaning, and maintenance. *A gastroenterology nurse working on an inpatient unit may provide care for a patient on TPN. This would require the use of an infusion pump, and would therefore require that the nurse is knowledgeable about infusion pumps. A gastroenterology nurse working with outpatient*

gastroenterology patients may be involved in teaching proper management of colostomy equipment. A gastroenterology nurse working in the endoscopy setting would require knowledge about endoscopes.

- 4) Identifies and adheres to safety measures which involve the patient, nurse, family, and other health care team members. *Gastroenterology nurses working in the endoscopy setting should wear proper fitting masks while changing gluteraldehyde in order to protect themselves from gluteraldehyde fumes.*
- 5) Identifies potential safety issues and concerns and reports them to the appropriate authorities.
- 6) Defines the legal aspects of gastroenterology nursing.
- 7) Considers, supports, and manages the proper use of the various materials pertinent to any specific gastroenterology setting.
- 8) States the role of the nurse specific to gastroenterology. *Gastroenterology nurses working in the endoscopy setting often assist the physician during the endoscopy procedure. Although it is often possible for the nurse to assist the physician, the primary responsibility of the nurse is the patient.*
- 9) Explains the value of study projects and research – research is integral to the ongoing growth of gastroenterology nursing and contributes to the further development of nursing science. *Research indicates that a patient's oxygen saturation may drop significantly with the use of procedural sedation. This led to the development of guidelines to ensure safe and competent care when procedural sedation is used. See CSGNA's Position Statement: Responsibilities of the Registered Nurse Related to Conscious Sedation.*

- 10) Develops, supports, and facilitates program and practice changes based on nursing research and uses scientific findings to improve patient outcomes. *Knowledge of the results of nursing research may facilitate decisions by gastroenterology nurses that provide an improved outcome for the patient.*
- 11) Maintains competence in nursing practice as well as in the specialty of gastroenterology. *Gastroenterology nurses are required to maintain competence in nursing as determined by their provincial governing body. Competence specific to gastroenterology can be maintained through independent study, by remaining current through reviewing journals specific to gastroenterology nursing, and by attending educational programs that are specific to gastroenterology. A national conference specific to gastroenterology nurses is offered on an annual basis. This program must be approved by the National Board of CSGNA. A Certification exam in Gastroenterology Nursing is offered to gastroenterology nurses by The Canadian Nurses Association (CNA) on an annual basis. Certification in Gastroenterology Nursing is valid for five years. There are two methods available for recertification. They involve either writing the current certification exam or obtaining 100 continuous learning hours in gastroenterology. These learning activities must conform to the guidelines outlined by CNA.*
- 12) Participates in learning needs assessment and identifies learning issues and challenges. *A gastroenterology nurse may identify a learning need based on the introduction of a new endoscopy procedure at her institution. Based on the identified need, the nurse determines what knowledge is required and how she will obtain the knowledge and/or training.*
- 13) Identifies the significance of participating in educational activities. *Ocreotide is a medication that reduces the pressure in blood vessels, especially those of the digestive tract. Education*

regarding the use of Octreotide for GI bleeds can facilitate a team approach to the management of GI bleeds. This education and approach can reduce the potential risks associated with ongoing bleeding.

14) Participates in independent and continuous learning. *The gastroenterology nurse expands her body of knowledge through commitment and participation in learning opportunities.*

15) Identifies and/or creates resources for learning.

16) Assists and supports colleagues in professional development.

17) Demonstrates the qualities of a role model.

18) Identifies the importance of sharing knowledge and skills with others. *A gastroenterology nurse working in the endoscopy setting routinely positions a mouth guard in the mouth of a patient undergoing an esophagogastroduodenoscopy. Using the style of mouth guard appropriate to the specific patient and procedure ensures more reliable positioning of the mouth guard. This type of information can be shared among nurses who have an opportunity to network.*

19) Describes how verbal and non-verbal communication skills are used effectively.

Gastroenterology nurses working in the endoscopy setting are required to develop a rapport with patients in a very short period of time. A nurse who displays a confident, calm, and caring approach can promote a sense of security in the patient and facilitate a reduction in anxiety. Anxiety during an endoscopy procedure can increase the rate of complications such as perforations.

CLINICAL DECISION MAKING

STANDARD 2

Gastroenterology nursing practice requires the effective use of the nursing process as a systematic approach to nursing care using problem solving techniques.

2.1 Gastroenterology nurses are required to collect data throughout contact with the patient.

The gastroenterology nurse in the practice setting:

- 1) Systematically and continuously collects data using all appropriate sources including: patient, family (whoever the patient considers to be their family), physician, unit nurse, records, and other health team members.
- 2) Uses well developed communication, interview, and physical assessment techniques for data collection.
- 3) Assesses the patient's expectations regarding care.
- 4) Provides the patient with the information that a reasonable person would require to understand the proposed health care and to make a decision. Provides the patient and/or family with an interpreter when needed.
- 5) Ensures that the patient is provided with accurate and meaningful information to facilitate informed decision-making.
- 6) Ensures that informed consent has been signed by the patient or the patient's legal representative.

2.2 Gastroenterology nurses are required to identify a nursing diagnosis based on the data obtained. A nursing diagnosis provides a concise statement of the interpretation of data collected.

The gastroenterology nurse in the practice setting:

- 1) Interprets the data using the knowledge of nursing science and other related biophysical sciences.

Interpretation involves the ability to:

- a. Recognize diagnostic signals.
 - b. Clarify or search for a clearer understanding of signals
 - c. Verify or double-check the signals
 - d. Recognize the direct or concealed meaning of signals
 - e. Evaluate the signals
- 2) Accurately formulates and records problems as a nursing diagnosis, which provides a scientific basis for nursing practice.
 - 3) Reassures the patient that the caretakers will take into consideration any identified actual, potential or possible problems.
 - 4) Communicates relevant data to appropriate others regarding identified problems.

2.3 Gastroenterology nurses are required to determine expected outcomes immediately after the nursing diagnosis is formulated.

The gastroenterology nurse in the practice setting:

- 1) Collaborates with the patient to determine appropriate desired outcomes.
- 2) Identifies the expected outcome as patient goals.
- 3) States the expected outcome in terms that are realistic, valid, observable, and specific.

2.4 Gastroenterology nurses are required to plan what nursing activities will help the patients achieve the goals set forth in the outcome identification process.

The gastroenterology nurse in the practice setting:

- 1) Identifies patient problems that may be resolved by nursing interventions.

- 2) Selects interventions that meet the unique needs of the individual patient.
- 3) Assigns priorities for care.
- 4) Documents the plan as a means of communicating information that will enable other members of the health care team to provide continuity of care.
- 5) Maintains awareness of planning realistic interventions in terms of abilities, time, and resources available.

2.5 Gastroenterology nurses are required to perform nursing actions, as documented in the plan of care, that are based on scientific principles and reflect the rights and desires of the individual and significant others.

The gastroenterology nurse in the practice setting:

- 1) Assesses the patient to be sure that the action is still necessary.
- 2) Approaches the patient with a caring attitude and communicates genuine concern for what the patient is experiencing, which in turn conveys regard for the patient's well being.
- 3) Arrives to perform the nursing action when fully prepared.
- 4) Carries out the plan of care combining cognitive ability, interpersonal skill, and technical skill.
- 5) Delegates activities to auxiliary personnel as required within the confines of the ability of the personnel, provincial legislation, rules of the provincial nursing college, and the rules of the employing facility.
- 6) Supervises auxiliary personnel as required.
- 7) Informs the patient why the nursing action is being taken and of any potential adverse responses to the procedure.

- 8) Develops a large repertoire of skilled nursing interventions from which to choose when treating health problems in order to increase the likelihood of success.
- 9) Chooses nursing actions that comply with standards of care and are within ethical and legal institutional guidelines to practice.
- 10) Questions whether chosen nursing actions are really the best method of treatment.
- 11) Clarifies any concerns regarding physician orders.
- 12) Modifies the prescribed interventions to accommodate the patient's development and psychosocial circumstances, ability and willingness to participate in achieving desired outcomes, previous responses to nursing measures, and progress toward expected outcomes.
- 13) Continually updates data base:
 - a. Compares new data against the baseline to identify patterns and trends.
 - b. Collects data following nursing intervention which allows nurses to evaluate the effectiveness of nursing actions.
 - c. Revises the plan of care based on the updated data base.
- 14) Assists the physician during diagnostic and therapeutic procedures.
- 15) Documents interventions in the patient's permanent record. Examples of types of documentation required for endoscopic procedures include but are not limited to:
 - a. Procedure performed
 - b. Date and time of the procedure
 - c. Equipment used
 - d. Staff present
 - e. Anaesthesia/sedation administered and patient's response
 - f. Medications and response

- g. Vital signs and monitoring methods (including oxygen saturation and/or carbon dioxide levels if Capnography is used)
 - h. Oxygen therapy
 - i. Use of cautery, electrocoagulation or laser
 - j. Implantable devices (examples include: gastrostomy tubes, nasal jejunal tubes, stents)
 - k. Dilators used
 - l. Solution injected including intravenous fluids administered and type and amount of solutions injected
 - m. Number and type of specimens taken
 - n. Nursing notes including reporting of unusual occurrences or events and the procedure nurse signature
- 16) Understands that a patient's health problem can potentially disrupt his/her family structure.
- 17) Identifies with the patient the expected roles and responsibilities of each family member.
- 18) Values the ability of family members to provide the patient with physical, emotional, intellectual, and spiritual support.
- 19) Communicates significant nursing interventions to other members of the health care team.
- 20) Participates in nursing conferences and nursing rounds.
- 21) Consults with other health care professionals.
- 22) Screens and refers patients that require or would benefit from adjunct services or existing resources.
- 23) Promotes self-care through teaching, counseling and advocacy.
- 24) Promotes family-care through teaching, counseling and advocacy, realizing that an individual's health affects the family.

25) Safeguards patient safety:

- a. Adheres to disinfection guidelines during the processing of contaminated equipment.
- b. Monitors the environment for safety.
- c. Positions patient according to physiologic principles during or after procedure to avoid neurovascular damage, skin breakdown and aspiration.

26) Revises policies to delete obsolete practices.

27) Adapts procedures to incorporate accepted new findings or techniques.

28) Provides immediate and appropriate assistance during emergency situations:

- a. Identifies the need for additional medical assistance during specific emergencies and calls for appropriate help when needed.

29) Provides nursing care to support the patient to a peaceful and dignified death.

2.6 Gastroenterology nurses are required to evaluate the quality of care based on outcomes of nursing intervention and participation in the plan of care.

The gastroenterology nurse in the practice setting:

- 1) Evaluates the extent of which the desired outcome is achieved.
- 2) Evaluates the effectiveness of nursing interventions.
- 3) Communicates the evaluation with the appropriate others.
- 4) Documents the outcomes and modifications to the care plan.
- 5) Implements the modified nursing care plan.
- 6) Continues the process of clinical decision making in a cyclical fashion.

2.7 Gastroenterology nurses are required to initiate actions to ensure continuity of effective care before, during and/or after the patient's contact with the practice setting.

The gastroenterology nurse in the practice setting:

- 1) Prepares a written set of preparatory instructions, including a phone number, to each outpatient scheduled for an endoscopy.

PATIENT-NURSE RELATIONSHIP

STANDARD 3

Gastroenterology nursing practice requires that the helping relationship is the nature of the patient-nurse interaction.

3.1 Gastroenterology nurses are required to initiate interaction in a way that increases the likelihood that the patient will perceive the health service experience as understandable, manageable and meaningful at the outset.

The gastroenterology nurse in the practice setting:

- 1) Makes verbal and non-verbal communications purposeful, timely and beneficial to the patient's condition or situation. This may require the assistance of an interpreter at times.
- 2) Identifies self by name and describes role, including responsibility to the patient, at the point of earliest ease and convenience for the patient.
- 3) Gives undivided attention in both verbal and non-verbal behavior.
- 4) Demonstrates congruency and consistency of message in verbal and nonverbal communications.
- 5) Determines patient's willingness and ability to cooperate in setting mutual expectations.
- 6) Ensures patient understanding of the nursing role including availability, approachability and responsibility with respect to patient needs.

3.2 Gastroenterology nurses are required to set mutually agreed upon expectations as a means of increasing the likelihood that the patient will perceive the health service experience as understandable, manageable and meaningful.

The gastroenterology nurse in the practice setting:

- 1) Determines willingness and readiness of patient to proceed at this time.

- 2) Actively seeks patient participation in shaping outcomes that affect health status.
- 3) Explains the need for and value of setting mutual expectations.
- 4) Assists patient to anticipate and understand each step in the care provided.
- 5) Seeks the patient perspective on what would be helpful.
- 6) States what is believed would be helpful under the circumstances.
- 7) Determines what specific behaviors that the nurse is prepared to carry out in order to make the relationship a helpful one and determines what the patient expects of the nurse.
- 8) Informs the patient of those specific behaviors that the nurse is prepared to carry out to make the relationship a helpful one and those that the nurse expects the patient to carry out.
- 9) Helps the patient set realistic expectations of the nurse and of self including authority over personal health.
- 10) Works through any discrepancy in the expectations until they are understood and acceptable to both the patient and nurse.
- 11) Establishes the expected duration of the relationship with the patient.
- 12) Discusses the issues of confidentiality with the patient and indicates with whom and why any information will be shared.
- 13) Makes explicit the intention to exercise and maintain a helping stance with the relationship.
- 14) Ensures provision of service despite any personal limits or prejudices.
- 15) Re-establishes and/or modifies the expected duration of the relationship with the patient.
- 16) Determines patient's understanding of the helpfulness of the relationship in terms of the health service being perceived as understandable, manageable, and meaningful.

3.3 Gastroenterology nurses are required to ensure a successful termination of the helping relationship.

The gastroenterology nurse in the practice setting:

- 1) Reminds the patient, as agreed upon mutually established expectations are met, that termination is upcoming.
- 2) Encourages patient expression of thoughts and feelings about the meaning of termination as it relates to health status.
- 3) Recognizes and discloses own thoughts and feelings about the meaning of termination as it relates to the patient's health status.
- 4) Prepares the patient for self help beyond the termination date.
- 5) Anticipates any concerns that can be isolated and deals with them.
- 6) Reviews with the patient what has been accomplished in relation to health and patient's contribution toward its attainment.
- 7) Ensures that the termination of the relationship is understood and mutually undertaken.

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

STANDARD 4

Gastroenterology nursing practice requires nurses to be professionally responsible and accountable.

4.1 Gastroenterology nurses are required to respect statutes and policies relevant to the profession and the gastroenterology practice setting.

The gastroenterology nurse in the practice setting:

- 1) Functions within relevant legislation governing or affecting the profession. *See Section 9 – CSGNA Position Statement; The Role of the Registered Nurse in Percutaneous Endoscopic Gastrostomy Tube Placement.*
- 2) Practices within the legally recognized scope of nursing. *A gastroenterology nurse in the endoscopy setting is often responsible for administering I.V. medications to sedate the patient. Frequently the same dosage is used for each patient, but it is the responsibility of the nurse to receive specific orders for each patient.*
- 3) Follows established legal policies of the profession, including policies and procedures determined for the specialty by the CSGNA. *See Section 9 – CSGNA Guidelines and Position Statements.*
- 4) Reports unsafe practice or professional misconduct of other health care personnel to appropriate authorities.
- 5) Knows the implications related to nurse registration/licensure.
- 6) Becomes familiar with policies on bullying in the workplace and maintains professional, respectful, and helping relationships with other members of the healthcare team.
- 7) Works to influence needed changes in legislation.

- 8) Exercises judgment in carrying out medically prescribed regimens. *A gastroenterology nurse working in the endoscopy setting would question the patient regarding allergies to local freezing prior to administering freezing to the back of the throat, as ordered by a physician, prior to an esophagogastroduodenoscopy.*
- 9) Works within established policies on nursing and medical responsibilities. *A gastroenterology nurse working in the endoscopy setting may assist during an endoscopic procedure by advancing the scope. This can be carried out under the direct supervision of a qualified physician. See Section 9 – CSGNA Position Statement; The Role of the Registered Nurse in Scope Advancement.*
- 10) Is accountable at all times for his/her own actions.

4.2 Gastroenterology nurses are required to comply with the Code of Ethics of their profession.

The gastroenterology nurse in the practice setting:

- 1) Protects the rights of the individual such as confidentiality, privacy, beliefs, and values.
Gastroenterology patients are often faced with an alteration in their bodily functions. The dysfunction of the gastrointestinal tract may be a source of anxiety for the patient, therefore it is required that the nurse ensures the privacy of the patient. This action could reduce the anxiety of the patient.
- 2) Exemplifies the attributes related to caring.
- 3) Maintains standards of nursing practice and professional behavior as determined by the gastroenterology practice setting and by national and/or provincial nurses' associations.
- 4) Actively seeks opportunities for professional development in the specialty of gastroenterology

4.3 Gastroenterology nurses are required to function as members of a health team.

The gastroenterology nurse in the practice setting:

- 1) Uses appropriate channels of communication.
- 2) Collaborates with other members of the health team in all steps of the nursing process. *A gastroenterology nurse working in the endoscopy setting may be informed of an upcoming procedure that is booked for a VRE+ patient. Communication with the physician, the health care team including infection control, central processing, and housekeeping, is important to eliminate the risk of transmission of this infection.*
- 3) Co-ordinates nursing care with the care provided by others. *A gastroenterology nurse working on an inpatient unit may receive Physician's Orders to schedule the patient for an abdominal ultrasound and an esophagogastroduodenoscopy (EGD). It is important that the nurse is aware of the fact that the patient should be booked for the ultrasound prior to the EGD, as the insufflation of air during the EGD can result in false results when the ultrasound is done.*

ADMINISTRATION AND MANAGEMENT

STANDARD 5

Gastroenterology nursing practice requires that administration and management provide direction and resources as required, both at an agency and a departmental level.

5.1 Gastroenterology nursing requires a high level of performance which is best achieved when administration provides adequate and/or appropriate direction and resources.

Administration and management in the gastroenterology practice setting:

- 1) Selects nurses with the education and expertise to assume professional and managerial responsibilities within the agency.
- 2) Makes available a current mission statement, purpose and goals for gastroenterology nursing.
- 3) Makes available a current organizational chart, including all levels of personnel in the gastroenterology practice setting.
- 4) Makes available current policies and procedures governing gastroenterology nursing practice.
- 5) Provides personnel and resources that promote and maintain a safe environment for the patient and the health care team.
- 6) Provides support for the role of the gastroenterology nurse.
- 7) Provides for staff development through evaluation.
- 8) Encourages participation in effective financial management.
- 9) Ensures an adequate incident reporting system is in effect.
- 10) Ensures effective response to incidents.
- 11) Ensures communication of project results to gastroenterology nurses.

5.2 Gastroenterology nursing requires that administration and management have the responsibility to put mechanisms in place that foster a professional practice environment; help staff identify their

learning needs; facilitate access to educational activities; and provide support for staff in continuing their education.

Administration and management in the gastroenterology practice setting will:

- 1) Help staff identify their learning needs.
- 2) Facilitate access to or provide staff development and educational programs which meet the needs of all personnel in the gastroenterology practice setting.
- 3) Include all personnel in the gastroenterology practice setting on committees that make decisions related to the practice setting.
- 4) Provide psychological support to all personnel in the gastroenterology practice setting (demonstrate respect, caring and professional conduct).
- 5) Establish and utilize an open communication network.

QUALITY ASSURANCE

STANDARD 6

Gastroenterology nursing practice requires that all members of the healthcare team be committed to quality assurance.

6.1 Gastroenterology nursing requires that all members of the healthcare team implement a quality assurance program to measure and ensure quality patient care.

The gastroenterology nurse in the practice setting:

- 1) Applies a commitment to quality patient care.
- 2) Establishes a mission statement and philosophy that reflect quality as an end result.
- 3) Clearly defines the scope of services to be delivered, including where and by whom they will be delivered.
- 4) Establishes and applies attainable goals and objectives that reflect the mission statement.
- 5) Develops and regularly re-evaluates performance standards.
- 6) Develops a system to measure the extent to which the organization delivers the quality of care to which it aspires.
- 7) Identifies the areas that need corrective action or improvement.
- 8) Develops strategies that reflect the mission statement and philosophy, with emphasis on education and training, the team approach, and recognition of staff.
- 9) Documents, communicates and monitors strategies for quality improvement.

GLOSSARY

achlasia – a combined defect of absent peristalsis of the esophageal body and elevated lower esophageal sphincter pressure

actual health problem – a health condition that is identified as presently causing some difficulty for the patient

ambulatory pH monitoring – a 24-hour test that records fluctuations in esophageal pH and correlates them with symptoms of esophageal reflux

ampulla of Vater – the dilation formed by the junction of the common bile duct and the pancreatic duct proximal to their opening into the duodenum

annular pancreas – a developmental anomaly in which the pancreas forms a ring entirely surrounding the duodenum

anoscopy – examination of the anus and lower rectum using a specially designed speculum

antrum – the constricted, elongated, lower portion of the stomach

anus – the terminal orifice of the gastrointestinal tract

ascending colon – the portion of the large intestine between the cecum and the right colic (hepatic) flexure

ascites – the effusion and accumulation of serous fluid in the abdominal cavity

atresia – congenital absence or closure of a normal body orifice or tubular organ

barium enema – a suspension of barium that is injected into the rectum and retained in the intestines during roentgenologic examination

barium swallow – ingestion of a thick barium solution for the purpose of radiographic examination of the esophagus

Barrett's esophagus – replacement of the normal squamous epithelium of the esophagus by columnar epithelium

bezoar – a concentration of foreign material that builds up in the stomach

bile – an alkaline golden brown to greenish-yellow fluid that is secreted by the liver and poured into the small intestine via bile ducts

biliary colic – paroxysms of pain and other severe symptoms resulting from the passage of gallstones along the bile duct

biopsy – the removal and examination, usually microscopic, of tissue from the living body, performed to establish a precise diagnosis

bipolar electrocoagulation – an electrocoagulation method in which the electrical current flows between two small electrodes on the tip of the probe, both of which are in contact with the target tissue

body – the largest and most important part of the stomach, lying between the fundus and antrum

bougie – a slender, flexible, cylindrical instrument for introduction into a tubular organ, usually for the purpose of calibrating or dilating a constricted area

cardia – the portion of the stomach surrounding the esophagogastric junction, which contains cardiac glands but lacks parietal and chief cells

cardiac gland – a gland located distal to the esophagogastric junction which secretes mucus and pepsinogens

cathartic – an agent that causes evacuation of the bowels

cecum – the first part of the large intestine, forming a dilated pouch into which open the ileum, the colon and the vermiform appendix

celiac sprue – a malabsorption syndrome affecting both children and adults, precipitated by the ingestion of gluten-containing foods

chief cell – a cell located in the parietal glands of the stomach; chief cells secrete pepsinogens

cholangiogram – a roentgenogram of the gallbladder and bile ducts, following intravenous injection of contrast medium

cholangitis – an inflammation of a bile duct

cholecystitis – inflammation of the gall bladder

choledocholithiasis – the presence of gallstones in the common bile duct

cholelithiasis – the presence or formation of gallstones

cholestasis – stoppage or suppression of the flow of bile, having either intrahepatic or extrahepatic causes

chyme – a relatively homogenous semiliquid combination of food and digestive juices found in the stomach and small bowel

cirrhosis – a liver disease characterized pathologically by loss of the normal microscopic lobular architecture, with fibrosis and nodular regeneration

colitis – inflammation of the bowel

colon – the part of the large intestine that extends from the cecum to the rectum

colonoscopy – endoscopic examination of the colon

colostomy – incision of the colon for the purpose of making a more or less permanent fistula between the bowel and the abdominal wall

common bile duct – the duct formed by the union of the cystic duct and the hepatic duct

conscious sedation – medication that provides a minimally reduced level of consciousness in which the patient retains the ability to maintain an airway independently and to respond appropriately to physical stimulation and/or verbal command

constipation – infrequent or difficult evacuation of feces; passage of unduly hard or dry fecal material

critical item – an instrument or object that is introduced directly into the bloodstream or into other normally sterile areas of the body

Crohn's disease – a chronic granulomatous inflammatory disease involving any part of the GI tract, but commonly involving the terminal ileum, with scarring and thickening of the bowel wall

Cushing's ulcer – a stress ulcer that appears in patients with intracranial trauma

cystic duct – the passage connecting the neck of the gallbladder and the common bile duct

descending colon – the portion of the colon between the splenic flexure and the sigmoid colon at the pelvic brim

diaphragmatic hiatus – an opening in the diaphragm where the esophagus enters the abdominal cavity

diarrhea – abnormally frequent and liquid fecal discharges

diffuse esophageal spasm – repetitive, prolonged simultaneous contractions along the length of the esophagus, with intermittent normal peristalsis

dilator – an instrument that is used to enlarge an orifice or canal by stretching

diverticulitis – inflammation of a diverticulum, especially inflammation related to colonic diverticula, which may undergo perforation with abscess formation

diverticulosis – the presence of diverticula, particularly colonic diverticula, in the presence of inflammation

diverticulum – an outpouching of one or more layers of the wall of a tubular organ

duct of Santorini – the minor pancreatic duct, draining a part of the head of the pancreas into the minor duodenal papilla

duct of Wirsung – pancreatic duct; the main excretory duct of the pancreas, which usually unites with the common bile duct before entering the duodenum at the major duodenal papilla (papilla of Vater)

dumping syndrome – a group of disabling symptoms associated with rapid gastric emptying that mimic the symptoms of hypoglycemia

duodenum – the first, or proximal, portion of the small bowel, extending from the pylorus to the jejunum

dyspepsia – impairment of the power or function of digestion, usually applied to epigastric discomfort following meals

dysphagia – a sensation of difficulty in swallowing

endoscopic retrograde cholangiopancreatography (ERCP) – an endoscopic technique for radiologic visualization of the biliary and/or pancreatic ducts

endoscopic variceal ligation (EVL) – the endoscopic introduction of rubber bands or O-rings for the treatment of bleeding varices

endoscopy – visual inspection of any cavity of the body by means of an endoscope

enema – a liquid injected into the rectum

enteral nutrition – administration of a prescribed diet by means of a flexible tube inserted into the stomach or small either transnasally, surgically or endoscopically

enteric plexus – a plexus of autonomic nerve fibers within the wall of the digestive tube, and made up of the submucosal, myenteric and subserosal plexuses

enteritis – inflammation of the intestine, especially of the small bowel

enterocolitis – inflammation involving both the small bowel and the colon

esophageal reflux – reflux of gastric or duodenal contents back into the esophagus

esophagitis – an inflammation of the esophageal mucosa

esophagogastroduodenoscopy (EGD) – endoscopic examination of the esophagus, stomach and duodenum

esophagus – the musculomembranous tubular portion of the GI tract that extends from the pharynx to the stomach

familial polyposis – multiple adenomatous polyps with high malignant potential lining the mucous membrane of the intestine, particularly the colon, beginning at about puberty

fulminant hepatic failure – massive liver cell death that occurs within 2 months of the development of acute hepatitis

fundus – the proximal portion of the stomach, which lies above and to the left of the lower esophageal sphincter

gallbladder – the pear-shaped reservoir for bile on the posteroinferior surface of the liver, between the right and the quadrate lobe; from its neck, the cystic duct projects to join the common bile duct

gastritis – an inflammation of the gastric mucosa

gluteraldehyde – a high-level disinfectant that is effective against vegetative gram positive, gram-negative and acid-fast bacteria, some bacterial spores, some fungi, and viruses

greater curvature – the lower lateral border of the stomach

hastrum – sacculations in the wall of the colon produced by adaptation of its length to that of the tenia coli, or by the arrangement of the circular muscle fibers

heart burn – a retrosternal sensation of warmth or burning that occurs in waves and tends to rise toward the neck

helicobacter pylori – a gram-negative curved or spiral rod that is microaerophilic

hematochezia – the passage of bloody stools

hemochromatosis – a disorder of iron metabolism characterized by excess deposition of iron in the tissues, especially in the liver and pancreas, and by bronze pigmentation of the skin, cirrhosis, diabetes mellitus, and associated bone and joint changes

hepatic duct – the duct that is formed by the union of the right and left hepatic ducts, and in turn joins the cystic duct to form the common bile duct

hepatic encephalopathy – a condition usually occurring secondary to advanced liver disease, but also seen in the course of any severe disease or in patients with portacaval shunts; characterized by

disturbances of consciousness which may progress to deep coma, psychiatric changes, flapping tremor and fetor hepaticus

hepatic flexure – the right flexure of the colon; the bend in the large intestine at which the ascending colon becomes the transverse colon

hepatitis – the inflammation of the liver

hiatus hernia – occurs when a portion of the stomach protrudes through the diaphragmatic hiatus into the thoracic cavity

ileocecal valve – a functional valve at the junction of the ileum and cecum, consisting of circular muscle of the terminal ileum

ileum – the distal portion of the small intestine, extending from the jejunum to the cecum

inflammatory bowel disease – a general term for inflammatory diseases of the bowel of unknown etiology, including Crohn's disease and ulcerative colitis

insufflation – the act of blowing a vapor, gas or air into a body cavity

intussusception – the prolapse of one part of the intestine into the lumen of an immediately adjoining part

irritable bowel syndrome – a chronic noninflammatory disease characterized by excessive secretion of mucous and disordered colonic motility with consequent colic, constipation and/or diarrhea with the passage of mucous

ischemic colitis – acute vascular insufficiency of the colon usually involving the portion supplied by the inferior mesenteric artery

islet of Langerhans – one of the irregular microscopic structures scattered throughout the pancreas and comprising the endocrine portion of the pancreas

jaundice – a syndrome characterized by hyperbilirubinemia and deposition of bile pigment in the skin, mucous membranes and sclera with resulting yellow appearance of the patient

jejunum – the portion of the small bowel that extends from the duodenum to the ileum

lactase deficiency – a deficiency in the brush-border enzyme lactase, which causes malabsorption of the disaccharide lactose, patients typically experience distension, flatulence, cramping and diarrhea within minutes of ingesting milk or milk products

lavage – the irrigation or washing out of an organ, such as the stomach or bowel

laxative – an agent that acts to promote evacuation of the bowel

lesser curvature – the upper lateral border of the stomach

lower esophageal sphincter (LES) – a group of thickened circular muscles at the distal end of the esophagus, which regulate the entry of food into the stomach

malabsorption – impaired intestinal absorption of nutrients

Mallory-Weiss tear – a mucosal rent at the gastroesophageal junction that is associated with prolonged forceful vomiting

malnutrition - any disorder of nutrition, whether caused by unbalances or insufficient diet or by defective assimilation or utilization of foods

manometry – measurement of pressure or contraction, especially within the GI tract

megacolon – abnormally large or dilated colon; the condition may be congenital or acquired, acute or chronic

nasobiliary catheter (NBC) – a catheter that is inserted endoscopically into the common bile duct during ERCP, with the opposite end brought out through the patient's nostril ; its purpose is to provide drainage or to allow instillation of therapeutic solutions

nasogastric tube – a soft rubber or plastic tube that is inserted through a nostril and into the stomach, for instilling liquid foods or other substances, or for withdrawing gastric contents

noncritical item – an item that either does not ordinarily touch the patient or touches only intact skin

nursing diagnosis – a statement of an actual or potential health problem that can be alleviated or prevented by independent nursing intervention

nutcracker esophagus – esophageal peristalsis with a contractile amplitude two to three times the normal volume

occult blood – blood present in such small quantities that it can be detected only by chemical tests of suspected material, or by microscopic or spectroscopic examination

odynophagia – painful swallowing

outcome – the end product of nursing care; measurable changes in a patient's health or behaviour

oxygen saturation – oxygen content of blood divided by oxygen capacity and expressed in volume percent

pancreas – a large, elongated gland situated transversely behind the stomach, between the spleen and duodenum

pancreas divism – a developmental anomaly in which the pancreas is present as two separate structures, each with its own duct

pancreatic enzyme insufficiency – a deficiency in pancreatic exocrine function, leading to malabsorption of fats and other nutrients

pancreatic fistula – an abnormal passage between the pancreas and another organ or, more often, between the pancreas and the exterior, often following pancreatic trauma, external drainage of a pseudocyst or pancreatic surgery

pancreatitis – acute or chronic inflammation of the pancreas

paracentesis – surgical puncture of a cavity for the aspiration of fluid, especially the abdominal cavity

paralytic ileus – obstruction of the intestines resulting from inhibition of bowel motility, which may be produced by numerous causes, most frequently by peritonitis

peptic ulcer – an ulceration of the mucous membrane of the esophagus, stomach or duodenum, caused by the action of the acid gastric juice

percutaneous endoscopic gastrostomy (PEG) – a technique for the endoscopic insertion of a gastrostomy feeding tube, for the purpose of providing enteral feeding

percutaneous endoscopic jejunostomy (PEJ) – a technique for the endoscopic insertion of a feeding tube through a PEG tube and into the jejunum, for the purpose of providing enteral feeding

percutaneous liver biopsy – aspiration biopsy of the liver by using a needle that has been inserted through a small incision in the skin

percutaneous transhepatic cholangiogram – a roentgenogram of the hepatic and biliary ductal system following injection of contrast directly into an intrahepatic bile duct, using a needle that is introduced percutaneously into the liver, through the eighth or ninth intercostal space

perforation – a hole made through a body part

peristalsis – a distally progressive band of circular muscle contraction that causes the gradual progression of digestive contents through the GI tract

pneumatic balloon – a balloon that is inserted over a guidewire into the lower esophageal sphincter and then inflated to a present pressure and left in place for a period of time; used in the treatment of patients with achalasia

polyp – a protruding growth from any mucous membrane

polypectomy – surgical or endoscopic removal of a polyp

portal hypertension – abnormally increased blood pressure in the portal venous system, a frequent complication of cirrhosis of the liver

primary sclerosing cholangitis – a rare and serious condition in which inflammation involves the entire biliary tract; often relate to GI or biliary tract infection

proctoscopy – inspection of the rectum with a speculum or tubular instrument with appropriate illumination

proctosigmoidoscopy – examination of the rectum and sigmoid colon with an instrument designed for illuminating and viewing those areas

pseudomembranous colitis – an acute inflammation of the bowel mucosa with the formation of pseudomembranous plaques overlying an area of superficial ulceration and the passage of the pseudomembranous material in the feces; may result from shock and ischemia or be associated with antibiotic therapy

pyloric sphincter – the thickened muscular sphincter that controls the passage of food from the stomach into the duodenum

pyloric stenosis – obstruction of the pyloric sphincter at the outlet of the stomach

pylorus – the most distal portion of the stomach, lying between the antrum and the duodenum

radiation enteritis – radiation injury to the intestines, usually occurring as a result of radiotherapy for pelvic, intraabdominal or retroperitoneal malignancies

rectosigmoidoscopy – endoscopic visualization of the lower portion of the sigmoid colon and the upper portion of the rectum

rectum – the distal portion of the colon, beginning anterior to the third sacral vertebra as a continuation of the sigmoid and ending at the anal canal

regurgitation – a backward flowing of undigested food

ruga – a wrinkled ridge in the interior wall of the stomach; plural: rugae

Schatzki's ring – one of a series of thin, concentric membranes located at the esophagogastric junction

sclerotherapy – the injection of sclerosing solutions in the treatment of hemorrhoids, varicose veins or esophageal varices

secretin – a strongly basic polypeptide hormone secreted by the mucosa of the duodenum and jejunum when acid chyme enters the intestine

semicritical item – any item or instrument that may come in contact with intact mucous membranes, but does not ordinarily penetrate body surfaces

sessile polyp – a polyp that is attached to the mucosa by a broad base

short bowel syndrome – any of the malabsorption syndromes resulting from massive resection of the small bowel, the degree and kind of malabsorption depending on the site and extent of the resection; characterized by diarrhea, steatorrhea and malnutrition

sigmoid colon – the S-shaped part of the colon, lying in the pelvis, extending from the pelvic brim to the third segment of the sacrum, and continuous above with the descending colon and below with the rectum

sigmoidoscopy – inspection of the sigmoid colon through the use of an endoscope

small bowel – the proximal portion of the intestine

small bowel enteroscopy – visualization of the small bowel with a long, extremely flexible endoscope

Sphincter of Oddi – the sheath of muscle fibers surrounding bile and pancreatic ducts as they pass through the wall of the duodenum

splenic flexure – the left flexure of the colon; the bend at which the transverse colon becomes the descending colon

steatorrhea – excessive amounts of fat in the feces, as in malabsorption syndromes

stoma – an opening established in the abdominal wall by colostomy, ileostomy, etc.

stress ulcer – a form of acute gastritis that is related to a severe trauma, illness or chronic ingestion of certain drugs

stricture – a narrowing of a canal, duct or other passage as a result of scarring or deposition of abnormal tissue

tenesmus – straining, especially ineffectual and painful straining at stool or in urination

total parenteral nutrition (TPN) – the intravenous administration of the total nutrient requirements of a patient with gastrointestinal dysfunction, accomplished through a central venous catheter, usually inserted in the superior vena cava

toxic megacolon – acute dilation of the colon associated with amebic or ulcerative colitis; it may precede perforation of the colon

transverse colon – the portion of the colon that runs transversely across the upper part of the abdomen, from the right to the left colic flexure

ulcer – a local defect, or excavation of the surface of an organ or tissue, which is produced by the sloughing of inflammatory necrotic tissue

ulcerative colitis – chronic, recurrent ulceration in the colon, chiefly of the mucosa and submucosa, of unknown cause; manifested clinically by cramping, abdominal pain, rectal bleeding and loose discharges of blood, pus and mucous with scanty fecal particles

upper gastrointestinal (UGI) series – a series of radiographs taken to visualize the esophagus, stomach and sometimes the small bowel, following the ingestion of a barium solution

upper esophageal sphincter (UES) – the sphincter located at the upper end of the esophagus

vasovagal reaction – a transient vascular and neurogenic reaction marked by pallor, nausea, sweating, bradycardia, and rapid fall in arterial blood pressure, which, when below a critical level, results in loss of consciousness and characteristic ECG changes; it is most often evoked by emotional stress associated with fear or pain

Vancomycin Resistant Enterococcus (VRE) – enterococci that have acquired resistance to Vancomycin, the only drug available to treat multi drug resistant enterococci

villus – a small vascular process or protrusion, especially such a protrusion from the free surface of a membrane; the intestinal villi are the numerous threadlike projections that cover the surface of the mucosa of the small bowel and serve as the sites of absorption of fluids and nutrients

volvulus – intestinal obstruction caused by a knotting and twisting of the bowel

Whipple's disease – a malabsorption syndrome characterized by diarrhea, steatorrhea, skin pigmentation, arthralgia and arthritis, lymphadenopathy, and central nervous system lesions

Zollinger-Ellison syndrome – a triad comprising intractable, sometimes fulminating and in many ways atypical peptic ulcers; extreme gastric hyperacidity; and gastrin-secreting, nonbeta islet cell tumors of the pancreas