Position Statement:

THE NURSE’S ROLE IN ENDOSCOPIC ULTRASOUND/ FINE NEEDLE ASPIRATION

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Position

The Canadian Society of Gastroenterology Nurses and Associates supports the position that health care professionals (HCP) working in the collaborative environment of Endoscopy are knowledgeable and can demonstrate competency in assisting with the procedure of Endoscopy Ultrasound and Fine Needle Aspiration.

Background

Using an Echo-endoscope, Endoscopic Ultrasound (EUS) is most commonly used for the detection and staging of pancreatic, esophageal, gastric, ampullary, biliary, and rectal cancers. It is also used for diagnosing and staging non-GI malignancies such as thoracic malignancies. EUS
EUS- FNA
fine-needle aspiration can target specific tissue for cytology. This technique has helped locate hard to reach lesions and assist in directing therapies for cancer patients, often preventing unnecessary surgery.

EUS is not recommended in the uncooperative or non-compliant patient, hypercoagulopathies, unstable patient, or a patient with an existing gastrointestinal perforation.

Guideline

- The nurse is accountable for the quality and safety of nursing care given to the patient in the pre, intra and post procedure period. An accurate nursing assessment and history is important and should include documentation of bowel prep if applicable, NPO status and temporary cessation of anticoagulant/antiplatelet therapy as directed by the physician.
- The nurse must have the knowledge, training and experience related to their role in endoscopic ultrasound and fine needle aspiration. The nurse must demonstrate ongoing competency in the procedure as outlined by the employer.
- A minimum of two nurses or a dedicated team (two nurses/respiratory therapist/cytology technician) is recommended in assisting the physician in the procedure. Obtaining specimens and slide preparation should be assigned to one HCP with another HCP assisting to optimize the quality of specimen collection.
- One nurse may be responsible for medication administration, patient monitoring and documentation.
- One nurse may be responsible for setting up the equipment, and assisting the physician with collection of the cytology specimens and operation of equipment such as guidewires, balloons and a suction syringe. Nurses are NOT responsible for advancing
the needle during fine needle aspiration. Responsibilities of cytology collection may sometimes be held by the respiratory therapist or cytology technician.

- The nurse must be accountable in following any policies related to sedation and the procedure in the facility in which they are employed, and in conjunction with their provincial licensing body.
- The procedure may take up to 1 hour to complete.
- The patient should be provided educational material on what to expect before and after the procedure. Teaching of post procedure care and potential complications should be documented. The patient should be given instruction on resumption of diet, medications, and procedural sedation restrictions.
- Nurses must be knowledgeable, able to recognize and notify the physician in a timely manner, and care for a patient with potential complications such as perforation, bacteremia, pancreatitis, hemorrhage, and bile peritonitis. The patient can experience diarrhea, hypotension and localized pain when a celiac plexus blockade /neurolysis is used.
- Informed consent must be obtained by the most responsible health care practitioner prior to the procedure.
References

