



The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

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Diabetic Patient in Gastrointestinal / Bronchoscopy Unit.

by M. Travers R.N

The majority of gastroenterology patients are NPO, may have had a bowel preparation and are usually dehydrated. A competent nurse, with a diabetic patient, will be concerned with these conditions. The purpose of this article is to provide guidelines for safely managing a diabetic patient scheduled for an endoscopic procedure.

PREPROCEDURE PROTOCOL SUGGESTED TO PHYSICIANS:

The diabetic patient should be booked as early as possible in the day, since there are fewer glycemic disturbances with procedures scheduled in the morning.

If patient is on insulin:

- Withhold morning dose of short acting insulin.
- Give half the usual morning dose of intermediate acting insulin (NPH or Lente) or half the usual morning dose of Premix.
- Supplemental short acting insulin may be necessary if blood glucose is > 15. This would be ordered by physician.

If patient is on oral hypoglycemics:

- Hold oral hypoglycemic until after the procedure.

CATEGORY OF PATIENTS

1. Patient taking oral hypoglycemic or on diet alone:

Nursing interventions

- Capillary blood glucose test (glucoscan) upon patient's arrival and document results on chart. If < 3 or > 15 notify physician.
- If patient took blood sugar at home document these results. Repeat blood sugar if home results are abnormal.
- Review signs of hypoglycemia and hyperglycemia with patient and advise to inform staff if experiencing any of these symptoms.

If patient is symptomatic:

- Repeat glucoscan.
- If abnormal, notify physician who will instruct nurse regarding I.V. fluids, insulin and frequency of blood glucose.

- Observe, reassure patient and document patient's condition.
 - When asymptomatic, repeat glucoscan and document results on chart. Notify physician if still abnormal.
2. Patient on insulin:
Nursing interventions:
 - Carry on with same nursing interventions for oral hypoglycemics except for the following:
 - Find out type, amount and last time insulin was taken.
 - Ensure physician advises patient as to the dose of insulin needed for the rest of the day.

NURSING ALERT:

Signs and symptoms of hyperglycemia:

- thirst, excessive urination, weakness, fatigue, visual disturbances.
- consistently positive urine test for glucose, elevated blood glucose readings.

Signs and symptoms of hypoglycemia:

- hunger, nausea, weakness, headache, sweating, shaking, irritability, dullness.
- numbness of lips or tongue, change in mood or behaviour.



There should be a quality control capillary blood glucose monitoring program to ensure meters are functioning properly and nursing staff is operating meters accurately.

DISCHARGE INSTRUCTIONS:

When patient meets discharge criteria:

- Encourage patient to eat as soon possible.
- If travelling time is over one hour, offer patient refreshment prior to discharge (Ensure local freezing to throat has subsided.)
- If patient is on oral hypoglycemic twice or three times a day, he should take the medication at the next prescribed dose, with food.
- If patient is on insulin, instruct him of insulin dosage needed for the rest of the day as prescribed by physician.

Thanks to:

M. Paquette R.n., N. Millaire R.n., D. Thériault R.n.,
P. De-Sousa R.n., Dr. E. Keely FRCP.

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 “Inpatients Management of Adults with Diabetes” B. Hirsch, M.D., J. Brunzelle, M.D., D.S. Paauw, M.D., Diabetes Care, June 1995, vol.18, no.6 p.878-879.

Le Patient Diabétique a L'Unité Gastro-Intestinale et de Bronchoscopie.

Par: Monique Travers R.n.

La majorité des patients de gastroentérologie, sont à jeûn, ou ont subi une préparation intestinale quelconque, alors ces patients deviennent habituellement déshydratés. L'infirmière compétente qui s'occupe du patient diabétique doit être concerner de ces conditions. Le but de cet article est d'établir des directives pour voir à la sécurité des patients diabétiques qui devront subir une procédure endoscopique.

LE PROTOCOLE PRÉ-PROCÉDURE SUGGÉRÉ AUX MÉDECINS:

Le patient diabétique doit avoir un rendez-vous tôt le matin, afin d'éviter des réactions glycémiques.

Si le patient est sur l'insuline:

- Retenir l'insuline d'action courte du matin.
- Donner la moitié du dosage quotidien d'insuline d'action intermédiaire (NPH ou Lente) ou la moitié du dosage quotidien de Premix.
- Si le glucose sanguin 15, un supplément d'insuline d'action courte peut être nécessaire, qui sera donc prescrit par le médecin.

Si le patient est sur des agents hypoglycémiques:

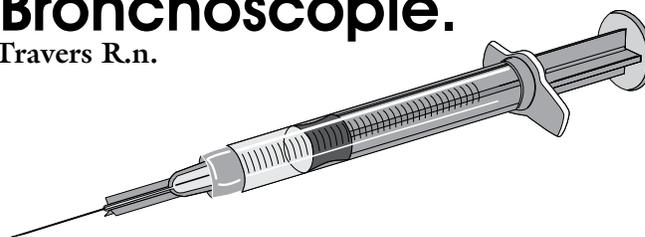
- Administrer l'agent hypoglycémique seulement après la procédure.

CATÉGORIE DE PATIENT.

1. Patient sur agent hypoglycémique ou seulement la diète.

Interventions de nursing:

- A l'arrivée du patient à l'unité, faire un prélèvement du glucose sanguin par capillaire (glucoscan). Docu-



menter le résultat dans le dossier du patient. Aviser le médecin si 3 ou 15.

- Si le patient a fait son glucose sanguin à la maison, documenter le résultat. Si le résultat est anormal, répéter, documenter et aviser le médecin.
- Reviser signes d'hypoglycémie et d'hyperglycémie avec le patient en lui conseillant de nous en aviser s'il ressent l'un de ces symptômes.

Patient est symptomatique:

- Répéter glucoscan.
- Si anormal, aviser le médecin, qui par la suite va informer l'infirmière des ordonnances médicales tels que; fluide intraveineux, insuline et fréquence de glucose sanguin.
- Observer, rassurer le patient ainsi documenter sa condition.
- Si le patient est asymptomatique, répéter le glucoscan et documenter le résultat dans le dossier. Si le résultat est encore anormal, veuillez en avertir le médecin.

2. Patient sur l'insuline:

Interventions de nursing:

- Continuer avec les mêmes interventions de nursing que pour le patient avec les agents hypoglycémiques.
- Renseignez-vous, de la sorte d'insuline, du dosage

et l'heure de la dernière administration.

- Assurez-vous que le médecin avise le patient du dosage d'insuline requis pour le restant de la journée.

NURSING ALERTE:

Signes et symptômes d'hyperglycémie:

- soif, faiblesse, fatigue, urination fréquente, troubles visuels.
- analyse d'urine constamment positif pour glucose ainsi d'une augmentation du glucose sanguin.

Signes et symptômes d'hypoglycémie:

- faim, nausée, faiblesse, maux de tête (céphalée), diaphorèse, tremblement, irritabilité, changements d'humeur ou conduite.
- L'institution devrait avoir un programme pour assurer que les glucoscans fonctionnent adéquatement et que les infirmières maintiennent leur expertise dans le fonctionnement du glucoscan.

INSTRUCTIONS DONNÉS AU CONGÉ:

Quand le patient rencontre les critères du congé:

- Encourager le patient à manger le plus tôt possible.
- Si le patient habite à plus d'une heure de trajet, lui offrir un rafraichissement avant de le congédier. (S'assurer

que l'anesthésie local de la gorge c'est affaisé.)

- Si le patient prend un agent hypoglycémique deux ou trois fois par jour, il doit prendre son prochain dosage avec de la nourriture.
- Si le patient prend de l'insuline, lui en informer du dosage prescrit par le médecin, pour le restant de la journée.

Merci à:

M Paquette R.n., N. Millaire R.n., D. Thériault R.n., P. De-Sousa R.n., Dr. E. Keely FRCP

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WORD SEARCH

Doris Mamer

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|-------------------|--------------|
| HEPATOCELLULAR | FATIGUE |
| INFLAMMATION | REMISSION |
| CONTROVERSY | EXTRAHEPATIC |
| CARRIER | RIBAVIRIN |
| RESPONDER | AUTOIMMUNE |
| VIRUS | TRANSFUSION |
| PALMAR ERYTHEMA | BLOOD |
| CARCINOMA | ANOREXIA |
| STIGMA | INJECTION |
| CHRONIC | STERILE |
| COMBINATION THER- | GENOTYPE |
| APY | RESEARCH |
| TESTS | ACTIVE |
| INTERFERON | HCV RNA |
| OPTIONS | FEAR |
| CIRRHOIS | LIVER BIOPSY |
| EPIDEMIOLOGY | INFECTED |
| SPIDER NEVI | ENZYME |
| ANTIBODIES | RELAPSE |
| TREATMENT | |

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CHANGE OF NAME ADDRESS/NAME

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Planning for a Safe Preparation, Endoscopic Procedure, and Follow-Up for Patients With Diabetes

Julia Hermann, BS, RN

Intended Audience

This independent study offering is appropriate for nurses engaged in any aspect of gastroenterology or endoscopy nursing.

Objective:

After reading this article, the learner should be able to identify how he/she will apply what was learned into his/her practice.

Patient with diabetes survive endoscopic procedures, but what has to occur to control the diabetes related to these procedures? In this day of close monitoring of blood sugar levels, when patients with diabetes maintain their blood sugars are consistently normal levels to help delay the onset of serious complications, major changes in caloric intake and medications for even 1 to 2 days can cause serious reactions. Preplanning and information can reduce these risks.

UPDATE ON DIABETES

Diabetes mellitus is a systemic disease caused by a decrease or absence in the body's secretion or use of insulin. Diabetes is no longer classified as adult or juvenile. The new classifications are Type I, insulin-dependent diabetes mellitus (IDDM), which occurs in a person who secretes no insulin and may experience bouts of diabetic ketoacidosis (DKA), and Type II, noninsulin-dependent diabetes mellitus (NIDDM), which occurs in a person who may be insulin-dependent, or who may be treated orally or by diet alone, but who usually does not experience DKA. Patients with Type II diabetes usually secrete some insulin, but it is poorly used by the body (Watkins, Drury, & Howell, 1996).

As discussed in the Department of Health and Human Services manual (1991) on complications of diabetes, individuals with either type of diabetes are predisposed to serious long-term complications: lesions of the micro- and macrovasculature, especially in the eyes and kidneys, and neuropathic disorders. Control of blood pressure is vital to delay these long-term complications. Often, patients with diabetes are taking multiple medications for lowering blood pressure. It is important to encourage patients with diabetes to take their medications as closely to the time of the endoscopic procedure as possible to prevent them from coming to the GI laboratory with a sky-high blood pressure. It is important to remember that the stress factor is at work even before an individual undergoes the procedure.

Issues for GI nurses to consider are as follows: Are teaching materials in large enough print for the person with damaged eyes (retinopathy or temporary blurring of vision from fluid changes in the lens) to see? Can these patients see the consent form well enough to sign it? Patients with diminished circulation in their feet with or without sensory loss from neuropathy are at risk. Does the hospital or unit have a policy about using foot veins for venous access in a patient with diabetes? Are patients with diabetes being allowed to walk to the bathroom barefooted? They are not supposed to be barefooted even in their own homes because a stubbed toe can lead to the loss of a foot (Department of Health and Human Services, 1991).

Nerve damage to major body organs can also be a complication of dia-

betes (American Diabetes Association, 1993). The stomach can lose nerve function (gastroparesis). Gastroparesis is characterized by sometimes very serious bouts of vomiting. The colon nervation can be damaged and cause severe diarrhea or constipation. If either of these conditions is present, and if the patient is on nothing-by-mouth (NPO) status as part of a preparation regimen and trying to keep the blood sugar level near normal, it is a difficult task for the patient, the family, and the nurse. The patient must be adequately prepared for the procedure without compromising blood sugar control and exacerbating the symptoms of these long-term complications.

Nurses are usually aware if a patient with diabetes is on renal dialysis; in this case, the procedure is scheduled around the dialysis treatment. What about a patient in the early stages of renal failure who is passing protein in the urine? Proper hydration is vital, especially if x-ray contrast cannot be avoided. Checking the blood urea nitrogen and creatinine levels before x-ray contrast injection is recommended, especially in a population with diabetes. The decision of whether x-ray contrast injection is unavoidable can then be made.

CURRENT MEDICATIONS

The nurse who is planning an endoscopic procedure for a patient with diabetes must know about the Current medications being used in the patient's regimen.

INSULIN

Animal insulins derived from the pancreases of cows and pigs are still used but not as often since the advent

of human insulin. Humulin® is made in the laboratory, a recombinant DNA of yeast (Watkins et al., 1996). To transfer from animal to human insulin, the dosage is usually reduced by 5%. The rapidity of action of the insulin a patient is taking is very important to know because the GI nurse assesses the patient by telephone or upon arrival in the endoscopy unit.

Regular insulin is traditionally the most rapid-acting insulin; its onset of action is 30 minutes. It peaks from 2 to 4 hours and can affect the blood sugar for 3 to 6 hours. The fastest-acting insulin at this time is Humalog®. Its effects may be felt in 5 to 10 minutes and is eliminated from the body in 3 to 4 hours. There are two common intermediate-acting insulins: NPH and Lente®, with the onset of action within 2 to 4 hours, peaking from 4 to 10 hours, with a possible duration of about 18 hours. Currently, the longest-acting insulin is Ultralente®, with an onset of 6 to 12 hours, with a possible duration of about 24 hours, with very little peak effect. Velosulin® is a buffered, rapid-acting insulin used for pump therapy (*Physicians' Desk Reference*, 1997). The longer-acting insulins taken the day before a procedure may affect the blood sugar on the day of the procedure.

Many patient now take a premixed insulin (70/30), which is a mixture of 70% NPH and 30% regular insulin. A rarely used mixture is 50/50. The most common concentration of insulin is U100 or 100 units per millilitre. U40 and U80 concentrations are no longer available in the United States. U500 is rarely used: however, it is used primarily for insulin shock therapy and extreme insulin resistance.

INSULIN PUMP THERAPY

Most patients who use an insulin pump are quite satisfied with it. Patient selection is quite stringent. Patients must be motivated, have the ability to manage their own diabetes, and have the physical and technical ability to manage the pump. They also need

family support, financial resources, and psychological stability. Pump therapy consists of inserting a tiny catheter into the subcutaneous abdomen. This catheter is changed by the patient about every 3 days. A type of regular insulin is preloaded into the pump (size of a cigarette pack) that is worn on the belt. The basal insulin dosage for a day is programmed for continuous infusion. After the blood sugar is determined before each meal, a bolus is programmed into the pump to cover the calories for that meal. This therapy mimics the body's own action.

ORAL MEDICATIONS

Many patients take oral agents to lower their blood sugar. It is also important to understand the actions of these oral agents (American Diabetes Association, 1995). Oral sulfonylureas stimulate pancreatic insulin secretion and decrease insulin resistance in peripheral tissues. The most common and significant side effect of this type of oral agent is hypoglycemia. Some common oral sulfonylureas are Orinase®, Tolinase®, Diabinese®, Diabeta®, Microase®, and Glynase™.

An Oral biguanide used 10 years ago has been released in a safer form. It is called metformin (Glucophage®), and it improves glucose uptake in tissues by improving insulin sensitivity and decreasing insulin resistance. It does not cause hypoglycemia. Some beneficial side effects of metformin are decreases in cholesterol and triglycerides. The most common side effects are gastrointestinal upset and diarrhea in up to 30% of patients. The most serious, but very rare side effect, is lactic acidosis. Metformin is contraindicated in patients with decreased renal or liver function and patients receiving x-ray contrast (*Physicians Desk Reference*, 1997). Recently, many x-ray departments have begun refusing patients who are taking Glucophage® x-ray contrast for 48 hours before or after taking the drug. It is important to know the policy of the x-ray department and to establish a unit policy, especially

if the unit is involved in the use of endoscopic retrograde cholangiopancreatography. Educating patients referred for x-ray studies using contrast injection is vital for patient safety as well as avoiding cancellations and rescheduling of tests. Patients with diabetes are being placed on Glucophage® in increasing numbers, and the x-ray contrast/Glucophage® interaction is becoming an important issue, and GI nurses must be aware of its potential risk. (For more detailed information on the interaction of Glucophage® and x-ray contrast, contact the manufacturer: Bristol-Meyers Squibb, PO Box 4500, Princeton, NJ 08543-4500; (609) 897-2000.) The newest oral blood-sugar-lowering agent, which is still being studied, is Rezulin™. Its action is to help "push" insulin into the cells to increase cellular use. Sulfonylureas, biguanides, and Rezulin™ may be used in combination with each other or with insulin therapy. Patients may be taking all of these medications.

OTHER MEDICATIONS

Another important medication to mention is glucagon, the drug often used in endoscopic procedures to still the bowel. The hyperglycemia that may arise from the use of glucagon, especially in the patient with diabetes, is believed by a group of gastroenterologists at a southern teaching hospital to be short-lived and not clinically significant. These clinicians believe that there is not a suitable substitute for glucagon available in the United States. Not necessarily used solely during an endoscopic procedure, glucagon is also used to counteract severe hypoglycemia in the unconscious patient or a patient who is unable to swallow safely. It raises blood sugar rapidly by increasing hepatic glucose release (Haire-Joshu, 1992). When the patient responds, additional oral carbohydrates and protein should be given immediately. The patient's primary physician should be contacted to document the hypoglycemic event and note the treatment administered. Glucagon is

available only by prescription; its cost is between \$25 and \$50 per dose. The usual dosage is 1 mg intramuscularly. The caregiver must be well trained not only in giving glucagon but also in being able to recognize when it is needed and giving the appropriate follow-up care. Because a glucagon injection places the patient at risk of vomiting, the patient should be positioned on his or her side until conscious.

Another new medication is Ac-rabose®, which is a starch blocker. Ac-rabose® helps lower the blood sugar in patients sensitive to carbohydrates by inhibiting carbohydrate absorption. The drug acts by stopping the release of the enzymes that breakdown starches in the small intestine. It is taken in pill form before each meal. The side effects are almost exclusively gastrointestinal, secondary to undigested carbohydrates in the large intestine, leading to flatulence, diarrhea, and abdominal discomfort (American Diabetes Association, 1995).

Ac-rabose does not allow the patient with diabetes to eat large amounts of carbohydrates because that would greatly increase the GI symptoms and raise the blood sugar. Studies of this drug's effect on the blood sugar are ongoing.

RESEARCH

Research on diabetes continues. In addition to the new medications already mentioned, a recently concluded 7-year, multicenter control and complications trial of individuals with Type I IDDM demonstrated that maintaining almost normal blood sugar levels decreased the seriousness and delayed the onset of complications by 60% between the intensively managed group and the standard control group (American Diabetes Association, 1993).

The future of diabetic treatment is thought to be focused in the area of islet cell transplantation. Recently, the first successful islet cell transplant in a laboratory animal was completed and much publicized by the news media.

Pancreatic organ transplant is being done but primarily in conjunction with kidney transplant (Watkins et al., 1996). Without kidney transplant, the life expectancy of a patient who has diabetes with beginning renal failure is considered by experts at a southern teaching hospital to be fewer than 5 years.

PREPROCEDURE PREPARATION

1. Stress increases blood sugar. Patients and healthcare providers often assume that no food or drink equals no insulin. It is important to remember that stress often increases blood sugar. However, the dosage of insulin in particular may need to be adjusted. A clear liquid regimen 1 day before the procedure is important. Of course, the nurse may not have much input into the patient's preparation. If possible, recommend that patients check their blood sugar, if they have a glucometer, at least four times daily the day before and the day of the examination for a colonoscopy and the day of the examination for other studies. Pre- and post-examination testing should be recorded.
2. What follows is a suggested written instruction to patients from the teaching protocols of a southern teaching hospital. If a patient requires insulin injections, take one half the usual amount. If a patient takes any unmixed, regular insulin, it is not to be given, or call the primary physician for instructions. For 70/30 insulin mixtures, the recommendation is to take one half the usual dosage. The primary physician should be consulted if questions arise about the insulin dosage. Colonoscopy patients may be advised to follow this guideline on the preparation day as well.
3. For patients taking oral medications and the procedures are scheduled before 12:00 noon, patients should take the medication

after the procedure. Thus, patients should bring the dose with them. Patients scheduled after 12:00 noon should take their dose very early in the morning with a sip of water. Again, patients should be directed to the primary physician with specific dosage questions.

It can be very frightening to a patient with diabetes who is adhering to a strict regimen to face a clear liquid diet and/or NPO status. Patients with diabetes who have particularly labile blood sugars (often call "brittle" diabetics) can experience DKA or hypoglycemia very quickly.

These patients may either just appear in the endoscopy unit or call very nervous and upset, fearing either DKA or hypoglycemia. Drinking clear liquids the day before a procedure, even sweetened with real sugar to add calories, results in the patient's taking in only about one half the normal calories. Several low-residue drinks to supplement caloric intake are available from suppliers. However, they are not very tasty.

It is the preference of most gastroenterology clinicians at this southern teaching hospital that blood sugar in the patient with diabetes be a little high rather than a little low at the start of the procedure.

Clinical hypoglycemia is a blood glucose level below 60 mg/dL. Symptoms are usually mild and easily treated. Symptoms include apprehension, tremors, sweating, and palpitations. Symptoms may progress to confusion, coma, and seizure (Haire-Joshu, 1992). It is important to remember that each patient has his or her own threshold for the development of symptoms of hypoglycemia. There is no substitute for questioning, observing, and touching the patient to determine his or her status.

INTRAPROCEDURE CONSIDERATIONS

The blood sugar should be checked at the time of preparation for the procedure by the admitting nurse to

establish a baseline. Intravenous fluids such as normal saline, 5% dextrose, and even 5% dextrose in water are recommended, depending on the baseline blood sugar reading.

Nurses are aware that doing a finger stick or drawing venous blood from the existing IV line during a GI procedure is quite disruptive. Therefore, unless the patient is symptomatic of hypoglycemia, blood sugar may be checked after the procedure is completed.

The GI staff must decide whether to keep a glucometer in the unit or to send venous blood to the laboratory for immediate evaluation. The laboratory turnaround time for immediate and nonimmediate evaluations may be the deciding factor.

Glucometer testing of blood sugar is considered a waived test under the Clinical Laboratory Improvement Act. The other categories of testing under this act, which governs all laboratory testing, are moderately complex and complex. Waived tests do not require a special license, but standards must be met and documented (Clinical Laboratory Improvement Act, 1992).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 1997) Standards PE.1.10 through PE.1.14.2 for Pathology and Clinical Laboratory Services – waived testing apply. Healthcare providers performing blood glucose tests must document their training and competency testing. Instrument quality control of the glucometer should be addressed in a hospital-wide point-of-care testing policy and procedure that addresses specimen collection, specimen presentation, instrument calibration, quality control testing and log-in, intervention, follow-up quality control testing, equipment evaluation, performance of tests, and documentation.

SAFETY HINTS

1. Question and listen to patients; many are experts on their own treatment plan.
2. Do not fear patients with diabetes who have a pump. They are the

most attuned to their diabetic regimen and have the most flexibility. They can simply omit their bolus mealtime dose.

3. Treat mild hypoglycemia with two to three chewable glucose tablets; each tablet contains 4 g of carbohydrates (available at most drug stores). The amount of carbohydrates given is easy to monitor, and the tablets are easy to store.
4. Do not add sugar to orange juice that is used to treat hypoglycemia. This raises the blood sugar too much and can result in a rebound drop. Sweetened soft drinks have the same effect. It is important to remember that one can of regular soda contains 14 teaspoons of sugar.
5. Advise the patient to eat as soon as possible after either glucose tablets or orange juice. The meal should contain protein (e.g., sandwich and milk) to prevent recurrence of hypoglycemia.
6. Design some type of flag system on the patient's chart, or other communication tool, to alert all staff to a patient with diabetes.
7. In most states, insulin does not require a prescription. It is one of the few medications that is non-prescription for which insurance companies provide reimbursement. However, proof of diagnosis of diabetes is usually required to obtain needles and syringes.
8. It is a reality that patients report reuse of their own insulin syringes and needles (Haire-Joshu, 1992). Do not be shocked to hear that patients do this. It is helpful to advise them to keep syringes in the refrigerator and dispose of them in a hard container (e.g., milk jug or coffee can).
9. Some patients with diabetes prefer not to rotate sites for finger sticks; they build a callus in the one finger they most often and the finger stick no longer hurts.
10. Contamination can occur from finger sticks in the hospital setting

from multipatient use and improper cleaning of glucose monitors and automatic lancing device holders. Use a thorough cleaning process for the glucose monitor and use disposable self-springing lancets.

11. Keep cotton balls available to wipe off the blood drop on the glucose strip, if needed. Gauze and paper towels can scratch the strip and distort the reading.

SUMMARY

The nurse's knowledge of diabetes and its varying treatments is an important factor in the plan of care for the patient with diabetes. The nurse is often the recipient of telephone calls for information and specific instructions as well as the first of the GI team to receive and prepare the patient on the day of the examination. With proper planning, preparation, and knowledge of the procedure, the patients with diabetes can expect to have a safe, successful GI procedure without compromising blood sugar control.

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MINI QUIZ ANSWERS

1.(2) 2.(3) 3.(2) 4.(4) 5. (3) 6.(3) 7.(2) 8.(1) 9.(2) 10.(5)

CSGNA GUIDELINES FOR REGISTERED PRACTICAL NURSES IN GASTROENTEROLOGY AND /OR ENDOSCOPY

Nancy Campbell R.N.

Registered Practical Nurses (RPN's), Licensed Practical Nurses (LPN's) or Registered Nursing Assistants (RNA's) are all the same because different provinces designate different names to their graduates. RPN/LPN/RNA are provincially trained through an approved program and are nationally tested by the Canadian Nursing Association Testing services (CNATS) and regulated under provincial or territorial legislation. They are trained to provide the optimum level of care to individuals in all developmental stages. They provide services under the direction of a duly qualified medical practitioner, registered nurse or registered psychiatric nurse (where applicable). The Provincial licensing body in conjunction with the nursing administration in any agency determines both the standards for nursing practice and the appropriate scope of practice for employees providing nursing care. The job descriptions for RPN's must be made available to all registered nursing staff.

The registered nurse may delegate appropriate activities to the RPN. The RN's decision to delegate care is based

on both the assessment of patient needs and the educational preparation and clinical experience of the RPN. The RN maintains responsibility for the guidance or supervision of the RPN in carrying out activities which contribute to the identification of patient needs, and the planning, provision and evaluation of nursing care.

When the RN delegates nursing care activities to the RPN the RN should be satisfied regarding the RPN's competence to perform those activities. The RN must be aware of the scope of practice of the RPN and the policies of the employing agency.

RN's are accountable for the total nursing care of patients and for the delegation of nursing care activities; to RPN'S. RPN's are responsible and accountable for the performance of nursing care activities delegated to them by RN's.

These guidelines describe the responsibilities and functions of the RPN specializing in Gastroenterology and/or Endoscopy. RPN's are provincially regulated and governed by the policies of employing agencies.

The RPN may : but is not limited to performing the following:

- 1) Observing, reporting and recording significant changes, which require intervention, or changes in the patient's care plan.
- 2) Implementing interventions within the limitations of licensure and institutional policy.
- 3) Establishing priorities and making ethically sound decisions to ensure safe patient care.

- 4) Responding to emergency situations to promote optimal patient outcomes by recognizing changes in the patient's health status.
- 5) Documenting patient data to ensure continuity in the provision and coordination of patient care.
- 6) Assisting with the follow-up care i.e. discharge.
- 7) Collaborating with other health care professionals.
- 8) Participating in continuing education.
- 9) Should demonstrate knowledge of equipment and how to clean and decontaminate it.

This is a guide to the role of the RPN in Endoscopy. The CSGNA assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies or practices of any Endoscopy unit.

September, 1997

REFERENCES

CAPNA Position Statement on Role and Scope of Practice of the Practical Nurse and Nursing Assistant (1976)

AARN Position Statement: The Role of Registered Nurses in settings where Licensed Practical Nurses and employed. (December 1991)

Towards a clarification of the Scope of practice of registered nurses and Licensed Practical Nurses. Anita Moizann (AARN 1992)

SGNA Position Statement: Role delineation of the Licensed Practical/Vocational Nurse in Gastroenterology and/or Endoscopy (March 1, 1997)

14TH ANNUAL CONFERENCE SEPTEMBER 25, 26 & 27, 1998

OBJECTIVES

- To provide up-to-date information in the field of gastroenterology.
- To be updated on new interventional or surveillance techniques.
- To provide a forum for sharing of information with colleagues.
- To provide an opportunity to view current endoscopic equipment and accessories.
- To promote membership.
- To assist in strategic planning for CSGNA.

WHO SHOULD ATTEND

This conference is designed for health-care professionals who have an interest and/or provide patient care in gastroenterology and respiratory.

The conference is being held at:

The Eaton Centre Marriott,
525 Bay St., Toronto, ON M5G 2L2
(416) 597-9200

Conference rate:

\$155 for single & double occupancy + applicable taxes.
Please request the CSGNA group rate when making your reservation.
Cut off date for conference rate is Sept 3, 1998.

For reservations call:

Canada - 1-888-440-9300 USA - 1-800-228-9290

FRIDAY (SEPTEMBER 25, 98)

- 13:00-14:00 Registration
14:00-17:00 Breakout Sessions
#1 Cleaning & Disinfection - C. McKinnon, RN
#2 A&P of the Respiratory System
K. Persaud, RRT, Cer A.T.
#3 Certification - C. Hamilton, RN, CGRN
#4 Nursing Research - G. McDermott, RN
17:00-18:00 Registration
18:00 Wine & Cheese Reception Meet the Delegates & View Exhibits
20:00-24:00 Friday Night Fever - "Scoping the Town"

SATURDAY (SEPTEMBER 26, 98)

- 07:30-8:30 Registration/Continental Breakfast/View Exhibits
08:30-08:40 Opening Remarks
08:40-09:25 TB: Current Issues - A. Vania, RN
09:25-10:10 Helicobacter pylori: Bacteria in search of disease - G. Kandel, MD
10:10-10:55 Break/View Exhibits
10:55-11:40 New Frontiers in Endoscopy: Do you see what I see? - N. Marcon, MD
11:40-12:10 Business Meeting
12:10-13:30 Lunch & View Exhibits
13:30-14:00 GI Resources on the Internet - I. Murray, MD
14:00-14:45 Infection Control (New-Age Pathogens)
C. Goldman, RN
14:45-15:30 Colon Cancer Screening - What's new in 1998?
J. Dorais, MD
15:30-16:15 Break/View Exhibits
16:45-17:00 The China Experience
B. Tham, RN & M. Cirocco, RN
19:00 Stage West Dinner Theatre

Buses will leave the hotel from 18:00. If you miss the bus, you will be responsible for arranging your own transportation.

SUNDAY (SEPTEMBER 27, 98)

- 7:30-08:00 Continental breakfast/ Exhibits
08:00-08:15 Staffing Patterns - S Dolynchuck, RN
08:15-08:45 Gastro 99 - D. Erickson, RN
08:45-09:30 Current Issues in Nursing and Law
A. Ashman, RN, LL.M.
09:30-10:15 Break/View Exhibits
10:15-11:00 Psychological Assessment of Irritable Bowel Syndrome - B. Toner, Ph.D.
11:00-11:45 Caring: What does it cost & who pays?
D. Grinspun, RN, MSN
11:45-12:00 Closing Remarks
*CEU credits will be earned.

REGISTRATION

CSGNA Annual Conference - September 25, 26 & 27, 1998

Name _____

Address _____

City _____

Province _____ Postal Code _____

Institution _____

Title please circle appropriate:

RN, RPN, LPN, OR Tech, Aide, Other: _____

Please make cheque payable (in CDN funds) to CSGNA and mail this form to: CSGNA Conference Registration

c/o Jocelyn Hollo

70 Lawrence Avenue E., Toronto, ON M4N 1S4

FEES

| Members | Non Members |
|---|----------------------------|
| Received before Aug 15 (includes dinner ticket) | |
| \$185 | \$225 |
| Received after Aug 15 (includes dinner ticket) | |
| \$200 | \$250 |
| One day fee (does not include dinner ticket) | |
| \$100 | \$140 |
| Membership fee \$40 | Extra Dinner Ticket @ \$60 |

Total Submitted _____

Please check the following you will be attending:

- Wine & Cheese
 Friday Night Fever - "Scoping the Town"
 Stage West Dinner Theatre

For more information please call:

Jocelyn Hollo or Jackie Hyacinth

Ph. (416) 586-4443 Fax. (416) 586-3148

FACULTY

Cheryl McKinnon, RN
Kim Persaud, RRT, Cer A.T.
Cindy Hamilton, R.N.
Gail McDermott, R.N.
Amina Vania, R.N.
Gabor P. Kandel, MD, FRCP(C)
Norman E. Marcon, MD, FRCP(C)
Iain C. Murray, MD, FRCP(C)
Carol Goldman, RN, BSCN, CIC
Judy Dorais, MD, FRCP(C)
Belinda Tham, RN
Maria Cirocco, RN
Sylvia Dolynchuck, RN
Deb Erickson, RN
Aileen A. Ashman, RN, LL.M
Brenda Toner, Ph.D.
Doris Grinspun, R.N. MSN

Chilliwack General Hospital
Scarborough General Hospital
Credit Valley Hospital
St. Michaels Hospital
City of Toronto, Public Health
The Wellesley Hospital
The Wellesley Hospital
Markham Stouffville Hospital
Mount Sinai Hospital
Hotel Dieu de Montreal
Toronto East General Hospital
The Wellesley Hospital
St. Boniface Hospital
Calgary Regional Health Centre
Consultant
The Clarke Institute of Psychiatry
Registered Nurses Association of Ontario

ATTENTION CSGNA MEMBERS

The selected test site for the SGNA certification exam will be EDMONTON, ALBERTA & TORONTO, ONTARIO. The time and actual location will be announced closer to the date for the examination.

THE DATE WILL BE OCTOBER 18 (SUNDAY) 1998. APPLICATION DEADLINE for all candidates applying to sit at Special Test Sites for October is AUGUST 31, 1998.

THIS IS A ONE TIME OPPORTUNITY! AT LEAST FOR NOW.

We will evaluate the response to this opportunity and make a determination to repeat the process if our members wish to write again at future dates.

We hope you will take the time to consider this option. This should give you plenty of time to study and please note that you do not have to presently be practising at a large centre of care to pass this exam.

To receive an application for certification contact

CBGNA Headquarters

3525 Ellicott Mills Drive, Suite N.

Ellicott City, MD 21043-4547 U.S.A.

Tel. 1-410-418-4808 or Fax: 1-410-418-4805

ENCLOSE THE HANDBOOK FEE OF \$5.00 US. when sending for this application. Certification Fee \$215 US for SGNA members \$300 US for non-members

Sources of information for review and study purposes include:

“Gastroenterology Nursing: A Core Curriculum” - Available through Mosby Yearbook - cost is \$92.75 Canadian of \$50 U.S.

“Manual of Gastrointestinal Procedures” - Available by and through the SGNA at 1-312-321-5165

Educational slides Set: \$85 US for SGNA members
Set: \$120 US for non-members Tel: 1-800-245-7462

IF YOU HAVE FURTHER QUESTIONS YOU CAN CALL MYSELF (TERRY LEDRESSAY) @ 1-905-668-4982 OR CINDY HAMILTON @ 1-905-632-4110.

The test sites codes for CBGNA certification exam are as follows:

Toronto, Ontario Code 050

Edmonton, Alberta Code 075

Please enter the three digit test site code where requested on the scannable application form.

Remember the date is Sunday, October 18, 1998.

Exact site addresses will be announced as soon as they are arranged.

Copies of the 1998 CBGNA Examination Handbook for prospective RN/Associate candidates can be obtained by contacting the CBGNA Headquarters either by phone (410-418-4808 or via facsimile (410-418-4805)

Or Write

CBGNA Headquarters

3225 Ellicott Mills Drive, Suite N

Ellicott City, MD 21043-4547 U.S.A.

Send \$5.00 US fee to CBGNA Headquarters with request “Gastroenterology Nursing” A Core Curriculum can be obtained through

Harcourt, Brace & Company for \$82.95 Canadian

The book reference #815136935 should be quoted

The Voice number :1-800-387-7278

The Fax number: 1-800-665-7307

The Toronto number: 416-255-4491

CONGRATULATIONS!

The new Executive of the Edmonton Chapter is on board as follows.:

Co-Chairs: Sonja Shaw & Judy Langner

Secretary: Doris Strudwick

Treasurer: Patti Ofner

Hats off to them for organizing a terrific spring conference. The big event was held on April 25, 1998 and was the most successful yet. There were over 70 registrants, 24 Exhibitors, multiple door prizes and, of course, excellent opportunities to network and have a great social time. This success is due to tremendous “Team Work” by all members of this local Chapter under the keen leadership of the new Executive! I commend the committee for this major accomplishment and their contribution to the C.S.G.N.A.

Sincerely,

Cathy Chapelsky

HELP WANTED STAT!!!

NEEDED IMMEDIATELY:

- Articles/clippings/artwork/stories/testimonies/ideas •

FOR:

- The Guiding Light •

EXPERIENCE:

- No experience required •
- Work may be a co-operative or singular effort •
- No submission turned away. (within reason) •

SUBJECTS REQUIRED:

- Pediatric conscious sedation •
- Management of Pediatric gastroenterology •
- Personal short story experiences. e.g., favorite patients, etc. •
- Dealing with transition/downsizing • Reuse of single use items •
- Hepatitis C • TPN • Short gut syndrome •
- Smoking and the GI tract • Cancer of the Common Bile Duct •
- Cancer of the Pancreas • Gastroparesis • Whipple’s Disease •
- Zollinger-Ellison Syndrome • Wilson’s Disease •
- Patient Education • Barrett’s Esophagus •

MESSAGE FROM THE PRESIDENT

I hope these words find you well and preparing for summer vacations. As Cindy has stated in her message, we had a great time representing the CSGNA in Denver at the SGNA conference.

We found the conference excellent in content and spent most of Regional Night passing out pamphlets on the upcoming CSGNA conference in Toronto and the future Gastro '99 conference in Vancouver.

One of the key sessions I attended was on performing flexible endoscopy. The class was limited and was a combination of lectures and hands on applications on latex pseudo bowels set up at ten (10) stations manned with video Olympus scopes. I was lucky to have the program director at Bethesda Medical as the trainer at my station and Dr. Shoenfeld proved to be a demanding but excellent instructor. It certainly puts a different slant on things when you not only have to manipulate the scope but also direct it through the bowel. My left hand needs more practice at those controls! We practised reaching the splenic flexure, doing biopsies and retro-flexing. This was done in three different passes and was an excellent opportunity.

I obtained more information on the training format that Bethesda has formulated and will follow-up on a poster abstract that represented the training program utilised for nurse endoscopists at Northwestern Memorial Hospital in Chicago.

Since some of our members will soon be embarking on this ground breaking experience in Canada, therefore, I thought we should try and take advantage of the experiences of others and not totally re-invent the wheel.

The CSGNA will be defining our own position statement and present it to the membership for approval.

We hope to have news from the CNA concerning our application for Societal status by the end of this month. I will inform the Chapters as

soon as possible and will place info on the website.

Have a great summer and I hope to see you in Toronto in September. It looks like another great conference is shaping up with a wonderful Planning Committee working their hearts out.

Yours in GI, Terry

SGNA 24TH ANNUAL CONFERENCE

In May CSGNA President Terry LeDressay and myself attended the SGNA Conference in Denver. As always we have returned with a bevy of information that can be applied to our practices at home. During this four day Conference I had the pleasure of attending the Item Writers Workshop. This workshop is for members to learn how to write questions for the Certification exam. It was a very intense seminar and I would encourage members to think about attending such a workshop. This would prove to be a vital asset for the future when we are looking at developing our own Certification exam.

During the conference I also attended a Board Meeting for SIGNEA. This international group is undergoing a time of restructuring and I was impressed by the fortitude of its Board Members. Most of this group travel to Conferences at their own expense to lecture and send information to all member Countries. Some had to travel for 24 hours by plane to attend the meeting in Denver and for this we applaud them. I will be attending the SIGNEA conference in Vienna in September and will share their progress with you on my return. You can also find an application for membership to SIGNEA in this Newsletter at a cost of \$10.00 US. If anyone has any, question regarding the Item Writers Workshop or SIGNEA please don't hesitate to contact me.

**Respectfully submitted
Cindy Hamilton President-Elect.**

A CALL TO ALL CHAPTER EXECUTIVES

CSGNA is growing and changing. The Chapter packages of present were brought into being to guide you in the formation and functioning of the Chapter. It is time now to examine these packages and make any changes necessary to reflect current and future practices of the Chapters. Please thoroughly examine your chapter package and make any recommendations as to what you feel needs to be updated. Send these recommendations to me by August 31st and we will have a discussion in this regard at the Chapter luncheon on September 25th during the Annual Conference in Toronto. It is the goal of the National Executive to have the Chapters become more autonomous and we need your input to make this happen!

Sincerely

**Cindy Hamilton RN CGRN
Pres-Elect**

JUNE 1998

Dear Colleagues

Please note the Financial Audit will be in the annual report for the year 1997. All financial statements were submitted to our current Auditor from Coopers & Lybrand Chartered Accountants.

As we strive toward Certification, the majority of our funds are kept in Term Deposits to earn as much interest as possible. These Term Deposits are guaranteed with no risk to our funds. We keep a minimum in both our operational and educational accounts to maximize our return. The Term Deposits flow back to the appropriate account as required.

The funds in our Operational account are from our membership dues, national conference registration, exhibitor booths, Product Catalog and support from our generous sponsors. The funds in our educational account are from the 25% profit each chapter submits post Educational Days plus Scholarships donated by our sponsors

Any questions or concerns regarding YOUR money please contact me or any member of the executive.

Sincerely
Edna Lang
National Treasurer CSGNA

MESSAGE FROM YOUR MEMBERSHIP CHAIR

Dear Colleagues

I wish to apologize to any member who received a letter with their renewal form this year, with the letter stating that their membership had lapsed and this was incorrect. When I took over as membership chair the disc I was given may not have been as up to date as the one that was unfortunately stolen along with Denise Theriault computer.

Welcome to our new members:

Marilyn Plimmer London, Ontario
Trish Hill Burlington, Ontario
Mitchell Sinclair Thornhill, Ontario
Laurel Reynolds Grand Prairie,
Alberta

Monica Gottschling Calgary, Alberta
Darlene Pontifex Calgary, Alberta

Its time again to renew your annual membership for the 1998-1999 year. Our renewal date will continue to be the month of June. Membership continues to grow, as we strive for our goal of 1,000 members. Please encourage your friends and colleagues to become members.

Please direct your membership application to:

Edna Lang
CSGNA Treasurer/Membership
Chair
27 Nicholson Dr, Lakeside NS
B3T 1B3
Edna Lang

MESSAGE FROM THE EDITOR

Once again, thank you to the people that have contributed to this edition of The Guiding Light. It is your input that will make each issue a success.

MEMBERSHIP APRIL 1996

| West | | East | | Centre | Other |
|-------------------|----|-------|----|--------|----------------|
| BC: | 61 | NB: | 13 | ONT: | 201 |
| ALTA: | 42 | NS: | 13 | QUE: | 16 |
| SASK: | 14 | PEI: | 1 | | USA: 1 |
| MAN: | 20 | NFLD: | 9 | | Bermuda: 1 |
| | | | | | Affiliates: 26 |
| Total: 418 | | | | | |

MEMBERSHIP APRIL 1997:

| West | | East | | Centre | Other |
|-------------------|----|-------|----|--------|----------------|
| BC: | 80 | NB: | 15 | ONT: | 276 |
| ALTA: | 60 | NS: | 17 | QUE: | 17 |
| SASK: | 17 | PEI: | 2 | | USA: 1 |
| MAN: | 32 | NFLD: | 14 | | Bermuda: 3 |
| | | | | | Affiliates: 43 |
| Total: 577 | | | | | |

MEMBERSHIP APRIL 1998:

| West | | East | | Centre | Other |
|-------------------|----|-------|----|--------|----------------|
| BC: | 81 | NB: | 29 | ONT: | 299 |
| ALTA: | 66 | NS: | 38 | QUE: | 20 |
| SASK: | 21 | PEI: | 3 | | USA: 1 |
| MAN: | 34 | NFLD: | 18 | | Bermuda: 3 |
| | | | | | Affiliates: 47 |
| Total: 665 | | | | | |

Please note the dates for certification within Canada.

We look forward to seeing you in Toronto, looks like a great conference is being planned.

Lorie McGeough

WESTERN DIRECTOR REPORT JUNE 1998

SASKATCHEWAN

Chapter President Elaine Fehr reports that the Chapter has been busy with their Spring fundraising bingo's. They have agreed to donate moneys to "Gastro 99" to help a third world nurse attend. A call for candidates for this years scholarship to attend the annual CSGNA conference being held in Toronto has gone out. The Chapter educational component this year will be more informal, consisting of journal nights.

OKANAGAN

Chapter President Linda Frandsen reports that they have had a busy Spring as the number of therapeutic procedures in their Endoscopy clinic have increased. They had a great tour of the new Southern Interior Cancer Center in March which will bring the latest technology in radiation and chemotherapy to Kelowna and will service a large area. On June 18, Dr. Gary May, a Gastroenterologist from Calgary will come to speak on diagnosis and treatment of upper G. I. malignancies, including endoscopic ultrasound. Hepatitis C will be the education topic planned for the Fall to be presented by Dr. Michieletti.

VANCOUVER ISLAND

Chapter President Irene Ohly reports the following highlights from their last Chapter meeting:

"What you do today is important because you are exchanging a day of your life for it ... let it be something good."

- They reviewed certification and exam sittings for October.
- They reviewed the last Gastro 99 meeting.
- Fundraising ideas were discussed.
- They are planning a G. I. day in the Fall after the annual CSGNA conference.
- Dr. David Pearson, Gastroenterologist spoke on "What is new in Inflammatory Bowel Disease".

VANCOUVER REGIONAL

Chapter President Gail Whitley reports a very successful Spring half day conference attended by 27 registrants and sixteen exhibitors, held on May 9. Topics included: Irritable Bowel Disease - Dr. J. Gray, Hepatitis A - Z - Dr. S. Erb, Portacaval shunts - Dr. J. Reid, and T.I.P.S. procedure - Dr. G. Legiehn. The Chapter wishes to extend their gratitude to all of the vendors who supported the conference. A survey has been developed by the Chapter to seek input from CSGNA members in B.C. The data will be used to plan the next education conference which is tentatively booked in the Fall, following the Annual conference in Toronto. The Chapter is entertaining the idea of donating a portion of money from this event to the Gastro 99 scholarship program. The Chapter has developed scholarship criteria to award scholarships to members wishing to attend educational conferences.

Wishing you all a wonderful Summer! See you in Toronto.

Cheryl McDonald, Director West.

MANITOBA CHAPTER

Congratulations to the newly elected Executive of the Manitoba Chapter.

| | |
|-----------|------------------|
| President | Sylvia Dolynchuk |
| Secretary | Wanda Gembarsky |
| Treasurer | Olivene Jessop |

We recognize with appreciation the outgoing Executive who were responsible for the formation and maintenance of this Chapter. Great

work ladies! We can only hope to build upon your efforts and continue to thrive in the exciting, changing field of gastroenterology.

The Manitoba Chapter hosted a half day seminar "Preventive Maintenance of Scopes" sponsored by Fibertech, Canada on May 27/98 at the Crowne Plaza, Winnipeg. Thirty people were in attendance. Cheryl MacKinnon gave an informative and interesting presentation on endoscopes and accessories.

Paul Laborie, Vice President, Sales of Fibertech, demonstrated the many components of the endoscope and their function. Sarah MacKinnon, representative of Dialife Medical Products was also in Attendance.

This seminar was well received and generated many questions and comments. We concluded with a great luncheon, courtesy of Fibertech.

Sylvia Dolynchuk, R.N.

CANADA CENTRE REPORT

I thank all Chapters for the effort they put into a very fruitful year in organizing education sessions for all nurses and associates of their area.

The Greater Toronto Chapter have been very busy participating in the organization of the Annual CSGNA Conference that will be held September 25-27, 1998.

The Golden Horseshoe Chapter also had an active year. The evening educational session of April 30 was very successful. They are planning another evening conference in November.

Jane Addison has been elected new president of the Southwestern Ontario Chapter at their April 25th half day conference. They are organizing another educational seminar for the fall, which will be sponsored by Bard.

I want to wish everyone of you a nice summer and I am looking forward to seeing you in Toronto in September.

**Director of Canada Centre
Monique Travers R.n.**

CANADA CENTRE REPORT

On May 2nd 1998, the Ottawa Chapter of the CSGNA held a day conference at the University of Ottawa. It was the most successful to date with the largest attendance ever. This year the format was changed to include break-out sessions; a dinner to conclude the day; and a late start at noon. We were delighted to have in attendance the National President Terry LeDressay and the Vice President Cindy Hamilton. As well as learning we had fun. Home made goodies graced the coffee table and lovely array of door prizes were won. Thanks to our vendors for their support. We also have a representative from the General Hospital books store offering an array of books as well as a representative from the Ileitis and Colitis Foundation.

Congratulations to the Conference Planning Committee for a job well done.

Yours in CSGNA, Nancy Campbell

CANADA EAST REPORT

We had a successful East Coast Conference in Corner Brook Nfld. June 18 - 20. Seventeen people were in attendance with members from Nova Scotia, Labrador and various parts of the Island. From this conference five new members were welcomed to the CSGNA. A thank you to the CSGNA for sponsoring Edna Lang as a Representative. The 1999 East Coast Conference will be held in Summerside, PEI, followed by Nova Scotia in 2000.

Congratulations to June Peckham, Ellen Coady and Mable Chaytor for being chosen for scholarships to attend the annual CSGNA Conference in September in Toronto. This is a great opportunity to share information, to make new friends and to stay current in the practice of Gastroenterology Nursing. If you have any questions please call/fax me.

Sincerely, Linda Feltham

GUIDELINES FOR SUBMISSION to "THE GUIDING LIGHT"

- white paper with dimensions of 8 1/2 x 11 inches
- double space
- typewritten
- margin of 1 inch
- submission must be in the possession of the newsletter editor 6 weeks prior to the next issue
- keep a copy of submission for your record
- All submissions to the newsletter "The Guiding Light" will not be returned.

MINI-QUIZ

1. With which one of the following should a physical examination always begin?
 - 1) auscultation
 - 2) inspection
 - 3) palpation
 - 4) percussion
2. During an esophagogastroduodenoscopy (EGD), the physician reports seeing a phytobezoar, which is a/an:
 - 1) tumor or growth
 - 2) parasite
 - 3) food ball
 - 4) ulceration
3. Naloxone is best described as:
 - 1) an anti-epileptic agent
 - 2) a narcotic antagonist
 - 3) a narcotic
 - 4) an anticholinergic agent
 - 5) a beta blocker
4. A Mallory-Weiss tear is most commonly:
 - 1) a transverse laceration located in the upper esophagus
 - 2) a longitudinal laceration of the antrum
 - 3) a transverse laceration of the gastric cardia
 - 4) a longitudinal laceration of the gastric cardia
5. The organism most commonly cultured from the stools of patients with antibiotic associated with pseudomembranous colitis is:
 - 1) staphylococcus aureus
 - 2) bacteroides fragilis
 - 3) clostridium difficile
 - 4) clostridium sordelli
 - 5) streptococcus viridans
6. In the formation of cholesterol gallstones, saturated bile:
 - 1) is formed in the gallbladder
 - 2) is a prerequisite and sufficient by itself
 - 3) is formed in the liver
 - 4) results primarily from decreased bile acid synthesis and secretion
 - 5) results primarily from decreased cholesterol synthesis and secretion
7. Marked elevations of serum amylase almost invariably indicate the presence of:
 - 1) parotitis
 - 2) pancreatitis
 - 3) intestinal obstruction
 - 4) carcinoma of the pancreas
 - 5) penetrating ulcer
8. The Acid Perfusion Test is a clinical procedure used to determine:
 - 1) GERD
 - 2) scleroderma
 - 3) achalasia
 - 4) diffuse esophageal spasm
9. A major indication for surgery in ulcerative colitis is:
 - 1) severe perianal disease
 - 2) toxic megacolon
 - 3) internal fistula
 - 4) peptic ulcer
 - 5) malabsorption
10. Pseudocyst of the pancreas:
 - 1) always requires surgical drainage
 - 2) may dissect into the mediastinum and groin
 - 3) may rupture into the bowel and resolve spontaneously
 - 4) all of the above
 - 5) 2 and 3

CSGNA Education Corner

SCHOLARSHIPS
 FOUNDATIONS
 SPEAKERS BUREAU
 POSITION STATEMENTS
 CHAPTERS
 TOPICS
 POSTERS
 GUIDELINES
 CEU'S
 EVALUATIONS

Announcements from the
 Education Committee
 • CAG/CSGNA Scholarship
 applications in this and every
 issue.
 • Criteria for scholarships in
 this issue.
 • Looking forward to seeing
 more posters at the
 Toronto Conference.
 • CEU's will be available at
 the Annual Meeting in Toronto.
 • Check out the NetNet website
 www.hepnet.com.

Education Committee Members:
 Lorie McGeough, Dianne Ryan,
 Elaine Fehr, Ann-Marie Urban
 Marlene Scrivens, Education Chair
 FAX 306 766 2513

C.S.G.N.A. DISCLAIMER

The Canadian Society of Gastroenterology Nurses and Associates is proud to present The Guiding Light newsletter as an educational tool for use in developing/promoting your own policies and procedures and protocols.

The Canadian Society of Gastroenterology Nurses and Associates does not assume any responsibility for the practices or recommendations of any individual, or for the practices and policies of any Gastroenterology Unit or endoscopy unit.



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE 4, REGINA, SASK. S4V 0L4

APPLICATION FORM FOR CSGNA REGIONAL SCHOLARSHIP AWARD

The Regional Conference award of \$400.00 is to be used for travel and accommodation to a Regional Conference in Canada. Three scholarships each will be awarded at the Spring and Fall deadlines.

EXEMPTIONS:

1. Applicant cannot have received **THIS** award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum Vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee and any Newsletter articles submitted. Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY MARCH 7, OR SEPTEMBER 7, 1998 TO THE ABOVE ADDRESS.

NAME:

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

DATE OF THE MEETING : _____

CITY WHERE PROPOSED MEETING WILL BE HELD: _____

JOINED THE CSGNA IN 19 _____

SIGNATURE _____

DATE _____



Canadian Society of Gastroenterology Nurses & Associates

P.O. Box 366, Adelaide Street East, Toronto, Ontario M5C 2J5

CSGNA EDUCATION COMMITTEE POINT SCORING SYSTEM FOR AWARDED SCHOLARSHIPS

- Each year as a member (cumulative points). 1 Point
- Each year served on National Executive (cumulative points). 3 Points
- Each year served on Annual Conference Planning Committee (cumulative points). 3 Points
- Each year served on Chapter Executive (cumulative points). 2 Points
- Each time submitted a content article for publication in "The Guiding Light" - not reports (cumulative points). 2 Points
- Can demonstrate actively recruited members. 1 Point
- Each time has acted as a speaker at a CSGNA conference or seminar (cumulative points). 2 Points
- Each time has served on an ad hoc committee of the CSGNA (e.g.) Bylaws (cumulative points). 2 Points
- Outlines geographical location and travel expenses. 1 Point
- Actively participates in Chapter events (e.g.) fundraising 1 Point
- Each year as a Member on the planning committee for a regional conference (cumulative points). 1 Point

REVISED June 04, 1998
M. SCRIVENS, EDUCATION CHAIR



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE 4, REGINA, SASK. S4V 0L4

APPLICATION FORM FOR CSGNA ANNUAL SCHOLARSHIP AWARD

The Annual National Conference award of \$700.00 is to be used for travel and accommodation to the Annual National Conference in Canada.

EXEMPTIONS :

1. Applicant cannot have received **THIS** award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your work.
2. A current Curriculum vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local Chapter, served on an Ad Hoc Committee and any Newsletter articles submitted . Describe your current involvement with your Chapter: e.g., fundraising or planning Chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Education Committee when scoring applications.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY JUNE 1, 1998 TO THE ABOVE ADDRESS.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ HOME TELEPHONE: () _____

FAX: () _____

HOSPITAL / EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____ JOINED THE CSGNA IN 19____

SIGNATURE: _____ DATE: _____



Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE 4, REGINA, SASK. S4V 0L4

APPLICATION FORM FOR CAG NURSE SCHOLARSHIP PRIZES

The Canadian Association of Gastroenterologists (CAG) scholarship prizes are available to one research nurse and one endoscopy nurse in the amount of \$500.00 each, to be used for travel to an appropriate endoscopic gastroenterology or research meeting. The CAG nurse scholarship prize is sponsored by an Educational Grant from the Canadian Association of Gastroenterology.

ELIGIBILITY:

1. You are and have been for two years or more, an active member of the CSGNA.
2. You actively support CSGNA goals and objectives.

PRIZE APPLYING FOR: (please circle one) RESEARCH NURSE ENDOSCOPY NURSE

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A two page summary of how this scholarship and attendance at the proposed meeting would benefit you in your research / endo - clinical role in gastroenterology, and what self initiated research projects you are involved in.
2. A current Curriculum Vitae.
3. A letter of reference from your Unit Director.
4. Two letters of reference from CAG members.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR BY FEBRUARY 15, 1998 TO THE ABOVE ADDRESS. THEY WILL BE FORWARDED TO THE SECRETARY OF THE CAG FOR SELECTION.

NAME: _____

CIRCLE ALL THAT APPLY: RN BSN BAN MSN OTHER _____

HOME ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOME TELEPHONE: () _____ FAX: () _____

HOSPITAL / EMPLOYER: _____

WORK ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

NAME OF DIRECTOR OF UNIT: _____

NAME OF THE MEETING YOU WISH TO ATTEND: _____

DATE OF THE MEETING: _____ CITY WHERE MEETING WILL BE HELD: _____

JOINED THE CSGNA IN 19____

SIGNATURE: _____ DATE: _____



Canadian Society of Gastroenterology Nurses & Associates

P.O. Box 366, Adelaide Street East, Toronto, Ontario M5C 2J5

NOMINATION FORM

Please complete this form and submit to the Chair of the Nominations Committee (currently the President of the CSGNA) 150 days before the Annual Meeting for national office. Ballots will be sent to the active members 120 days before the Annual meeting and must be returned within 90 days.

Candidates must be active CSGNA members in good standing.

Name of nominee: _____

Address: _____

_____ Postal Code _____

Phone (home) _____ (work) _____

Employer: _____

Title: _____

Education: _____

CSGNA member since: _____

Offices held: _____

Committees: _____

Other related activities: _____

Explain what has led you to chose to run for national office? _____

I hereby accept this nomination for the position of _____

dated this _____ day of _____ 19____. Signed _____

Nominated by _____ & _____

SIGNEA MEMBERSHIP MEMBERSHIP APPLICATION

SOCIETY OF INTERNATIONAL GASTROENTEROLOGICAL NURSES AND ENDOSCOPY ASSOCIATES

Individual Membership

Individual Memberships for Gastroenterological Nurses and Endoscopy Associates are available for \$10.00 annually (\$US).

Affiliate Membership

Individuals interested in joining SIGNEA, such as physicians, other medical professionals, and non G.E. nurses, pay affiliate membership fees of \$50 annually (\$US).

National G.E. Nursing Organization Membership

Membership in SIGNEA is available to national nursing organizations. Membership inquiries may be sent to the SIGNEA Secretariat. National G.E. Nursing organization dues are dependent upon the number of national members in each organization. Membership applications should be accompanied by payment and the name of the organization's official contact person.

Corporate Membership

SIGNEA welcomes corporate memberships by companies which supply G.E. products, drugs, general medical equipment and any service that would be utilized by G.E. nurses. Detailed corporate membership information may be obtained from: Pat Pethigal, Chair, fax: 206.223.6379, phone: 206.223.6965 or the SIGNEA Secretariat.

| Check Membership Level/Payment | | 1 year | 2 year | 3 year |
|----------------------------------|-------------|----------------------------------|----------------------------------|----------------------------------|
| Individual Membership | | \$10 <input type="checkbox"/> | \$20 <input type="checkbox"/> | \$30 <input type="checkbox"/> |
| Affiliate Membership | | \$50 <input type="checkbox"/> | \$100 <input type="checkbox"/> | \$150 <input type="checkbox"/> |
| National G.E. Nursing Membership | up to 100 | \$50 <input type="checkbox"/> | \$100 <input type="checkbox"/> | \$150 <input type="checkbox"/> |
| | 101 - 400 | \$200 <input type="checkbox"/> | \$400 <input type="checkbox"/> | \$600 <input type="checkbox"/> |
| | 401 - 1,000 | \$400 <input type="checkbox"/> | \$800 <input type="checkbox"/> | \$1,200 <input type="checkbox"/> |
| | Over 1,000 | \$750 <input type="checkbox"/> | \$1,500 <input type="checkbox"/> | \$2,250 <input type="checkbox"/> |
| Corporate Membership | | \$1,000 <input type="checkbox"/> | \$2,000 <input type="checkbox"/> | \$3,000 <input type="checkbox"/> |

WORKPLACE

- Endoscopy Unit/Hospital
- Endoscopy Unit/Clinic
- Inpatient/Outpatient

POSITION

- Administrative/Director
- Consultant Nurse
- Head Nurse
- Staff Nurse
- Supervisor/Coordinator
- Technician (Patient Care)
- Clinical Specialist
- Educator
- Researcher
- Technician (machine)
- Nurse Practitioner
- Manufacturer Representative
- Corporate nurse Consultant
- Other _____

Please add an additional \$15 for those checks that are drawn off Non-US banks. \$ _____ Total Pymnt.

First Name (Given Name) _____

Last Name (Family Name) _____

Years Education/Training

- _____ 1 Year
- _____ 2 Year
- _____ 3 Year
- _____ 4 Year
- _____ 5 Year

Address for Mail _____

City _____

State/Province _____

Country _____

Postal Code _____

Telephone _____

Fax _____

Email address _____

Employing Organization _____

Title _____

Send completed form to:

Kimberly Svevo, SIGNEA

401 N. Michigan Ave., Suite 2200 Chicago, IL 60611 USA

Phone: 312.644.6610 Fax: 312.321.6869 E-mail: kimsvevo@sba.com



SGNA Membership Application

CONTACT INFORMATION (Please print or type.)

First MI Last

Nickname

Hospital/Office/Company Name

Social Security Number Date of Birth

Please provide both addresses and check your preferred mailing address:

Work

Street Address

City

State/Province Zip

Country

Phone

Fax

Home

Street Address

City

State/Province Zip

Country

Phone

Internet/E-Mail Address

REFERRED BY

(If applicable)

PAYMENT INFORMATION • dues subject to change

A. Membership (SGNA membership runs on a calendar year and is renewable by January 1 of the following year.)

Check the category of membership for which you are applying:

| Voting Status | Type | Definition | Annual Dues | Prorated Dues (If joining after July 1) |
|-------------------------------------|----------------|---|-------------|--|
| <input type="checkbox"/> Voting | Licensed Nurse | Limited to Registered Nurses and Licensed Vocational/ Practical Nurses involved in, or associated with, gastroenterology and/or endoscopy nursing practice | \$105.00 | \$60.00 |
| <input type="checkbox"/> Voting | Associate | Limited to Assistive Personnel - technicians, technologists, assistants involved in, or associated with, gastroenterology and/or endoscopy nursing practice | \$105.00 | \$60.00 |
| <input type="checkbox"/> Non-Voting | Affiliate | Includes, but is not limited to, physicians, consultants, industry representatives, educators involved in, or associated with, gastroenterology and/or endoscopy nursing practice | \$90.00 | \$45.00 |

B. Regional Societies

All voting members (licensed nurses and associates) residing in the U.S. are required to affiliate with an SGNA regional society.

Regional Society preference (Indicate two-digit code of preferred region from the table listed on opposite page.):

Regional Society Dues:

Voting Licensed Nurses and Associates

No additional payment needed
Included in Annual Dues Amount

Non-Voting Affiliate

Optional payment, if interested
please indicate preferred region above
and remit an additional \$15.00
(If after July 1, remit \$75.00)

SUBTOTAL B (If applicable):

Credentials

Nursing: RN LPN LVN

Education: PhD MSN MS
 BSN BS ADN
 DiPL

Certification: CGRN CGN CGA
 CGT CGC
 Other

Certification Date:

Other Training: Technician
 Nursing Assistant

PROFESSIONAL PROFILE

1.) Professional Setting (Check one.)

Free Standing/ Ambulatory Equipment Sales
 GI Clinic GI Nursing Floor
 Inpatient Only Outpatient Only
 Inpatient/Outpatient Combination Manufacturer's Office
 Physicians Office
 Other

2.) Position (Check one.)

Administrative/ Director Clinical Specialist
 Consultant Educator
 Head Nurse Researcher
 Staff Nurse Nurse Practitioner
 Supervisor/ Coordinator Sales
 Technician (patient care) Technician (machine)
 Other

3.) Memberships in Other Nursing Organizations (Check all that apply.)

ANA/SNA AACN
 ENA ASPAN
 AORN Sigma Theta Tau
 Other

SUBTOTAL A



Canadian Society of Gastroenterology Nurses & Associates

27 Nicholson Dr., Lakeside, Nova Scotia B3T 1B3

MEMBERSHIP APPLICATION

(CHECK ONE)

ACTIVE
\$40.00

Open to nurses or other health care professionals engaged in full-or part-time gastroenterology and endoscopy procedure in supervisory, teaching, research, clinical or administrative capacities.

AFFILIATE
\$40.00

Open to physicians active in gastroenterology/endoscopy, or persons engaged in any activities relevant to gastroenterology/endoscopy (includes commercial representatives on an **individual** basis).

FORMULE D'APPLICATION

(COCHEZ UN)

ACTIVE
40,00 \$

Ouvert aux infirmières et autres membres de la santé engagés à plein ou demi-temps en gastroentérologie ou procédure endoscopique en temps que superviseurs, enseignants, recherches application clinique ou administrative.

AFFILIÉE
40,00 \$

Ouvert aux médecins, actifs en gastroentérologie endoscopique ou personnes engagés en activités en gastroentérologie/endoscopiques incluant représentants de compagnies sur une base individuelle.

APPLICANT INFORMATION / INFORMATION DU MEMBRE

Please print or type the following information / S.V.P. imprimer ou dactylographier l'information

SURNAME / NOM DE FAMILLE _____ PRÉNOM / FIRST NAME _____

MR / M MRS / MME MISS / MLLE MS / MS

HOME ADDRESS / ADRESSE MAISON _____

CITY / VILLE _____ PROV. / PROV. _____ POSTAL CODE / CODE POSTAL _____ HOME PHONE / TÉLÉPHONE () _____

HOSPITAL/OFFICE/COMPANY NAME / NOM DE HÔPITAL/BUREAU/COMPAGNIE _____

TITLE / POSITION _____

BUSINESS ADDRESS / ADRESSE TRAVAIL _____

CITY / VILLE _____ PROV. / PROV. _____ POSTAL CODE / CODE POSTAL _____

BUSINESS PHONE / TÉLÉPHONE TRAVAIL () _____ EXT. LOCAL _____ FAX / TÉLÉCOP. () _____

CHAPTER NAME / NOM DU CHAPITRE _____ TITLE / POSITION _____

SEND MAIL TO (CHECK ONE) HOME BUSINESS ENVOYEZ COURRIER À (COCHEZ UNE) MAISON TRAVAIL

EDUCATION (CHECK ONE) RN RNA TECH OTHER (EXPLAIN)
ÉDUCATION (COCHEZ UN) IN I AUX TECH AUTRE (SPÉCIFIEZ) _____

MEMBERSHIP (CHECK ONE) RENEWAL NEW ABONNEMENT (COCHEZ UN) RÉNOUVELLEMENT NOUVEAU

WOULD YOU BE INTERESTED IN HELPING ON ANY OF THE FOLLOWING COMMITTEES?

- BY-LAW
- STANDARDS OF PRACTICE
- EDUCATION
- MEMBERSHIP
- CONFERENCE PLANNING
- NEWSLETTER

I have enclosed my cheque payable to CSGNA. (Mail with this completed application to the above address.)

SERIEZ-VOUS INTÉRESSÉS À AIDER EN FAISANT PARTIE DE CERTAINS COMITÉS?

- BY-LAWS
- STANDARD DE PRATIQUE
- ÉDUCATION
- ABONNEMENT
- PLANIFICATION CONFÉRENCE
- JOURNAL

J'ai inclus mon chèque payable à CSGNA. (Envoyez avec cette formule d'application dûment remplie à l'adresse ci-haut mentionnée.)

CSGNA 1997-1998 Executive

PRESIDENT

TERRY LeDRESSAY
32 Rosewood Court
Whitby, Ontario
L1N 6Y6
(905) 668-4982 (H)
(416) 495-2701 Ext. 5133 (W)
FAX: (905) 666-4766
E-MAIL: ledress@istar.ca

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Pasqua Hospital
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Regina, Saskatchewan
S4T 1A5
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(306) 766-2762 (W)
FAX: (306) 766-2513

PRESIDENT ELECT

CINDY HAMILTON
Credit Valley Hospital
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Mississauga, Ontario
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(905) 813-4267 (W)
(905) 632-4110 (H)
FAX: (905) 813-4536

SECRETARY

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(613) 798-5555 Ext. 3179 (W)
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B3T 1B3
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CANADA CENTRE DIRECTORS

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CHERYL McDONALD
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Delta, B.C.
V4K 2V7
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R3L 2G8
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