

Document Code:	DPOTMH-I-31-P03
Effective Date:	11-30-2021
Document Type:	Policy
Page Number:	1 of 5
Department/Section:	Endoscopy Unit
Document Title:	POST-ENDOSCOPY PROCEDURES AND DISCHARGE POLICY

#### **PURPOSE:**

- 1. To discuss the post-endoscopy procedures.
- 2. To ensure patient safety after the endoscopic procedures.
- 3. To discharge patient from the Endoscopy Unit when he or she meets established discharge criteria and gets a maximum score as indicated in the Aldrete Scoring. Depending on the type of admission and the patient's condition, the patient may be discharged to go home or to go back to the station or unit where they are currently admitted.

#### LEVEL:

Doctors, Staff Nurses, Attendants

#### **DEFINITION OF TERMS:**

**ENDO-PACU-** an area in the Endoscopy Unit where post-endoscopy patients are provided post-anesthesia care.

**Bromage Scale**- an accepted tool for the measurement of motor block. This scale assesses the intensity of motor block by the patient's ability to move their lower extremities.

**Modified Aldrete Score**- examines the criteria of motor activity, respiration, blood pressure, consciousness, and color.

**Sedation scoring-** provides ICU teams with the tools needed to assess patients' depths of sedation. This then enables patient-specific objectives to be targeted, in terms of adjustment of analgesic and sedative therapies to reach an optimum level of sedation.



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#### POLICY:

- 1 Following the procedure, patients shall be transferred to the ENDO-PACU / recovery area where they will remain on the trolley until the immediate post-procedure recovery is completed. Patients shall be monitored for as long as it is required. Patients shall be observed for a minimum of 30 minutes after sedation or 15 minutes if no sedation was given.
- 2 Nurses shall assess the pain score and observe for possible complications postprocedure such as:
  - 2.1 Pain
  - 2.2 Bloating
  - 2.3 Hypotension
  - 2.4 Nausea & vomiting
  - 2.5 Bleeding
- 3 If the patient remains in excessive pain, the endoscopist shall be informed to rule out perforation.
- 4 All patients shall be discharged from the ENDO-PACU only after passing the criteria which include the following:
  - 4.1 Uncompromised cardiopulmonary status the patient is breathing easily.
  - 4.2 Stable vital signs within normal preoperative range for the patient.
  - 4.3 Adequate urine output (at least 30cc per hour or depending on the patient's body weight)
  - 4.4 The patient is out of anesthesia, responsive, and orientation to person, place events, and time.
  - 4.5 Satisfactory response to commands when asked to cough, breathe deeply or move.
  - 4.6 Movement of extremities following regional anesthesia.
  - 4.7 Control of pain.
  - 4.8 Control or absence of vomiting.



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5 If not, a written order of clearance from PACU by the Anesthesia Resident on Duty (AROD)/ Surgery Resident on Duty (SROD) / Medical Resident on Duty (MROD) after thorough examination of the patient.

#### 6 For OUTPATIENTS:

- 6.1 Once patients are sufficiently fit to do so, they may get dressed and move to the discharge area.
- 6.2 Written post-operative and follow-up care instruction shall be provided to each patient and shall reflect the patient's individual informational needs specific to:
  - 6.2.1 home care
  - 6.2.2 response to unexpected events
  - 6.2.3 expected date of releasing of final results for any tissue biopsies
  - 6.2.4 follow-up by the physician.

### 7 For INPATIENTS:

- 7.1 Patients shall be reminded to inform his/her ward nurse in charge if any complications or uncontrolled pain arise and when to ask for additional assistance.
- 8 All documentation shall be completed before discharging the patient from the unit.



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	Name/Title	Signature	Date
	WELYN J. TIROL-BERMUDEZ, RN Surgical Suites Staff Nurse	184	115/2021
Prepared by:	AILEEN B. PALENGE, RN Endoscopy Unit/ PACU Head Nurse	Applese	11/12/2021
Verified:	MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager	Asny	11-12-2021
Reviewed by:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor	\$	11-18-202)
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer	Jayanna	11-18-2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	Free	11/19/2021
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer	nargend	11.22,70
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		01/06/22



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#### **DOCUMENTATION:**

**New Policy** 

### **DISSEMINATION:**

Hospital Communicator Manual of Policies and Procedure

#### REFERENCE:

- 1. The Patient Care Manual. (2018). Boston's Children's Hospital
- Nettina, S. (2013). Lippincott Manual of Nursing Practice (10<sup>th</sup> Ed.) New York. Lippincott & Wilkins
- 3. Bigony, L., (2012). Is your Client Ready for PACU Discharge? OR Nurse, September 2012. 48 National Association of PeriAnestesia Nurses of Canada Standards for Practice 3<sup>rd</sup> Edition 2014
- Odom-Forren, J. (2013). Drain's Perianesthesia Nursing: A Critical Care Approach (6<sup>th</sup> Edition).
- Perry, A., Potter, P., & Ostendorf, W. (2018). Clinical Nursing Skills and Techniques, (9<sup>th</sup> Edition).
- 6. EGD discharge. (n.d.). Mount Sinai Health System. Retrieved July 28, 2021, from https://www.mountsinai.org/health-library/discharge-instructions/egd-discharge



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Page Number:	1 of 4
Document Type:	Standard Operating Procedure
Effective Date:	11-30-2021
Document Code:	DPOTMH-I-31-P03-S01

#### **PURPOSE:**

To discuss the post-endoscopy procedures and discharge process

## **SCOPE:**

Applicable to all Endoscopy Unit staffs of Dr. Pablo O. Torre Memorial Hospital

## PERSON RESPONSIBLE:

Surgical Complex Manager, Endoscopy Unit Head Nurse, Staff Nurses, Attendants



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	Name/Title	Signature	Date
D 11	WELYN J. TIROL-BERMUDEZ, RN Surgical Suites Staff Nurse	304	11/15/2021
Prepared by:	AILEEN B. PALENGE, RN Endoscopy Unit/ PACU Head Nurse	appear	11/12/2021
Verified:	MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager	Lamy	11/12/12/1
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		11/12/2021
Recommending Approval:	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer	flyum	20-Dec-2021
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	Ameles	12/20/2021
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer	margened	12.22.20
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		01/06/22



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Endoscopy Unit
POST-ENDOSCOPY AND DISCHARGE PROCEDURES

#### PROCEDURE:

- 1. After the procedure, the patient will be brought to the ENDO-PACU (recovery area) and will be under direct observation and monitoring.
- The Nurse on duty observes for post-endoscopy complications and if there are any signs and symptoms noted, these are to be referred immediately to the AROD/ SROD.
- The Nurse on duty evaluates for signs of recovery from anesthesia such as stable vital signs, level of consciousness, ability to breathe properly without oxygen, and pain scale.
- 4. AROD clears the patient if the criteria for discharge are met.
- 5. All documentation is completed prior to discharging the patient.
- 6. For Inpatient:
  - 6.1 endorses patient to ward nurse in charge via phone endorsement.
  - 6.2 the patient is reminded to inform his/her ward nurse in charge if any complications or uncontrolled pain arise and when to ask for additional assistance.
  - 6.3 calls for auxiliary personnel who will transfer the patient back to his/her room.
- 7. For Outpatient:
  - 7.1 Once patients are sufficiently fit to do so, they may get dressed and move to the discharge area.
  - 7.2 Instruct watcher/ companion to process the patient's bill.
  - 7.3 Secure the discharge pass once the bill has been settled
  - 7.4 Write post-operative and follow-up care instructions and provide to the patient including:
    - 7.4.1 home care
    - 7.4.2 response to unexpected events
    - 7.4.3 expected date of releasing of final results for any tissue biopsies
  - 7.5 Discharge the patient.



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Nettina, S. (2013). Lippincott Manual of Nursing Practice (10<sup>th</sup> Ed.) New York. Lippincott & Wilkins

Bigony, L., (2012). Is your Client Ready for PACU Discharge? OR Nurse, September 2012. 48 National Association of PeriAnestesia Nurses of Canada Standards for Practice 3<sup>rd</sup> Edition 2014



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KEY TASKS		PERSON RESPONSIBLE	
1.	Brings patient to the ENDO-PACU (recovery area) for observation and monitoring	Endoscopy Unit Nurse	
2.	Observes for post-endoscopy complications and if there are any signs and symptoms noted, refers it immediately to the AROD/ SROD.	Endo-PACU Nurse	
3.	Evaluates for signs of recovery from anesthesia such as stable vital signs, level of consciousness, ability to breathe properly without oxygen, and pain scale.	Endo-PACU Nurse	
4.	Clears the patient if the criteria for discharge are met	Anesthesia Resident	
5.	Completes all documentation prior to discharging the patient	Endo-PACU Nurse	
6.	6.1 Endorses patient to ward nurse in charge via phone endorsement 6.2 Reminds patient to inform the ward nurse in charge if any complications or uncontrolled pain arises and when to ask for additional assistance 6.3 Calls for auxiliary personnel who will transfer the patient back to his/her room	Endo-i ACO Nuise	
7.	For Outpatient: 7.1 Moves to the discharge area once sufficiently fit to do so 7.2 Secures the discharge pass once the bill has been settled 7.3 Writes the post-operative and follow-up care instructions and provides it to the patient		



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	Name/Title	Signature	Date
	WELYN J. TIROL-BERMUDEZ, RN Surgical Suites Staff Nurse	Dem	11/15/2011
Prepared by:	AILEEN B. PALENGE, RN Endoscopy Unit/ PACU Head Nurse	(Jeans	11/12/204
Verified:	MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager	Amfi	11/12/2021
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor	a	11/12/2021
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer	plpim	20- Dec-2171
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	Dancen	12/20/2021
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer	margemet	12.22 . h
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		01/06/22

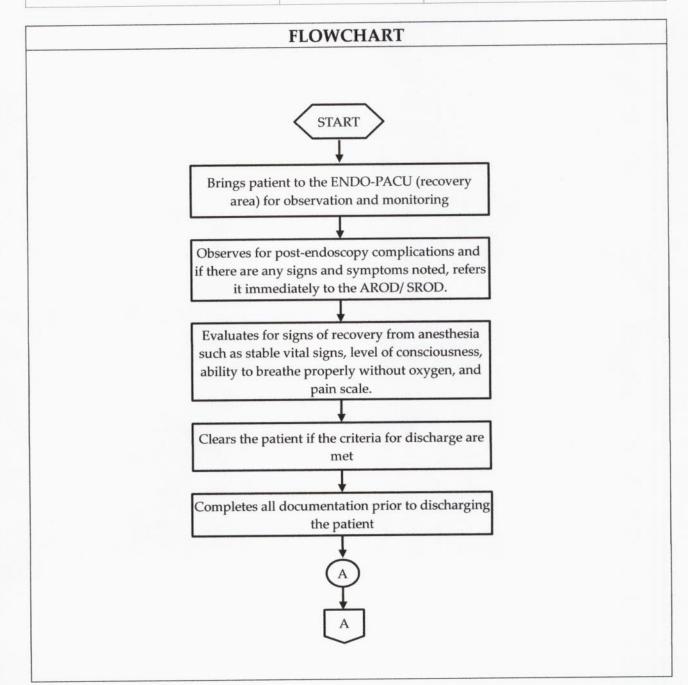


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	WELYN J. TIROL-BERMUDEZ, RN Surgical Suites Staff Nurse	Bung	11/15/2021
Prepared by:	AILEEN B. PALENGE, RN Endoscopy Unit/ PACU Head Nurse	Galer	แมากลา
Verified:	MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager	Adny	11.12-2021
Reviewed by:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		11-18-20-21
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer	Seprem	20-Ple-2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	Pricer	11/19/2021
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer	marginish	H-23. 30
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO	,	



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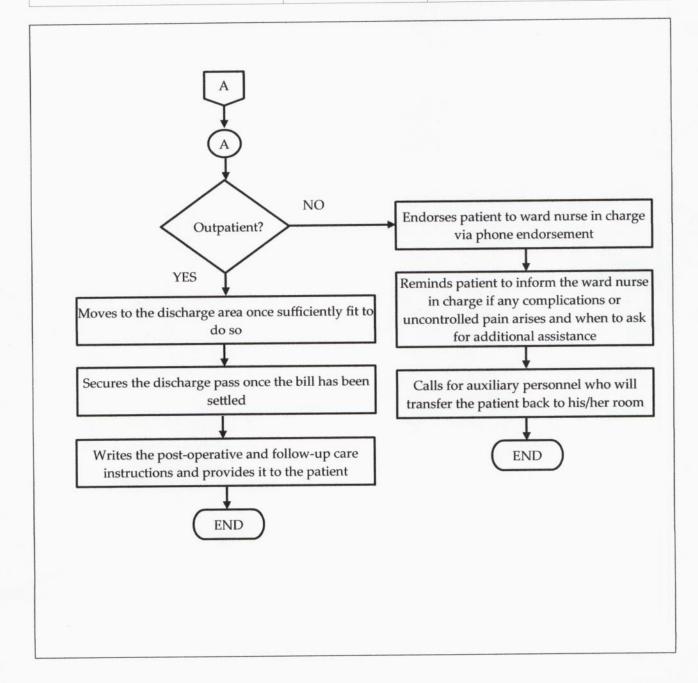




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B.S. Aquino Drive,

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Prepared by:	AILEEN B. PALENGE, RN Endoscopy Unit/ PACU Head Nurse	your	11/12/2021
Verified:	MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager	Amer	11/12/2021
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		11/12/2021
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer	fegun	2v-Dec-200
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	Amuer	12/21/2021
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer	wargenest:	12.22.20
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		01/06/22



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D 11	WELYN J. TIROL-BERMUDEZ, RN Surgical Suites Staff Nurse	34	11/15/2021
Prepared by:	AILEEN B. PALENGE, RN Endoscopy Unit/ PACU Head Nurse	apaly	11/12/2021
Verified:	MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager	Almy	11-12-2621
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor	9	11-18-2021
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer	filyaum	11-18-2021
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	Killeron	1/19/2021
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer	margenel	H. 23-307
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		01/06/22