ENDOSCOPY NURSE LED CONSENT PROCESS

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1.0 Introduction
The purpose of the guideline is to support a local Endoscopy Nurse Led Consent Process.
The guideline should be used in conjunction with the NHS Lothians Policy & Guidance for obtaining Consent. **This guideline does not supersede this policy.**
This is intended for outpatients attending endoscopy units who have received written information prior to the procedure.

2.0 Purpose of the local nurse led consent guideline

This guideline has been developed to increase the confidence, knowledge and skill of the healthcare professional responsible for obtaining informed consent out with a procedure room.
The individual giving consent must be deemed as competent, and over the legal age of 15 years of age.

3.0 Scope of the guideline

This clinical practice guideline applies to:

- Endoscopy registered nurses who have undergone further training in the admission and consent process, and are deemed competent to discuss the rationale for the procedure, the benefits, risks, alternatives, complications and clinical outcomes of the procedure either diagnostic or therapeutic in nature.
- The endoscopy registered nurses will also discuss safe sedation practices. This will include the rationale, benefits and the clinical risks of its use as well as the alternatives.

The application of this guideline will refer to are:

- Colonoscopy,
- Sigmoidoscopy
- Oesophageal gastric duodenoscopy (Upper GI Endoscopy)
- Endoscopic retrograde cholangiopancreatography. (E.R.C.P)
- EUS

**Conditions or situations to which this guideline does not apply**

- Children aged 15 years or younger
• Adults without the capacity to retain or recall the information given to them.

• Adults who do not agree for a registered nurse to obtain their written consent.

These patients must be consented by a registered medical practitioner or a practitioner trained in assessment of adults with incapacity.

4.0 Equality and Diversity Impact Assessment

Staff are reminded that they may have patients who require communication in a form other than English e.g. other languages or signing. Additionally, some patients may have difficulties with written material. At all times, communication and material should be in the patients preferred format. This may also apply to patients with learning difficulties.

In some circumstances there may be religious and or cultural issues which may impact on this guideline. E.g. choice of gender of healthcare professional. Consideration should be given to these issues when admitting these patients to the endoscopy units.

Patient’s sexuality may or may not be relevant to the implementation of this guideline however; non sexuality specific language should be used when asking patients about their sexual history if this is relevant, tailored advice and information may be given.

5.0 Other relevant policies and documents

• NHS Lothians Policy&Guideance for Obtaining Consent
• Local withdrawal of Consent procedure guidance.
• British Society of Gastroenterology Safe Sedation Practice
• The code: Standards of conduct, performance and ethics for nurses and midwives
• The code of standard for record keeping
• Access to Health Records Act 1990
• Computer Misuse Act 1990
• The Caldicott Committee Report on the Review of Patient-Identifiable Information, Department of Health (1997)
• Access to Medical Reports Act 1998
• Data Protection Act 1998
• Human Rights Act 1988
• Data Protection (Processing of Sensitive Personal Data)
6.0 Qualifications & Training Competencies

1.0 NHS Lothian Registered General Nurse working in an endoscopic environment with more than 6 months procedural experience and assessed as competent to carry out admission of patients.

2.0 Successful completion of NHS Lothian consent training programme.

3.0 Successful completion of local consent competencies and written paper.

4.0 Successful completion of practical direct observational practice evaluation documentation. With reflection in practice.

5.0 Annual assessment of competency

7.0 Consent Process

1.0 Consent and assessment must always be carried out in a private area out with the procedure room.

2.0 The registered nurse will carry out a detailed nursing assessment, ascertaining accurate and comprehensive information about the patient’s medication, medical & surgical history. The registered nurse will ensure all information is recorded in the endoscopy care pathway documentation.

3.0 The registered nurse will ensure that all relevant documents are available and that the treatment and consent forms match the referral documentation for proposed treatment / procedure. These forms should be filled in accurately.

4.0 The registered nurse will ensure the patient had received the postal information booklets relevant to their intended procedure.

5.0 The registered nurse will discuss the common and significant complications as well as the consequences of these complications.

6.0 If the registered nurse has any doubts or concerns and feels unable to take consent for any reason they must refer to the patient the patient to the endoscopist.

7.0 The registered nurse will obtain the written consent from the patient and answer any questions relevant to the procedure to be undertaken.
8.0 Any discussions and decision discussed must be documented clearly in the endoscopy pathway form.

8.0 Learning outcomes

1.0 Discuss the rationale for each endoscopy procedure.

2.0 Describe the endoscopy procedure to be carried out

3.0 Discuss the common side effects of each endoscopic procedure

4.0 Discuss the complications of each endoscopic procedure and the consequences.

5.0 Discuss post procedure outcomes in relation to sedation and procedure undertaken.

6.0 Discuss the benefits and adverse reaction to the use of sedation as well as the alternatives.

7.0 Discuss allergic reactions and first line treatment for anaphylactic treatment.

Review

- The endoscopy charge nurses will undertake annual evaluation of this service to ensure the quality of the nurse led consent within each of their units.

- The charge nurses will also review the patient satisfaction surveys for any issues relating to consent. This will be discussed at the individual site endoscopy user group meeting, and if required discussed at the management group meeting.