**Report for Catherine Logan Memorial Scholarship by Julie Denby**

I am fortunate enough to have the opportunity to study the Postgraduate Certificate in Perioperative Specialty Nursing based at Whitireia Community Polytechnic. This course incorporates an in depth understanding of anatomy and physiology on the grounds that knowing the normal is necessary before we can address the abnormal. Its main focus is on evidence based nursing (EBP) practice and quality improvement. The aim of this report is to provide a summary of some observations and the contribution to perioperative nursing.

In any modern healthcare system high quality care has become expected. A shift in public attitude now views the patient as a consumer of healthcare who requires a high standard of customer service. Given the financial cost of modern healthcare, it now needs to be good value for money and not based on tradition or to suit the provider but instead, to incorporate evidenced based practices that best suit the patient within available resources. To know that a high quality of care is being delivered the health practitioner needs to ensure that existing patient care and practices are in keeping with current research.

There is a wealth of literature regarding evidence based practice. What began as evidence based medicine has subsequently evolved into evidence based practice to encompass all healthcare practitioners (Pape, 2003). It can be defined as a combination of researched based evidence, clinical expertise and patient preference (Spruce, 2015). Although EBP is well represented in the literature it also acknowledges that implementing it into nursing practice can be more difficult. One study looked at the methods of implementing a nurse- driven protocol to manage hypoglycaemia in patients with diabetes. The study highlighted nurses’ inadequate knowledge not only in diabetes and its management but also in EBP and identified the need for more in depth nurse education. It did, however, demonstrate that if nurses who look after patients at the bedside were suitably educated and actively involved in determining standards of practice such as a protocol to manage hypoglycaemia, it improved their care, their professionalism and increased job satisfaction. Perhaps more crucially, it also enable the nurses to provide better education to the patient and their families to maintain the same standards of care at home (Engvall et al., 2014). Crosby, (2013) also concluded that implementing guidelines that are evidenced based and applied appropriately, improved patient outcomes by ensuring that all patients receive a certain standard of care. Much of the literature does lend itself to the idea that nurses not only need to be educated in EBP but also in the implementation processes to ensure it reaches the bedside. This enhances clinical knowledge, increases safety, satisfaction and standards of care and healthcare is more likely to be cost effective (Stevens, 2015; Fitzsimons & Cooper, 2012).

A review of evidence was undertaken to enhance existing knowledge and review practices within my own clinical environment of endoscopy nursing. Endoscopy nursing encompasses pre, intra and post procedure care to a wide range of patients that increasingly have complex medical needs and require therapeutic endoscopy intervention. Assessing and monitoring patients, pre-procedure, during a procedure following the administration of conscious sedation and caring for them post procedure is an integral part of endoscopy nursing. The overall aim is to provide safety and satisfaction for both staff and patients in a health system that is cost effective, (Beilenhoff & Neumann, 2011).

Endoscopy procedures are usually carried out in an outpatient setting and performed under general anaesthetic or conscious (moderate) sedation using a combination of intravenous midazolam a benzodiazepine and fentanyl an opioid. Fentanyl is considered a safe and cost effective opioid and midazolam is multifunctional but primarily its sedative and amnesic qualities have the desired effect for endoscopy procedures, (Fassoulaki & Theodoraki & Melemeni 2010). Although it is recognised that endoscopy procedures are safe, the associated complications are often transient and serious adverse events rare, they do occur and arguably the need to avoid this is reflected in the current guidelines and practice (Choi, 2012) (Qadeer 2010) (Rozario et al 2007). Understanding the patient and how they are likely to respond to an invasive procedure and intravenous drugs is imperative to their safety and recovery, (Tanner, 2006) (Choi, 2012).

Conscious sedation can be defined as a drug induced depression of conscious level that allows the patient to maintain their own airway and be able respond to commands. The depth of sedation is determined by response to verbal and non-verbal stimuli, (Jones & Salgo & Meltzer, 2011), (Crosby, 2010). The purpose of conscious sedation is to promote patient comfort and induce amnesia so the procedure can be tolerated and completed in a safe manner, (Australian & New Zealand College of Anaesthetists, 2014), (Bui & Urman 2013).

The challenge for the perioperative nurse is knowing how to care for patients receiving different procedures. Endoscopic procedures carry a risk of intestinal perforation, pain and bleeding. There is the added risk of hypoxia and hypotension with anaesthesia and conscious sedation, (Rotondano, 2012). The Australian and New Zealand College of Anaesthetists or ANZCA, (2014) recommend the close monitoring of patients that includes continuous pulse oximetry, respiratory rate and blood pressure until the patient is awake. Patients are more likely experience complications identified with conscious sedation if pre-existing disease is present. The key here is to use clinical judgement, this includes knowing the patient and the associated risk factors, conducting a comprehensive nurse assessment prior to the procedure is essential (Monkemeller et al. 2009), (Tanner, 2006), (Hare, Baker, Pavenski, 2011).

As technology advances nurses caring for patients in the perioperative period need to be sure that their practices are safe appropriate and evidence based. Unfortunately there is not much in the way of literature to clarify if current nursing practice is beneficial or just traditional. Adopting and evaluating guidelines and recommendations made by professional healthcare organisations in accordance with available evidence is useful. Spruce (2015) gives the example of using the American Association of Perioperative Registered Nurses or AORN’s tool for appraising evidence that incorporates the multidisciplinary team, education and feedback to staff. The Johnna Briggs Institute (2013) and the Royal College of Nursing (2005) have guidelines and recommendations regarding nil by mouth pre procedure based on Brady’s (2003) study. Beilenholff (2011) acknowledges that in the speciality of endoscopy it is difficult to separate medical and nursing practices as both need an understanding of the technical advances and utilisation of equipment and how to care for patients post procedure. The reality is we nurses do rely on medical research to provide us with evidence to base our care but increasing research is being embraced by nurses as described earlier,(Engvall, 2014 and Crosby, 2013).

In conclusion, research shows us that evidence based practice improves patient outcomes. Nurses who are engaged with evidence based practice improve their care and have more job satisfaction. What is clear is that nurse education and in particular education for nurses who look after the patients at the bedside is crucial but time and support is required. As we improve or change our techniques there is a need to adjust our practice and guidelines in accordance with evidence based research. We need to care for our patients safely but within the constraints of resources available and demand for our services. The more knowledgeable nurses are regarding the normal physiological aspects of the body the more likely patients are accurately assessed to ensure their care and treatment is appropriate, individual and completed in a timely manner. However, what has also become clear is that more research regarding nursing practice in perioperative and endoscopy nursing is required although organisations like the Royal College of Nursing, AORN and the Johanna Briggs Institute provide a valuable resource and essential guidelines.

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