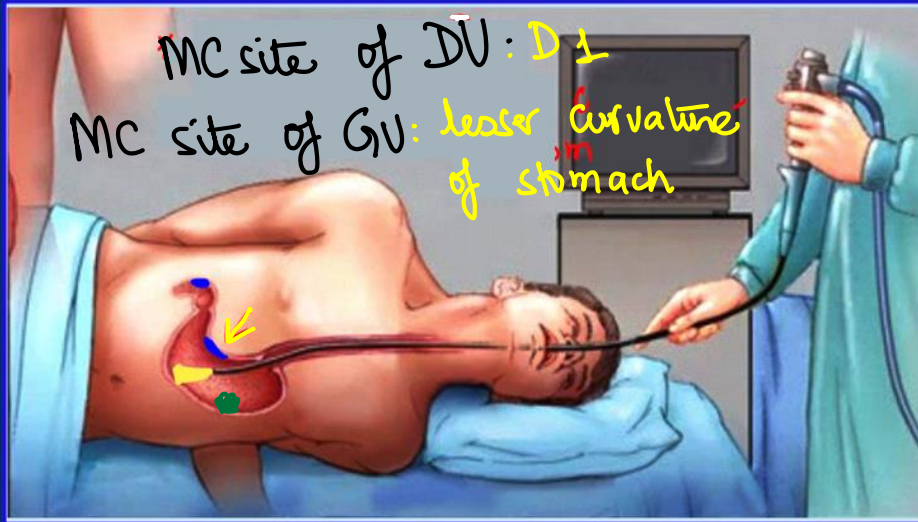


## UGI Endoscopy and Colonoscopy

# UGI Endoscopy and Colonoscopy



**Nursing Priority Actions & Management**

# Priority Nursing actions: UGI Endoscopy



✓  
Perform Equipment checklist

Scope

1. Unit is disinfected and ready
2. Processor unit and monitor is *Running*
3. Water bottle full and suction unit is ready
4. Check suction, airflow and waterflow
5. Mouth guard +
6. Accessories on standby → defibrillation, emergency drugs Tray



GLUTARALDEHYDE

CIDEX

disinfection Time: 20 min

Replace cidex after: 2 weeks

Concentration of cidex: 2% ..... → esophageal candida: AIDS +

# Patient checklist

1. Know the indications
2. Verify any contraindication → BP ↓↓
3. Drug history and co morbidity
4. Informed consent → warprin, Aspirin
5. Fasting for 6 hours: ↓ Aspiration
6. No denture or loose tooth

esophagus: GERD, malignancy, varices  
stomach: PUD, " / Mallory weiss  
duodenum: PUD: D1



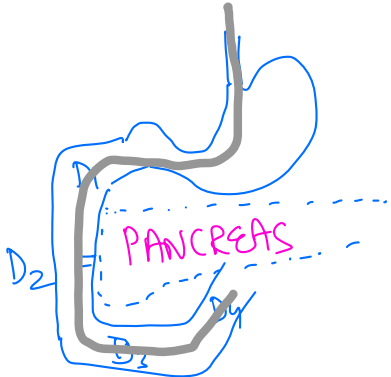
Hematemesis is

\* Cardie → LES Tear  
\* BP (n)

What investigation is done to visualize small bowel (jejunum, ileum) ?

MRE > ENTEROCYCLIS

Enterography



UREA TEST

day care > x

H. pylori

Pre procedure endoscopy	Post procedure endoscopy
<p>NPO for 6-8 hours</p> <p>LA spray → lignocaine</p> <p>IV propofol (SEDATION)</p> <p>Position patient in <u>left lateral position</u></p> <p>Nasal prongs</p> <p>Suction</p>	<p>Keep NPO for <u>2</u> hours</p> <p><b>Don't give <u>orally</u> till gag reflex appears</b></p>
<p>Takes notes from gastro</p>	<p>Monitor for throat pain abdominal pain, bleeding and temperature</p>
<p>Monitor pulse BP spo2 RR</p> <p>Why? Bradycardia can occur: Vagus (+)</p>	<p>Advise about saline gargles ✓</p> <p>Oral analgesics on prescription ±</p> <p>Maintain bed rest till alert</p>

Check

if sudden onset Tachycardia occurs with se emphysema: Boerhaave syndrome  
 heart failure

↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑  
of esophagus

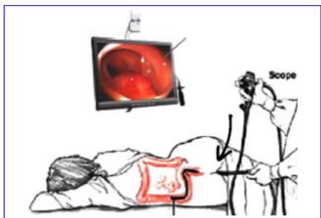
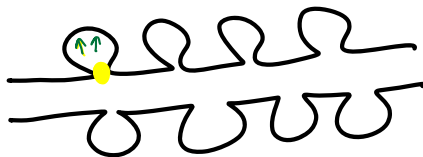
## Priority Nursing Action: Colonoscopy

Position of patient: left side with knees touching chest



### Indications for Colonoscopy

1. UC, CROHN: IBD
2. Malignancy
3. DIVERTICULOSIS → COLITIS
4. Screening after 45\* years

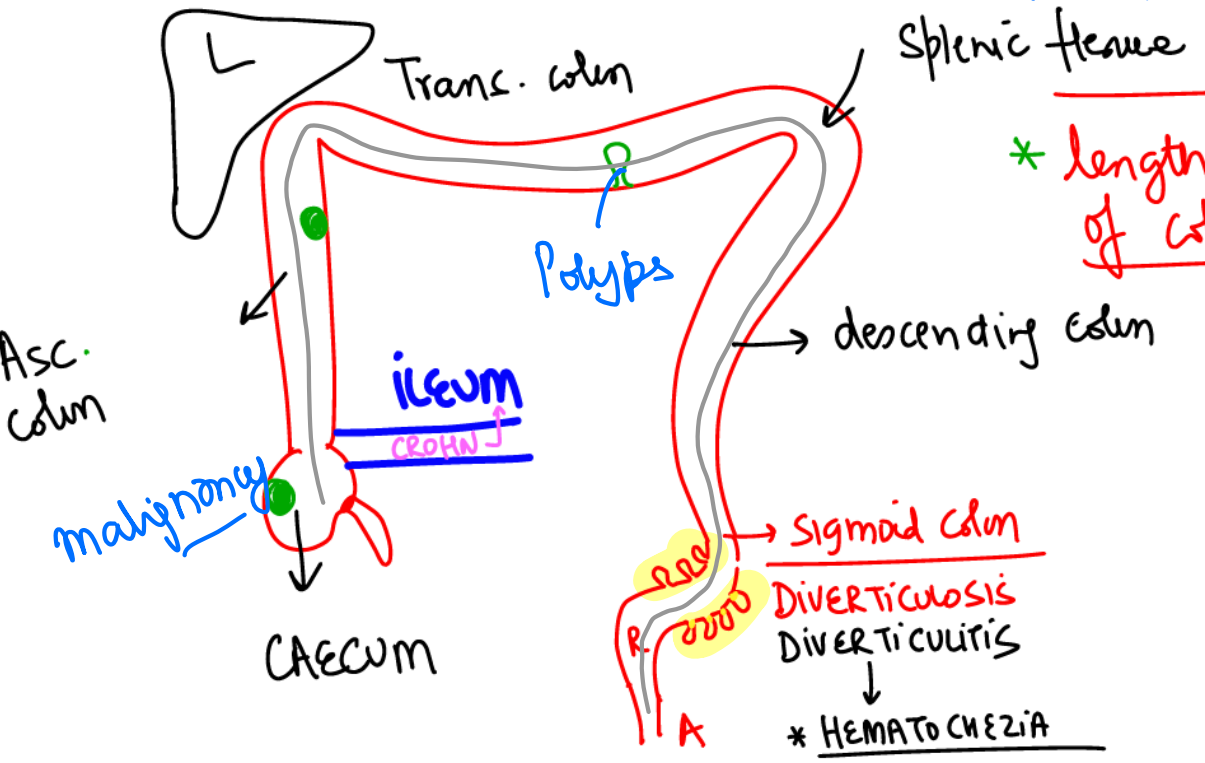


Path/journey of Colonoscope: Anal canal – Rectum – Sigmoid colon – descending – Transverse – ascending – Caecum

Best for screening for colon cancer: Colonoscopy

FOBT ← fecal/stool occult bld

test



\* length = 168 cm of colonoscope

Sigmoid colon  
 DIVERTICULOSIS  
 DIVERTICULITIS  
 ↓  
 \* HEMATOCHEZIA

Pre procedure advice	Post procedure
1. Liquid diet one day before  <i>grape juice</i>	Time in : <i>15 min</i> Time out: <i>15 min</i> Additional time if Polyps present <i>15 min</i> Vitals Bed rest till alert
2. Red/ orange/ purple food products not to be consumed like Grape fruit juice <i>Polyethylene glycol &gt; sodium picosulfate</i>	Monitor for perforation <i>Pulse rate ↑</i> <i>BP ↓</i>
3. Sodium magnesium and potassium sulfate 1. Evening before ✓ 2. Early morning on day of colonoscopy ( <u>6</u> hours before)  4. NPO for 6 hours Enema <i>not required usually</i> 5. IV Propofol sedation 6. Inform patient that <u>CO2</u> is insufflated in colon to advance the scope <i>wmm</i>	Explain that <u>flatus</u> and <u>cramping</u> is normal But if bleeding: must inform physician/ Gastro <i>*</i>

*PEG: 2L : 6-8 PM evening before*

drink 250 ml every 15 min & finish in 2 hrs

2L: 4-6 hrs before. Finish 6 hrs before colonoscopy

Time waits  
for no one.  
Use it wisely.