The use of a Rescue Prep for colonoscopy patients in Gastroenterology improved patient bowel preps, resulting in increased quality of colonoscopy results, improved patient experience and satisfaction, and the empowerment of the nursing process

**BACKGROUND**
- 20% of patients presenting for screening colonoscopies have poor bowel preps
- Patients that have poor bowel preps are often canceled due to concerns of colonoscopy quality
- Baseline data reveals three-quarters of poorly prepped patients do not return for colonoscopy
- Non-returning patients result in missed diagnoses and possible interventions

**PURPOSE**
- To determine if an on-site, one-time administration of a Rescue Prep (296 ml of Magnesium Citrate) to the poorly bowel prepped adult enables completion of a screening colonoscopy

**METHODS**
- **Population:** Healthy adult, independent, self-care preoperative patients presenting for routine screening colonoscopies that can tolerate additional prep medications (as determined by a nurse and physician)
- **Data Collection:** Nursing interview for quality of stool after the split dose prep
- **Data Analysis:** Comparative analysis: pre-rescue prep vs. post-rescue prep utilizing the Aronchick Bowel Prep Scale

**THE RESCUE PREP**
- Poorly prepped patients who use the standard polyethylene glycol 3350 two liter split dose prep and four 5 mg bisacodyl tablets are identified during the pre-procedure nursing interview
- Pre-procedure nursing interview: use simple terminology to describe poor colon prep/bowel movement consistency
- **Nurse:** “Is your bowel movement brown and the consistency of a milk shake? (poor)” OR “Is your bowel movement watery and clear as the prep you drank last night? (good)”
- Candidates must be self-care, independent, and have lab values within normal limits based on values obtained in the previous 30 days
- Candidates must have a reliable ride home post-procedure
- Poorly prepped patients who report anything other than a clear and watery result are referred to the Gastroenterology physician for Rescue Prep evaluation

**RESULTS**
- Based on patient reports of the aforementioned poor preps, 100%, p < 1.0, patient colonoscopy preps were subsequently rated as **good preps** by Gastroenterologists utilizing the Aronchick Bowel Prep Scale
- The Nursing Quality Improvement Project, **Rescue Prep for Colonoscopy**, is a viable, value-added option for preserving the integrity of the patients’ colonoscopy procedure experience
- Proactive, pre-procedure nursing assessment to discovery candidates who qualify improves patient outcomes and patient satisfaction

**CONCLUSIONS**
- Proper colonoscopy screening decreases health care costs, resource utilization, and improves patient outcomes
- **Rescue Prep for Colonoscopy** decreases the number of patients that need to complete another bowel prep, reschedule their procedures, and the disruption of the patients’ activities of daily living
- Therefore, **Rescue Prep for Colonoscopy** increases potential Adenoma Detection Rates and early interventions

**WHAT WE LEARNED**
- The use of a Rescue Prep for colonoscopy patients in Gastroenterology improved patient bowel preps, resulting in increased quality of colonoscopy results, improved patient experience and satisfaction, and the empowerment of the nursing process

**REFERENCES**

**TABLE 1: ARONCHEICK BOWEL PREP SCALE**

<table>
<thead>
<tr>
<th>RATING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>Small volume of clear liquid or greater than 95% of surface seen</td>
</tr>
<tr>
<td>GOOD</td>
<td>Large volume of clear liquid covering 5% to 25% of the surface but greater than 90% of surface seen</td>
</tr>
<tr>
<td>FAIR</td>
<td>Some semi-solid stool that could be suctioned or washed away but greater than 90% of surface seen</td>
</tr>
<tr>
<td>POOR</td>
<td>Semi-solid stool that could not be suctioned or washed away and less than 90% of surface seen</td>
</tr>
<tr>
<td>INEXHAUSTED</td>
<td>Re-preparation needed</td>
</tr>
</tbody>
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**asya Bernard, MSN, RN, CCRN**
Penn Presbyterian Medical Center, Philadelphia, PA, USA

**DONNA BERNARD, MSN, RN, CCRN**
Penn Presbyterian Medical Center, Philadelphia, PA, USA