Rescue Prep for Colonoscopy

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Purpose: To enable completion of screening colonoscopy, magnesium citrate 296 milliliters, administered as a one-time dose to poorly prepared adult colonoscopy patients on-site, enables completion of screening colonoscopy. Nurses in one hospital in a large inner city health system are engaged in a Gastroenterology Nursing Quality Improvement project.

Methods: Poorly prepped patients who use the standard polyethylene glycol 3350 two-liter split dose prep and four-5 milligram bisacodyl tablets for their colonoscopy are identified during pre-procedure nursing interview. Candidates must be independent and able to care for their selves during the magnesium citrate effect time. They must have lab values within normal limits based on values obtained in the previous 30 days before the present appointment and have normal kidney function. They must be robust in physical fitness as opposed to frail and they must have a ride home. Gastroenterology nurses use simple terminology to describe poor colon prep/bowel movement consistency. Poorly prepped patients are referred to the Gastroenterology physician for the option. As of November 17, 2017, nine patients have been successfully screened by nurses to be candidates. A poor prep on the Aronchick Bowel Prep Scale includes patients who report during pre-procedure nursing interview, as having brown milk-shake-like-consistency bowel movement results. Patients who subsequently drank magnesium citrate and waited four hours for its effect, had procedures successfully completed.

Results: Based on patient reports of the above mentioned ‘poor preps,’ 100%, p= 1.0, patient colonoscopy preps were subsequently rated as ‘good preps’ by Gastroenterologists. The Nursing Quality Improvement project is a viable value added option for preserving the integrity of the patients’ colonoscopy procedure experience. Baseline data reveals three-quarters of poorly prepped patients do not return for colonoscopy. Non-returning patients represent missed opportunities for nursing. Pro-active assessment to discover candidates who qualify, improves patient satisfaction.

Conclusion: Proper screening consequently decreases health care costs and resource utilization. The Nursing Quality Improvement project helps patients avoid a complete re-prep, re-scheduling and disruption of the patient’s future activities of daily living.

Title:
Rescue Prep for Colonoscopy

Keywords:
patient satisfaction, poor colonoscopy prep and rescue prep
Abstract Summary:

This is a nursing quality improvement project created to provide poorly prepped colonoscopy patients with an active option to improve their colonoscopy procedure, on-site. Those patients who qualify, can drink magnesium citrate after the discovery interview, wait four hours then, have a successful gastroenterology experience.

Content Outline:

Outline for discussion

A. Rescue Prep for Colonoscopy

1. Definition

2. Adult patient population

3. Environment of care

B. Nursing interview

1. Description of the patient's present prep results
2. Comparison of results of consideration for the rescue prep

3. Consideration for inclusion for the rescue prep option

C. Outcomes

1. Up to date patient population sample

2. Consideration for patient satisfaction

3. No lost or missed nursing opportunities

D. Conclusion

1. Viable option for saving patients from re-prep and re-scheduling.

First Primary Presenting Author

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**Author Summary:** As a Critical Care Nurse, my practice includes Cardiology and Gastroenterology patients who have undergone major surgery and all interventions in either interventional unit, to discover and stage disease stages. Promote and care for better patient outcomes and patient satisfaction.

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