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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION:
APPROVED: 1/2013
DATE: 01/13
REVISED DATE:
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of RN LPN

ADVISORY OPINION

ENDOSCOPIC PROCEDURES: THE ROLE OF THE REGISTERED NURSE

It is *not* within the scope of practice for the Registered Nurse (RN) to administer local anesthetic infiltration, perform an incision, position Gastrostomy tube, thread wire or insert a trocar.

It is within the scope of practice for a RN to assist with gastrointestinal endoscopy, including manipulation by advancing or withdrawing of an endoscopes and the closure of a polypectomy provided the following criteria are met:

DEFINITIONS

- a. Manipulation is the act of advancing or withdrawing the endoscope under the direct supervision of the Licensed Independent Practitioner (LIP) or Physician's Assistant (PA) performing the endoscope procedure.
- b. PEG Insertion requires an expanded role of the RN which includes: manipulating the endoscope, insufflations of the stomach, abdominal transillumination for site selection, guiding the wire through the trocar, grasping the wire with the snare, and threading the wire through the Percutaneous Endoscopic Gastrostomy (PEG) Tube.

I. GENERAL REQUIREMENTS

- A. The registered nurse manipulating the endoscope is under the direct supervision of a LIP/PA who is licensed to order and perform endoscopies.
- B. The registered nurse is able to provide assistance to the LIP/PA by manipulating the endoscope during an endoscopic procedure. The nurse is not expected to replace or assume the duties of the licensed provider performing the endoscope procedure.
- C. Written policies and procedures are maintained by the employer.
- D. The training for the nurse should include knowledge of the techniques of endoscope manipulation and possible complications associated with endoscopic procedures.
- E. The nurse should be trained in interventions for complications of endoscopic procedures and will initiate appropriate interventions with the direction of the LIP/PA performing the endoscope procedure.
- F. Note that the nurse monitoring the patient may not be the nurse manipulating the endoscope.
- G. Only registered nurses who have satisfactorily completed the employers' instructional program and have supervised clinical practice are allowed to manipulate the endoscope equipment.
- H. The procedure is performed when the RN visualizes the lumen by way of a teaching adapter or a video scan.

- I. A periodic educational/competency validation mechanism, per agency policy is developed, and documentation of the successful demonstration of knowledge, skills, and abilities is on file for each nurse performing the procedures.

II. COURSE OF INSTRUCTION

The course of instruction which includes didactic and classroom instruction, followed by supervised clinical practice for each procedure performed that includes but is not limited to:

- A. Understanding the anatomy and physiology of the gastrointestinal system
- B. Monitoring and documentation of endoscopy procedure
- C. Communicating indications of change in the client's status and reporting of findings to the LIP/PA.

III. RATIONALE

“Extra pair of hands” A nurse following the guidance of a LIP/PA that is performing direct supervision of the nurse and is not expanding their scope of practice. The nurse is acting as an extra pair of hands and is not acting independently or making determinations.

Registered nurses are able to safely manipulate endoscopes as in current practice, recent research and publications. Appropriate training and knowledge are essential to safe action and manipulation of endoscopes.

Although a common procedure, PEG Insertion is not without risk of complications, including but not limited to hemorrhage, perforation, and peritonitis.

IV. REFERENCES

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