ON-CALL
AFTER HOURS PROTOCOL

PURPOSE

To identify mechanism for performing endoscopic procedures after clinic hours.

To provide guidelines for obtaining assistance of the on-call nurse in emergency endoscopy procedures after clinic hours.

POLICY

1. Routine (non-emergency) endoscopic examinations shall be scheduled during regular clinic hours. Outside of regular clinic hours, emergency endoscopic examinations may be performed as necessary. The Endo Supply Cart is available in CMS during hours the clinic is closed, and may be readily obtained by the physician who must perform an emergency endoscopy procedure.

2. Nurses trained in endoscopic procedures are on-call outside of regular working hours and may be called in to assist with procedures. Nurses will return to the hospital within 45 minutes of request. The nurse “call schedule” and telephone numbers are available at the hospital switchboard.

3. Nurses on-call shall not be called in to simply locate equipment.

4. Nurses shall clock in and out using the TACS in the Endoscopy Clinics; work time begins and ends using these times.

5. After hours, emergency adult and pediatric procedures may be performed in the critical care units or emergency room. The procedure location of critical care adult and pediatric patients shall be determined by the scheduling physician. Patients on general care units may be brought to the Endoscopy Clinic.

6. In the event that an inpatient on the general care unit needs to have an endoscopy procedure performed, the Endoscopy Clinic on-call nurse shall have the patient transported to the PACU; the Endoscopy staff will be responsible for the patient’s care.

7. The inpatient general care unit shall be responsible for providing a second person to assist with the patient and the procedure performed in the clinic. This individual can be a nursing assistant, an RN, and LPN or a student tech, and shall remain in the clinic until recovery is complete and the patient may return to his inpatient bed.

If the inpatient unit is in a staffing or patient care crisis and cannot send the second person, the inpatient unit shall contact the Administrative House Manager who shall be responsible for assigning someone from another unit/patient area to assist.
8. The following **conditions should be considered for emergency endoscopy**.

   A. Patients in whom nasogastric lavage fails to clear.

   B. Patients who present in shock secondary to acute blood loss.

   C. Elderly patients with arteriosclerotic cardiovascular disease who present with severe hypotension and/or continued bright red blood per NG lavage.

   D. Patients with chronic liver disease in whom ruptured esophagogastric varices may be the cause of bleeding.

   E. Patients with obstructive foreign body.

   F. Patients who have ingested caustic substances.

9. **Major underlying reasons to consider emergency endoscopy** are to utilize the various therapeutic modalities available for:

   A. control of hemorrhage, including heater probe therapy or BICAP electrocoagulation for treatment of patients with bleeding from peptic ulcers in which a visible vessel has been identified.

   B. variceal sclerotherapy for treatment of patients with bleeding from esophagogastric varices.

   C. removal of foreign objects.

   D. emergency surgical intervention for treatment of patients who cannot be controlled using therapeutic endoscopy.

10. Any on-call nurse who fails to respond to call-in shall receive disciplinary action.