

NH Board of Nursing

Position Statement and Clinical Practice Advisories Regarding the Role of the RN in Endoscopic Procedures

In the determination of RN scope of practice in the specialty of endoscopy, the NH Board of Nursing refers to the Society of Gastroenterology Nurses and Associates (SGNA) position statement *Role Delineation of the Registered Nurse in a Staff Position in Gastroenterology (2012)*: “the roles the GI Registered Nurse assumes depend on his/her basic nursing preparation, specialized formal or informal education, and clinical experiences...the role of the GI Registered Nurses in gastroenterology includes, but is not limited to: assisting the physician and/or advanced provider during diagnostic and therapeutic procedures to promote optimal patient outcomes, performing diagnostic studies as ordered”.

The NH Board of Nursing also refers to the SGNA position statement on *Manipulation of Endoscopes during Endoscopic Procedures(2012)* which supports that the “gastroenterology nurse who is educated and experienced in endoscopy may manipulate the endoscope under the direct supervision of the endoscopist when required to facilitate an endoscopic procedure ...the gastroenterology nurse...who assumes this role must have documented competency in techniques of endoscopic manipulation, knowledge of complications associated with endoscopy and their symptoms, and appropriate interventions under the direction of the endoscopist. It is essential that throughout the endoscopy, the gastroenterology nurse ... manipulating the endoscope has a clear view of the entire lumen at all times and never uses force to advance the endoscope.”

Pursuant to Nur 405.01, training and competency is required for performing nursing care.

Facilities should have appropriate policies and procedures in place to address specialty practice requirements, including specific qualifications, education and training, and ongoing clinical competency verification.

The following grid contains responses to frequently asked questions pertaining to this topic.

Clinical Practice Advisory Summary – Endoscopy FAQ

Activity/Question	Within RN Scope of Practice?	Comments	Date of Last Review
Forceps, open and close on an area to be biopsied after placement by provider	Yes		
PEG placement assist under direct physician supervision including: maintaining position of the endoscope, manipulating controls as directed; insufflating of viscera; and snaring the wire/thread...local infiltration; trocar placement; threading the wire/thread; and positioning or pulling gastrostomy tube.	Yes, nurse should have specific competencies and policies to support the expanded role.		
Sclerotherapy, injecting solution via a syringe placed and inserted by the physician	Yes		
Snare positioning and polyp removal under	Yes		

direction of physician			
------------------------	--	--	--

References:

Role Delineation of the Registered Nurse in a Staff Position in Gastroenterology retrieved from
http://www.sgna.org/Portals/0/Issues/SGNA_PositionStatement_RN_Role.pdf

The Role of the Nurse/Associate in the Placement of Percutaneous Endoscopic Gastrostomy (PEG) Tube
retrieved from
<http://www.sgna.org/Portals/0/Education/Position%20Statements/PEGPlacementPositionStatement.pdf>

Manipulation of Endoscopes during Endoscopic Procedures retrieved from
<http://www.sgna.org/Portals/0/Education/Position%20Statements/SGNA%20Manipulation%20of%20Endoscopes%20during%20Endoscopic%20Procedures%202012.pdf>