

Gastrointestinal Nursing

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and
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Foreword

In 1991 I was presenter of the BBC's *Watchdog* programme, married to my co-presenter John Stapleton with a two-year-old son. Life was good. I had never heard of bowel cancer, had no idea that it was the second biggest cancer killer in the UK. So I had no worries that the subtle symptom I had spotted intermittently – just a bit of rectal bleeding – might be serious.

When my GP reassured me that it was 'nothing to worry about' at my age, 'probably piles', I believed him. It was a terrible shock to discover nearly a year later, through my persistence, that I had advanced bowel cancer, in the lymph nodes. Luckily I survived and have spent much of the last seven years working with leading colorectal specialist doctors and nurses on ways to save lives and improve quality of life for bowel cancer patients. I now appreciate how complex our insides are, and how difficult it can be to diagnose and treat digestive disorders. I also appreciate how vital well-trained, supportive nurses can be at every stage of the patient's journey.

I've learned a lot from reading this book and really recommend it to nurses with an interest in gastrointestinal diseases and conditions.

Lynn Faulds Wood
Bowel Cancer Campaign
Chairman of European Cancer Patient Coalition

Chapter 1

Introduction

Chapter objectives

After reading this chapter you should be able to:

- Understand the scope of nursing practice within the gastrointestinal setting.
- Describe the general responsibilities of the gastrointestinal nurse.
- Identify the specific role of the gastrointestinal nurse practitioners and nurse endoscopists.
- Relate the responsibilities of the nurse in the gastrointestinal setting to NMC policy.

Introduction

Over the last 20 years there have been many changes within the scope of practice in gastrointestinal nursing. In particular, the development of endoscopic equipment has resulted in the demand for skilled nurses not only to look after patients in this area but also to perform endoscopic procedures. Historically, nurses were required to attend patients whilst the doctor conducted the procedure.

This changed significantly in the United Kingdom with junior doctors' hours being reduced (<http://www.doh.gov.uk/juniordoctors/> accessed 8 May 2004). The UKCC confirmed role extension in nursing with a timely document *The Scope of Professional Practice* in 1992. This verified nurses as personally accountable for their own clinical decision-making and allowed for the development of nursing practice roles. The implication of this publication has been far-reaching in the speciality of gastrointestinal nursing, especially with the development of nurse consultants (NHSE 1999), clinical nurse specialists, nurse practitioners and nurse endoscopists over the last 10 years.

Nurses now commonly perform diagnostic tests and prescribe specific medications in gastroenterology which were previously the enclave of the medical fraternity (<http://www.doh.gov.uk/supplementaryprescribing/> accessed 8 May 2004; NMC 2002a). Additionally, with an increased understanding of organic gastrointestinal conditions and the widespread recognition of the need for

psychosocial support for gastrointestinal patients, in areas such as inflammatory bowel disease, advanced gastrointestinal nurse consultants, nurse specialists and nurse practitioners have evolved to deal with holistic patient care in these conditions.

The scope of gastrointestinal nursing

Gastrointestinal nursing is a distinct specialism within nursing in which nurses work alongside their medical and surgical colleagues in gastroenterology. Therefore gastroenterology nurses work with a wide range of patients from those suffering from minor and acute gastrointestinal disorders through chronic conditions to those requiring major surgery and treatment for malignant disease. Gastrointestinal nurses therefore support patients with distressing symptoms and those requiring endoscopic examination (nurses increasingly performing these themselves) and provide perioperative support.

At present the gastrointestinal nurse may work in a variety of locations ranging from hospital ward to endoscopy unit, outpatient setting and in the community. The role of specific nurses depends upon their basic nursing background, specialised formal education and clinical experiences.

The question as to what distinguishes a gastrointestinal nurse from other nurses requires attention. Gastrointestinal nursing can be defined as the nursing care of patients with established or suspected gastrointestinal conditions. The practice of gastrointestinal nursing requires application of the nursing process and includes nursing diagnosis. Several disciplines contribute to the basis of gastrointestinal nursing practice, including biological sciences, microbiology, behavioural sciences, communication skills and ethics. The work of Benner (1984) described the development of practice from novice to expert in nursing. The question arises of what constitutes expertise in gastrointestinal nursing. All gastrointestinal nurses will have had a grounding in the above-mentioned disciplines in the preregistration programmes and it is this platform that is built upon within the specialism of gastrointestinal nursing. One of the main differences between an experienced gastrointestinal nurse and a general nurse lies in their use of information when making judgements. Expertise develops as the gastrointestinal nurse practitioner begins to accumulate many similar instances of personal clinical experiences about particular care issues and formulates them into a body of experiential knowledge that is generalisable to other situations and the development of evidence-based practice.

Gastrointestinal nurses therefore assume responsibility for assessing, planning, implementing and evaluating nursing care for gastrointestinal patients, whether in the paediatric or adult setting. Generally, they are professionally autonomous in the clinical setting, documentation, teaching and research and care of equipment. These factors will have a direct effect upon the quality of nursing care provided. Additionally, responsibilities of the present-day gastrointestinal nurse may include those shown in Box 1.1.

Box 1.1 Responsibilities of the gastrointestinal nurse.

- Establishment of nursing assessment/diagnosis
- Health educator
- Nurse education
- Establishment of nursing priorities
- Ensure safe patient care
- Ethical decision maker
- Preparation for gastrointestinal procedures
- Undertake diagnostic investigations (oesophageal manometry)
- Perform diagnostic procedures (rigid sigmoidoscopy)
- Assist medical practitioners with investigations (insertion of PEG tubes)
- Monitor patients following procedures (post liver biopsy)
- Perform diagnostic tests (monitor stool samples for faecal occult blood)
- Member of patient support groups
- Collaborate with other health care professionals
- Prescription of specific medications
- Researcher

Box 1.2 Aspects of advanced gastrointestinal practice.

- Perform comprehensive physical assessments
- Order and perform diagnostic investigations (flexible sigmoidoscopy, endoscopy)
- Prescribe, administer and evaluate pharmacological treatment regimes
- Contribute to evidence-based (nursing) practice
- Establish medical and nursing diagnosis (nurse-led clinics)
- Multi-disciplinary collaboration (medics and professions allied to medicine)

Nursing practice will be influenced by the patient's emotional status and the needs of relatives and next of kin for support, assistance and information.

In advanced practice the gastrointestinal nurse may be required to carry out some of the aspects shown in Box 1.2.

The nurse practitioner in gastroenterology will develop a range of practice-based skills, which are built upon generic nursing skills.

Patient care in gastrointestinal nursing

The role of gastrointestinal nurses involves meeting the physical, psychosocial and emotional needs of their patients. As the gastrointestinal system comprises several organs with a range of functions, gastrointestinal disorders can produce a range of diverse symptoms, including those shown in Box 1.3.

Many of these symptoms cause considerable embarrassment and can lead to major disruption of the quality of life of patients. It is important to provide all patients with clear, understandable information and reassurance. Nursing assessment will provide vital information about specific fears and concerns of the patient prior to and during potentially unpleasant and often undignified investigations or treatments.

Box 1.3 Gastrointestinal symptoms.

- Abdominal pain
- Anorexia
- Weight loss
- Dysphagia
- Dyspepsia
- Vomiting
- Diarrhoea
- Constipation

Box 1.4 Pre-procedural documentation in gastroenterology.

Pre-procedural documentation includes:

- Presenting gastrointestinal complaint/symptoms
- Patient vital observations
- Physical assessment of patient
- Psychosocial assessment of the patient (i.e. levels of anxiety)
- Current medications
- Past medical history
- Risk factors (i.e. previous allergic reactions)/anaesthetic history
- Prophylactic medication (i.e. antibiotic pre-ERCP)
- Consent for treatment/investigation

If a patient requires sedation during a procedure, such as endoscopy, the gastrointestinal nurse should be on hand to assess the patient's response to the sedation and the procedure and intervene where necessary. Patient monitoring continues for the nurse after the procedure, as patients will often require time to recover from the possible effects of sedation or from the potential complications that may be related to treatment or investigation of gastrointestinal conditions. Another responsibility relates to the documentation of nursing practice via records, care plans and reports (NMC 2002b). Documentation requirements may vary from one hospital to the next according to specific institutional policies. For the purpose of this text documentation is examined for a gastrointestinal outpatient at three specific stages of the patient journey, pre-procedural, procedural and post-procedural. Pre-procedural documentation is summarised in Box 1.4, procedural documentation in Box 1.5 and several elements of post-procedural documentation in Box 1.6.

Box 1.5 Procedural documentation.

- Nature of procedure
- Staff involved in procedure
- Equipment used in procedure (i.e. endoscope log number)
- Medication and fluids administered during procedure
- Unusual events
- Vital observations throughout procedure
- Type of specimen/biopsy obtained
- Post-procedural assessment

Box 1.6 Post-procedural documentation.

- Physical condition
- Psychosocial status (emotional well-being)
- Wound status (if applicable)
- Level of consciousness (if sedation has been given)
- Post-procedural medication
- Post-procedural intravenous fluids
- Unusual events following procedure
- Discharge instructions for patients

Surgery in gastrointestinal nursing

Surgery on the gastrointestinal tract is always invasive to some degree and, while minimally invasive procedures are now more common, for instance for biliary surgery, surgery is never without its risks to the patient and is rarely performed without heightening anxiety in the patient. In both regards nurses have a major role to play. Nurses can reinforce the explanations of the need for surgery given by surgical staff; these may not have been fully understood by an anxious patient. In terms of gastrointestinal surgery, good post-operative care is required with particular attention to the possible development of peritonitis. Frequently patients leave surgery with both drains and intravenous infusions and good fluid balance is an important aspect of post-surgical care in addition to monitoring for signs of post-surgical shock and infection.

Surgery may not always have a positive outcome for the patient; there may be bad news in terms of malignancy and in surgery of both the small and large intestines there may be the possibility of a stoma. Whether the latter is expected or not, nurses – and often specialist nurses – have a major role to play in helping the patient to adapt to having a stoma, sometimes permanently. The patient with a stoma, in addition to psychosocial care, will require help with stoma hygiene and the fitting of ostomy bags in order that they may return to a relatively normal life. Where surgery has not had a positive outcome or there is the likelihood of further surgery, the nurse is well placed to offer support and explanations.

Educational preparation

It is important that nurses wishing to work within gastroenterology are familiar with the established educational prerequisite to work within this practice setting. Although these requirements vary throughout the UK, in general, nurses wishing to work in this speciality are required to possess an understanding of the following:

- normal anatomy and physiology of the gastrointestinal tract
- pathophysiology related to common gastrointestinal conditions
- pharmacology in gastrointestinal medicine
- behavioural sciences
- counselling skills and communication

Education and research in gastrointestinal nursing

Gastrointestinal nurses have a responsibility as educators. This educational role covers nursing students, trained and untrained nursing staff. The development of advanced nurse practitioners and specialists in gastrointestinal nursing has led to nurses being involved in medical education and the teaching of other professionals who are allied to medicine. Nurse specialists in inflammatory bowel disease who disseminate both their academic and clinical knowledge in presentations, papers and abstracts are a good example of this widening educational role of gastrointestinal nurses. Through presentation at professional meetings, such as the British Society of Gastroenterology or the Royal College of Nursing Gastroenterology and Stoma Care Nurses Forum, nurses meet the responsibility of expanding current knowledge. Related to education is research in gastrointestinal nursing. Nurses who embark upon research are required to have a sound knowledge of research techniques; this facilitates critical evaluation of published materials.

To achieve these responsibilities it is imperative for the gastrointestinal nurse to have a thorough understanding of normal gastrointestinal physiology and pathophysiology in common gastrointestinal conditions, and an understanding of the rationale behind investigation techniques and treatment regimes. This book will provide the gastrointestinal nurse with the appropriate information to assess, plan, implement and evaluate nursing care.

Gastrointestinal nursing: what this text adds

This introduction will help you to understand the purpose of this book and how to get the best out of it. It is written for a wide range of nurses: at one end of the spectrum for nurses who may have an interest in entering gastroenterology as a speciality, and at the other end for nurses working in the speciality who may wish to develop further into one of many roles such as nurse endoscopist, nurse practitioner or nurse consultant. These roles are developing in the UK at the time of writing and there has been a great demand for such a book to ensure at least a common level of knowledge in this area of work, for which many nurses will have had no special education or training.

From our experience as nurse educators we know that many nurses at pre-registration level, whether on diploma or degree programmes, struggle with the subjects of anatomy and physiology. There are many reasons for this, including

the fact that nursing students may enter university with a very poor background in the life sciences. However, we also acknowledge our failings as teachers. In addition, there will be many nurses working in gastroenterology who have never been exposed to the appropriate level of teaching in the life sciences because they trained prior to the nursing educational reforms of the 1990s.

Structure, function and disorders of the gastrointestinal tract

For the above reasons, therefore, a significant proportion of this book is concerned with the structure and function of the gastrointestinal tract and the disorders which arise. The management of these disorders is described and, while we have tried to emphasise aspects of nursing where these are unique, our general approach has been to present medical, surgical and nursing management without differentiation. As already stated, with the possible exception of nurses who want to find out more about the speciality, this book is mainly directed at those in the speciality. Even those outside the speciality will be registered nurses and to list repeatedly aspects of nursing care which are generic to all patient groups would be unnecessary. This book is designed to fill gaps in the essential knowledge needed to nurse in this area; knowledge and experience of nursing generally is assumed. Furthermore, nurses work as part of a multidisciplinary team and to specify their part is unrealistic, particularly when the boundaries between nursing, medicine and surgery are being blurred by advanced nursing practice.

As far as possible, the chapters in Section 1 follow the pattern described in Figure 1.1.

Essential aspects of gastroenterology

After an overview of the gastrointestinal tract, each chapter takes one region of the tract and covers the anatomy and physiology, the range of disorders with causes and then describes the management of the disorder including medical, surgical and nursing care.

The chapters on the regions of the tract should all enable the reader to:

- Describe the region of the tract in anatomical terms
- Understand the physiological function of the region
- Identify the main disorders, and
- Relate the anatomy, physiology and disorders to nursing practice.

Section 2 covers essential aspects of gastroenterology and these include diagnostic tests, emergencies and pharmacology. Nurses are increasingly involved in the diagnostic aspects of gastroenterology, specifically nurse endoscopists

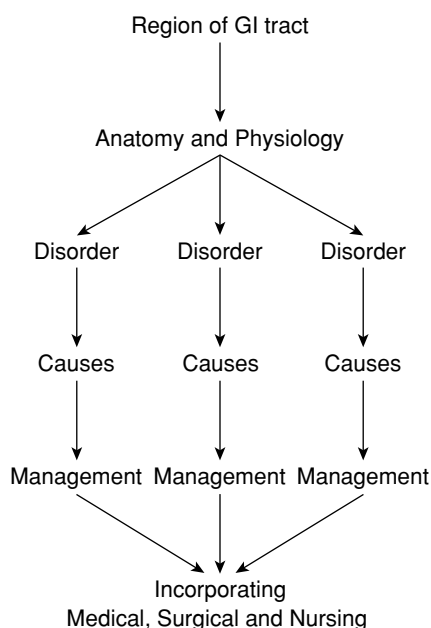


Figure 1.1 Schematic structure of the text.

and Chapter 10 considers endoscopy in some detail. Clearly, nurses are usually first on the scene in a gastrointestinal emergency. Some emergencies, such as haemorrhage, are common to several regions of the tract, therefore a range of emergencies is covered in Chapter 11. While specific drugs are mentioned throughout the book, the pharmacological aspects of gastroenterology are considered overall in Chapter 12. In addition to knowing which drugs are prescribed for which conditions and being able to list side-effects and interactions, nurses are increasingly required to understand how drugs work and to have a deeper knowledge of pharmacology, and this is commensurate with the development of nurse prescribers, especially in gastroenterology.

Living with gastrointestinal disorders

The final section of the book, Section 3, looks at living with gastrointestinal disorders. Chapter 13 covers the psychosocial aspects both as causes and consequences of gastrointestinal disorders, especially inflammatory bowel disease, and Chapter 14 looks at the impact of gastrointestinal disorders on quality of life. Clearly, there is a strong link between the two chapters. In common with developments in endoscopy and nurses prescribing, these are areas where nursing roles are extending with the development of nurse counsellors and the use of alternative treatments such as hypnotherapy.

Professional guidelines

Nurses are governed by a professional regulatory body called the Nursing and Midwifery Council (NMC), which was established in April 2002 and replaced the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). Wherever possible we refer readers to appropriate NMC documents. Where UKCC guidelines have not been superseded by NMC guidelines readers are referred to the relevant UKCC guidelines. The Appendix contains the latest version, at the time of publication, of the NMC Code of Professional Conduct reproduced with permission of the NMC.

FURTHER INFORMATION

This book is designed to be a stand-alone text. However, readers who wish to investigate specific aspects of structure and function or specific gastrointestinal disorders are referred to a range of standard texts, listed below. In addition, at the end of each chapter, specific references will be provided to relevant sections of these texts. To provide an evidence base for gastrointestinal nursing, appropriate sources such as websites, textbooks and journals are referred to in the text.

The following books were consulted in the preparation of this text:

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CONCLUSION AND ACKNOWLEDGEMENTS

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Section 1

Structure, Function and Disorders of the Gastrointestinal Tract
