

## Patient Pre-Endoscopic Procedure Assessment.

### 1. PURPOSE:

This GI Endoscopy Unit internal policy provides guidance for patient assessment prior to sedation for endoscopic procedures.

### 2. BACKGROUND:

- a. The safe administration of sedation for endoscopic procedures requires adequate patient evaluation prior to sedation, to decrease the risk of adverse events and complications.
- b. This evaluation should be completed by the endoscopist and properly documented in the patient's electronic medical record before sedatives are administered.
- c. The evaluation is aligned with the Indianapolis VA Medical Center guidelines, which are in compliance with the requirements established by the Office of Inspector General at the Department of Health and Human Services.

### d. Definitions:

Patients will be classified according to their ASA score into low, moderate or high risk:

1- Low risk: relatively healthy patient, pathologic processes easily controlled; this will include ASA 1 (Healthy) and ASA 2 (Mild disease, controlled).

2- Moderate risk: patient with pathologic process difficult to control; this will include ASA 3 (Severe disease, controlled) and ASA 4 (Severe disease, uncontrolled).

3- High risk: patient with significant pathologic process that has produced potentially irreversible end-organ damage; this will include ASA 5 (Moribund).

### **3. POLICY:**

- a.** Pre-procedure evaluation must be completed by the endoscopist to assess the safety of sedation and planned endoscopic procedure.
- b.** This evaluation will be documented in a signed separate note in the patient's electronic medical record, which is titled "Pre-Procedure Assessment and Plan".
- c.** This will include a review of the patient's history, relevant past medical history, allergies, medications and recreational drugs/ alcohol use.
- d.** This will include a brief review of systems on the day of the procedure, as well as review of recent relevant laboratory studies.
- e.** This will include a directed physical examination, including oral, pulmonary, cardiac, and abdominal assessments.
- f.** The note will specify the sedation risk classification.
- g.** The note will also specify the sedation plan: no sedation; moderate/ conscious sedation; deep/ MAC sedation; or general anesthesia. Deep/MAC sedation must be performed by an anesthesia provider.

### **4. ACTION:**

Quarterly monitoring reports will be generated and will include percentage of documented pre-procedure patient assessment by each endoscopist, as well as complications for the whole endoscopy unit, including sedation-related adverse events.

The reports will be finalized by the GI section chief. All physicians will be provided with the data. Any provider or system issues will be identified and addressed as appropriate by the section chief and/or director of endoscopy.

Gastroenterology Section Chief