

Nursing Assistance for the Opening of Digestive Endoscopy Services in COVID-19 Post-Pandemic Phase

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Abstract

Introduction: Cuba is going through a devastating epidemiological situation with the appearance of the new coronavirus. The State and the Ministry of Public Health focus their attention on the recommendations provided by Cuban scientists, in the promotion of healthcare work, guided by action protocols aimed at the post-pandemic stage. The Gastroenterology Service, considered as a high-risk area, organizes and plans preventive measures when faced with the perception of risk, considering direct contact with secretions and body fluids in the transmission of the virus.

Objective: To assess the different aspects related to nursing actions aimed at patients in the Endoscopy and Gastroenterology service in the post-pandemic stage.

Development: All upper and lower digestive endoscopies generate aerosols. The correct use of Personal Protective Equipment is necessary, as well as the precise instructions for the professionals involved in the performance of endoscopic procedures. These procedures become a potential focus of spread of infection for the hospital institution and the community, in addition to the high risk for medical, nursing and service personnel involved in endoscopic procedures.

Conclusion: The assessment of nursing performance in the post-pandemic stage allowed visualizing the perception of risk by the health team, the implementation of new measures in the service and the performance of nursing personnel in a contingency situation.

Keywords: Nursing Performance; Endoscopy; Post-Pandemic; COVID-19

Introduction

The Post-Pandemic phase of COVID-19 is the period in which there is the habitual presence of the disease or infectious agent that causes COVID-19, in a certain geographical area or population group, after the epidemic phase of the same [1,2].

The nurses of the Gastroenterology service of the National Center for Minimal Access Surgery, have within their functions provide comprehensive care to patients who require evaluation and endoscopic therapeutic intervention. In pandemic situations, it leads to a

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revolution in the activities inherent to the work they perform. Stratification of the infection according to the medical indication, presence of comorbidities and SARS-CoV-2 infection in individuals with low and high risk of infection is necessary to perform endoscopy, which requires the implementation of an action protocol in a Covid-19 pandemic situation and nursing care in the Endoscopy and Gastroenterology service, for the post-pandemic period [3,4].

The authors consider that the Head of the service, head of the area, have the responsibility of educating nurses in the care during the pre, trans and postoperative period, to patients undergoing endoscopic therapy, as well as doctors, students, service personnel; facilitators of the success of strict compliance with the center's biosafety regulations.

The authors assume that establishing care priorities, focused on the causes that lead the patient to attend the center, occupy a significant place. Attention to oncological conditions makes it another important epidemiological event and its promptness in specialized care favors timely assessment, staging and selection of therapeutic, surgical, palliative or combined treatments [5-7].

For the aforementioned reasons, the authors infer that these are moments to identify risk and manage it, which together with responsibility will promote compliance with the recommendations in contingency situations.

Objective of the Study

The objective of this study is to assess the different aspects related to nursing actions directed at patients in the Endoscopy and Gastroenterology service in the post-COVID-19 pandemic stage.

Developing

Due to their condition, the National Center for Minimally Access Surgery, is a tertiary reference center, cares for patients from any health unit in the country, after referral to the Gastroenterology classification consultation with the data necessary for acceptance of the endoscopic procedure. The analysis of the standardized procedure by the service prior to the epidemic stage and the assessment of the behaviors adopted at the international level, general guidelines of the Ministry, made it possible to clarify the performance of nursing personnel in the post-pandemic stage, identifying the following irregularities:

- Evaluation of risk personnel in direct patient care in endoscopic procedures.
- Limitation of health personnel in classrooms.
- Risk stratification.
- Limitation of shifts according to medical indication and oncological diseases.
- Social distancing.
- Application of epidemiological survey.
- Interrogation aimed at identifying risks.
- Control of the rapid COVID-19 test.
- Incorporation of new Personal Protective Equipment.

- Carrying out new measures of hospital hygiene and personal protection.
- Training on Covid-19 aimed at health personnel.
- Incorporation of new administrative documents to comply with the new actions in the post-pandemic stage.
- Non-acceptance of companions except in exceptional cases (patients over 60 years old).
 - Use of respiratory protectors and aerosol protectors during the procedure.

The authors defend their own recommendations for this period, such as the requirement and active vigilance on the use of masks or cloth sanitary mask, disinfection of hands with hypochlorite or similar as established in the Nursing protocol in endoscopies in the post-COVID19 pandemic period (P.HE.05). Action in a pandemic situation of COVID-19 [1], as part of the universal Biosafety measures [5,6]. It also includes the application of the epidemiological survey and the rapid test for COVID-19 in the post-pandemic stage, prior to performing the endoscopic procedure.

As part of the action in the post-pandemic stage, emphasis is placed on the limit of reduced shifts, by schedules, which favors social distancing. Depending on the level of risk, priority will be given to patient care [7]. The patient will be received at the Endoscopy room and only in special situations can a companion be allowed according to biosafety regulations.

The nurse who works in the preoperative period is responsible for receiving the first three patients, to whom they will provide and provide necessary information related to the measures adopted for the post-pandemic stage.

They will carry out a prior assessment which allows stratifying the risk of contagion by COVID-19 before the procedure, (level 1 and level 2) to use the PPE and sanitization of the post-procedure rooms as appropriate [8-12]. Next, they will ensure compliance with correct hand washing, use of solutions and appropriate clothing depending on the endoscopic procedure, prior to the approval of informed consent and the performance of nursing techniques inherent to the care activity [2].

Maintaining a reduced number of endoscopy shifts, entails minimizing non-urgent procedures with a reduction in the risk of infection to uninfected patients, medical and auxiliary personnel, in addition to conserving PPE, which avoids their collapse.

The nurses will ensure that the patient's sanitary mask only removed at the time of insertion of the endoscope in the case of upper endoscopies, and its placement at the exact moment of completion of the procedure.

During instrumentation, by promoting direct contact with fluids and secretions, biosafety measures should be extreme [5], discipline, organization should prevail, to avoid falling into violation of ethical principles, dehumanizing acts that conspire against the mission of all health personnel who works in hospital institutions.

It must be maintained together with social isolation, unity, teamwork and protection not only of the patient, but of all personnel involved in the endoscopic procedure. The perception of risk should be considered when handling and transporting the samples to their final destination where they will be processed to obtain a conclusive result or diagnosis.

Nurses are the protagonists of the rationalization of resources, conservation of expensive equipment, by complying with protocols for handling, decontamination and sterilization of endoscopic equipment and accessories according to their manufacturers [13-15].

These new behaviors developed in the post-pandemic stage were presented and approved by the National Endoscopy Group (GNE) for implementation by the country's Endoscopy and Gastroenterology services, in order to identify, risk management and infection reduction.

Conclusion

The assessment of the different aspects related to the nursing action directed at patients in the Endoscopy and Gastroenterology service in the post-COVID-19 pandemic stage allowed the preparation of health personnel, the awareness of all those involved in the performance of endoscopic procedures in this new epidemiological stage, the performance of endoscopic practices through standardized procedures and the integration of merged values in the performance of safe endoscopic therapeutic procedures.

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