

Rescue Prep for Colonoscopy

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Purpose

- To determine if an on-site, one-time administration of a Rescue Prep (296 ml of Magnesium Citrate) to the poorly bowel prepped adult enables completion of a screening colonoscopy

Background

- 20% of patients presenting for screening colonoscopies have poor bowel preps
- Patients that have poor bowel preps are often canceled due to concerns of colonoscopy quality
- Baseline data reveals three-quarters of poorly prepped patients do not return for colonoscopy
- Non-returning patients result in missed diagnoses and possible interventions

Methods

- **Population:** Healthy adult, independent, self-care preoperative patients presenting for routine screening colonoscopies that can tolerate additional prep medications (as determined by a nurse and physician)
- **Data Collection:** Nursing interview for quality of stool after the split dose prep
- **Data Analysis:** Comparative analysis: pre-rescue prep vs. post-rescue prep utilizing the Aronchick Bowel Prep Scale

The Rescue Prep

- Poorly prepped patients who use the standard polyethylene glycol 3350 two liter split dose prep and four 5 mg bisacodyl tablets are identified during the pre-procedure nursing interview
- Pre-procedure nursing interview: use simple terminology to describe poor colon prep/bowel movement consistency
- **Nurse: “Is your bowel movement brown and the consistency of a milk shake? (poor)” OR “Is your bowel movement watery and clear as the prep you drank last night? (good)”**
- Candidates must be self-care, independent, and have lab values within normal limits based on values obtained in the previous 30 days
- Candidates must have a reliable ride home post-procedure
- Poorly prepped patients who report anything other than a clear and watery result are referred to the Gastroenterology physician for Rescue Prep evaluation

Aronchick Bowel Prep Scale

Rating	
Excellent	Small volume of clear liquid or greater than 95% of surface seen
Good	Large volume of clear liquid covering 5% to 25% of the surface but greater than 90% of surface seen
Fair	Some semi-solid stool that could be suctioned or washed away but greater than 90% of surface seen
Poor	Semi-solid stool that could not be suctioned or washed away and less than 90% of surface seen
Inadequate	Re-preparation needed

- As of September 2018, 21 patients were successfully screened by pre-procedure nurses as Rescue Prep candidates
- All 21 patients subsequently drank magnesium citrate and waited two hours for its effect. Their procedures were successfully completed

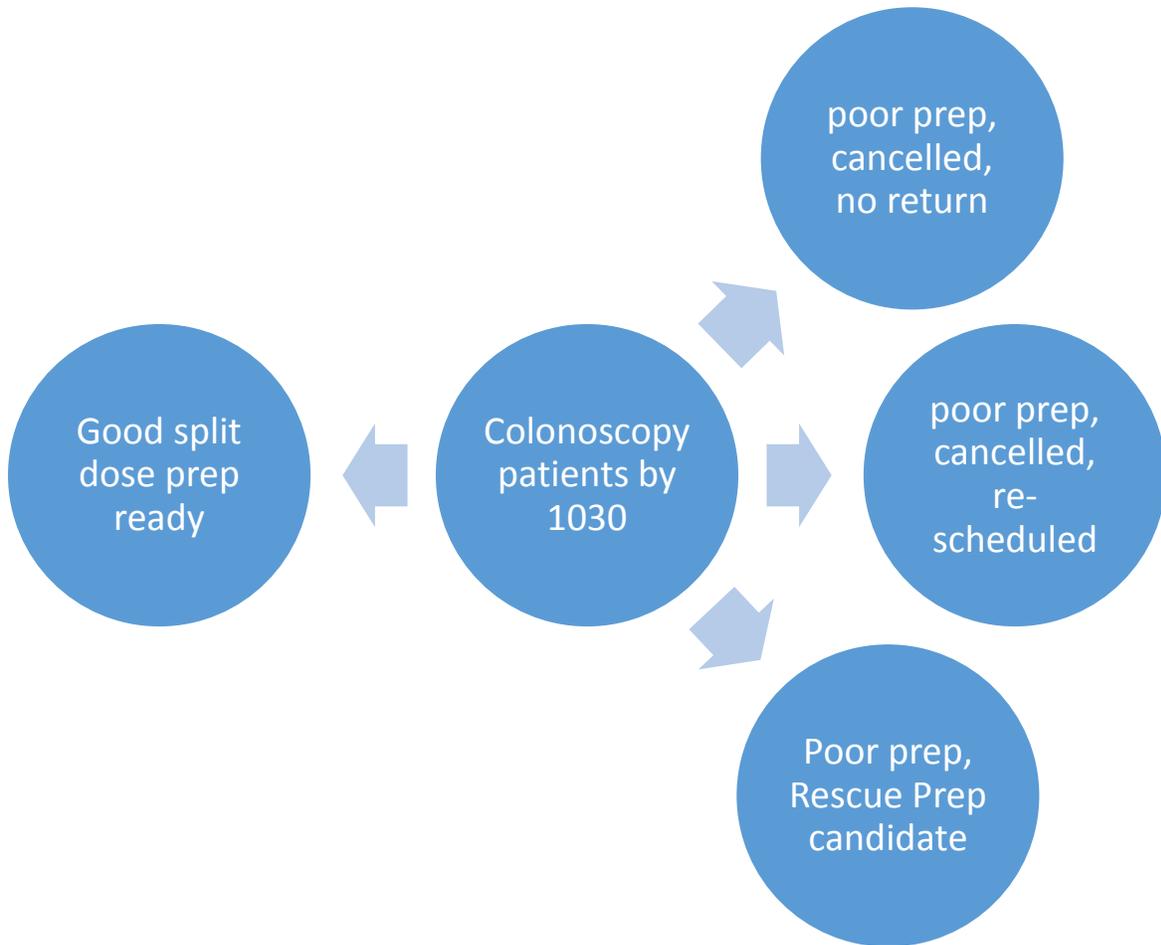
Results

- Based on patient reports of the aforementioned poor preps, 100%, $p= 1.0$, patient colonoscopy preps were subsequently rated as **good preps** by Gastroenterologists utilizing the Aronchick Bowel Prep Scale
- The Nursing Quality Improvement Project, *Rescue Prep for Colonoscopy*, is a viable, value-added option for preserving the integrity of the patients' colonoscopy procedure experience
- Proactive, pre-procedure nursing assessment to discover candidates who qualify improves patient outcomes and patient satisfaction

Conclusions

- Proper colonoscopy screening decreases health care costs, resource utilization, and improves patient outcomes
- *Rescue Prep for Colonoscopy* decreases the number of patients that need to complete another bowel prep, reschedule their procedures, and the disruption of the patients' activities of daily living
- Therefore, *Rescue Prep for Colonoscopy* increases potential Adenoma Detection Rates and early interventions

Patient Flow



Patient Criteria



Poor prep
by self
report

- 1030: last patient criteria
- poor prep: Rescue Prep candidate

Able to
take Mag-
Citrate

- Robust Fitness
- Ride home confirmed

Good prep
assessed
by MD

- Self care while waiting results
- Two hour to colonoscopy time

References

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