

BSG survey of ERCP facilities and services

**To be completed by senior nurse or consultant responsible for ERCP arrangements
(only one form per unit please)**

Date of completion of questionnaire

d	d	m	m	y	y

Name of hospital _____

code:

--	--	--	--

Post Code:

--	--	--	--	--	--

Insert number

Type:

University - 1

DGH - 2

Other - 3

Source of referrals:

own hospital and district only - 1
outside region - 3

other hospitals in region - 2

Size of catchment area (for own district)

--	--	--

000

Size of catchment area (for other referrals)

--	--	--	--

000

Organisation

Number of gastroenterologists (consultants/physician with interest/staff grades only)

--	--

Number of GI surgeons in your hospital (consultants/staff grades only)

--	--

Number of GI radiologists in your hospital (consultant/staff grades only)

--	--

Do these groups meet regularly to discuss ERCP cases: Yes - 1 No - 2

never - 0 quarterly - 1 monthly - 2 weekly - 3 ad-hoc - 4

What radiologic facilities are available at your institution, for each please specify whether patients usually have these before ERCP and the approximate waiting time

Procedure	Available at your hospital		Usual (>90%) before ERCP		Waiting time (days)	
	Y	N	Y	N		
Ultrasound						
CT (conventional)						
CT (spiral)						
MRCP						
EUS						
PTC						
IntraOpCholangio						

Where is ERCP performed?

endoscopy suite - 1 X-ray dept - 2

surgical theatre - 3 (specify whether main, day centre, recovery etc).....

other - 4 (if more than one location indicate proportions in each)

Is this within or adjacent to the general endoscopy environment Yes - 1 No - 2

If not, is the room more or less permanently set up for ERCP Yes - 1 No - 2

How many duodenoscopes does the unit have?

Numbers

video

--	--

fibre optic

--	--

diagnostic only (2mm channel)

--	--

therapeutic only (>2.8mm channel)

--	--

Number of ERCPs (total) in year 2000

--	--	--

number planned as day cases (from home)

--	--	--

number of inpatients (own hospital)

--	--	--

number directly from other institutions

--	--	--

how many lists per week usually?

--	--

how many endoscopists do ERCP (exclude trainees)?

--	--

how many trainees involved in ERCP each week?

--	--

what is the usual waiting time for ERCP (>75% of time)

for elective patients

--	--	--

days

for jaundiced patients

--	--	--

days

is out of hours emergency service usually available? Yes - 1 No - 2

Do you take unselected referrals (do everyone who is sent to you) Yes - 1 No - 2

If not, who vets them: 1-Cons; 2-SpR; 3-Nurse; 4- Sec; 5- Other (specify)

CONSENT

Does the unit have a written patient consent policy?

Yes - 1 No - 2

% of patients that have been "consented" before arrival in unit

		%
--	--	---

% of patients "consented" in unit or vicinity (*if both give proportions*)

		%
--	--	---

Do you give written information to patients before the procedure? Yes - 1 No - 2

If yes - how long beforehand is it given to patients:

>1 week before - 1, >1 day before - 2, on day of procedure - 3

Please tick whether the written information mentions the following complication and indicate the specific complication % rate if mentioned (*if not mentioned leave blank*)

	<i>Tick</i>	<i>give %</i>		<i>Tick</i>	<i>give %</i>				
cardiorespiratory complications	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %			pancreatitis	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %		
cholangitis	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %			haemorrhage	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %		
perforation	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %			mortality	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %		

Who usually (>75% time) obtains consent from the patients?

endoscopist performing procedure - 1 other doctor in unit/ward/OPD - 4
 doctor assisting procedure - 2 other nurse in unit/ward/OPD - 5
 nurse assisting procedure - 3

How long beforehand is consent obtained? (>75% time)

>1 week before - 1, >1 day before - 2, on day of procedure - 3

Does the person obtaining consent usually (>50% time) give information about complications?
 And indicate complication rate likely to be mentioned (*leave blank if not mentioned or not known*)

	<i>Tick</i>	<i>give %</i>		<i>Tick</i>	<i>give %</i>				
cardiorespiratory complications	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %			pancreatitis	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %		
cholangitis	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %			haemorrhage	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %		
perforation	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %			mortality	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> %		

PATIENT preparation

Does the unit have a written patient preparation policy? Yes - 1 No - 2

If yes, which of the following apply: - **Please TICK in box:**

patient fasting before procedure	4 hours	<input type="checkbox"/>	8 hours	<input type="checkbox"/>	12 hours	<input type="checkbox"/>
patients always have i/v fluids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	if needed	<input type="checkbox"/>
do you have a policy for warfarin?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	convert to heparin	<input type="checkbox"/>
do you have a policy for aspirin?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
do you routinely use antibiotics?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

TICK which of the following are performed before ERCP:

FBC <input type="checkbox"/>	Prothrombin time <input type="checkbox"/>	LFTs <input type="checkbox"/>	Group & Save <input type="checkbox"/>
At what interval:	<10 days <input type="checkbox"/>	<30 days <input type="checkbox"/>	<180 days FBC <input type="checkbox"/>

SEDATION

Does the unit have a policy for sedation? Yes - 1 No - 2 Don't know - 3

Usual sedation used:

	<i>Tick</i>	<i>Dose</i>		<i>Tick</i>	<i>Dose</i>	
midazolam	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg	fentanyl	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg	
diazepam	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg	other opiate	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg	
other benzodiazepine	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg	propofol	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg	
pethidine	<input type="checkbox"/>	<input type="text"/> <input type="text"/> mg	Other	<input type="checkbox"/>	Specify:.....	

Who administers sedation?

anaesthetist - 1	doctor assisting procedure - 4	<input type="checkbox"/>
anaesthetic nurse - 2	endoscopy nurse - 5	
doctor doing procedure - 3	other - 6 (state)	
	(if more than one, specify approximate proportions)	

Is ERCP ever performed under GA? Yes - 1 No - 2 Don't know - 3

How many times in past 12 months? <10 times 11-50 >50 times

If yes, is it done in the usual area -1 or a different area 2: (state).....

Does the unit have a policy for oxygenation:	Tick all that apply:	Y	N	DK
	before procedure			
	during procedure			
	following procedure			
Is Pulse oximetry used?				
Is Automated BP monitor used				
Who usually (>75% of time) injects contrast?	endoscopist			
	assisting nurse			
	assisting doctor			

What Contrast Agents do you use?

RESUSCITATION

Where is the nearest resuscitation trolley?

in the room where ERCP performed - 1 in an adjacent room or corridor area - 2
in an adjacent department - 3

Does the trolley include a defibrillator? Yes - 1 No - 2

Is the resuscitation trolley regularly checked?

Yes - 1 by whom (grade) No - 2 Don't know - 3

Does the unit have a policy regarding training of staff in ALS? Yes - 1 No - 2

If yes, how often are refresher/rehearsal courses attended: every 6, 12, 24, 36 or 60 months?

months

Where do patients recover following ERCP?

1- adjacent room/ward area; 2- adjacent department; 3- back on main ward; 4-other (state)

Thank you very much: please return this form to the co-ordinator in your Region