

Please note the local reference for this work instruction is WISSP1.7

## **1. Introduction and Who Guideline applies to**

This work instruction is to confirm the process and roles of all staff involved in Bowel Cancer Screening (BCS) dispensing oral bowel preparation pre colonoscopy following a pre assessment.

A patient requiring a screening colonoscopy will require a preparation to clear the large bowel but a patient assessment is required before dispensing. This will be undertaken by a Specialist screening practitioner (SSP) in a first positive appointment / surveillance appointment / surveillance telephone appointment or a repeat procedure within same episode. The patient will need to be assessed as fit for colonoscopy with standard bowel preparation as per Trust Patient Group Directive and Trust guideline.

## **2. Guideline Standards and Procedures**

### First Positive assessment/Surveillance appointment

Patient is assessed as fit for colonoscopy

1. **SSP** – Check bowel cleansing preparation product ensuring all sachets within the box are complete and within expiry date.
2. **SSP** – complete & sign renal algorithm in the BCSP endoscopy pathway documentation ensuring U&Es documented are within 3 months of the intended procedure date. If bloods not available at time of assessment they are taken and checked same day. Patient only contacted if a problem with results.
3. **SSP** - Dispense bowel preparation in line with PGD/Trust Guidelines. Ensure patient understands the manufacturers instruction given and highlight any Trust changes (i.e. erase the paragraph suggesting last Klean prep sachet may not be required)
4. **SSP** -Provide verbal information on how and when to take the bowel preparation, using manufacturer's leaflet and clinic power point presentation.
5. **SSP** -Give additional written and verbal advice specific to co-morbidity (e.g Diabetic patient information leaflet specific to condition, low fibre diet sheet, clear fluids)
6. **SSP** – Advise patient, where applicable, on recommended changes to their current medication.

### Surveillance Telephone appointment

Patient is assessed as fit for colonoscopy

1. **SSP** – Check bowel cleansing preparation product ensuring all sachets within the box are complete and within expiry date.
2. **SSP** – complete & sign renal algorithm in the BCSP endoscopy pathway documentation ensuring U&Es documented are within 3 months of the intended procedure date. Assessment will not be carried out without blood results for a surveillance patient.
3. **SSP** - Dispense bowel preparation in line with PGD/Trust Guidelines. Ensure patient understands the manufacturers instruction given and highlight any Trust changes (i.e.

erase the paragraph suggesting last Klean prep sachet may not be required). If any doubt on patient's understanding request the patient attends for a face to face appointment.

4. **SSP** – Advise patient, where applicable, on recommended changes to their current medication
5. **SSP** -Ensure additional written advice specific to co-morbidity (e.g Diabetic patient information leaflet specific to condition, low fibre diet sheet) will be included in the procedure pack to be sent to the patient
6. **SSP** – once telephone surveillance assessment is complete ensure assessment is documented on the surveillance health-check form and relevant information added to the endoscopy pathway form. Documentation in surveillance pack prepared then all documentation and bowel prep will be double checked by an SSP or ASP before being posted.
7. **BCSP SSP / ASP** - Check patient address details against pack and post bowel preparation, documenting this in the post book.

### Repeat Procedures

1<sup>st</sup> positive assessment guidance should be followed for those patients who agree a repeat procedure date at initial colonoscopy. Telephone assessment guidance to be followed for those contacted at a later date.

### 3. Education and Training

Annual DOPS assessment. All screening staff made aware of SOPS and Work Instructions on induction and any changes/reviews are fed back to the team via email and at team meetings

PGD Training

Triennial Drugs Assessment

### 4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Failed colonoscopy	Audit	A Bonner	On going	Annual BCS Audit meeting
Datix / AVI	Audit	A Bonner	3 monthly	Programm board – 3 monthly Team meetings
Patient feedback form	30 day questionnaire for BCS	A Bonner	ongoing	3 monthly Team meetings / Annual audit meeting

### 5. Supporting References (maximum of 3)

Bowel Cancer screening Service Specification No26

PGD Policy

### 6. Key Words

Bowel cancer screening, dispensing, bowel preparation

## CONTACT AND REVIEW DETAILS

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<b>Details of Changes made during review:</b> General update on process from local work instruction to Trust format	