

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk. This advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Advisory Opinion: Endoscopy – Role of the Licensed Practical Nurse

Purpose

This advisory opinion provides guidance and clarification about the roles and responsibilities of the licensed practical nurse (LPN) in endoscopy.

Background

The Nursing Care Quality Assurance Commission (NCQAC) received a formal request to develop an advisory opinion about the scope of practice of the LPN in endoscopy.

Statement of Scope

The LPN who is educated and competent in the gastroenterology specialty, specifically endoscopy can perform activities that fall within their scope of practice. See the following advisory opinions:

- [Registered Nurse and Licensed Practical Nurse Scope of Practice](#)
- [Administration of Sedating, Analgesic, and Anesthetic Agents](#)
- [Compounding and Reconstituting Medications](#)
- [Infusion Therapy Management](#)

The LPN may assist the surgical team during endoscopic procedures; provide patient care before, during, and after the procedure; and provide education to patients about treatment. The LPN may manipulate (advance, maintain position, or withdraw) the endoscope under the direct supervision of the endoscopist.

Examples of assigned duties include (but not limited to): colonoscopy, sigmoidoscopy, esophagogastroduodenoscopy (EGD), percutaneous endoscopic gastrostomy and endoscopic retrograde cholangiopancreatography (ERCP). LPN performs assigned duties including but not limited to:

- Direct assistance of providers with diagnostic and therapeutic procedures

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- Obtain tissue specimens via a biopsy forceps, operate a snare during snare polypectomy, electrocautery, administer submucosal injection for lift, banding, dilations, administer submucosal injection of tattoo agents, administer luminal injection of agents, administer submucosal injection of medication and injecting contrast during Endoscopic Retrograde Cholangiopancreatography (ERCP).
- Care and maintenance of equipment including Reusable Medical Equipment Handling and appropriate labeling of specimens.
- Setting up procedure room including entering patient information into endoscopic software program.

The hospital facility rules ([WAC 246-320-236](#)) require a circulating RN in every operating room during surgical procedures. The ambulatory surgical facility rules ([WAC 246-330-210](#)) require a circulating RN in every operating room when deep sedation or general anesthesia are used during surgical procedures. The LPN may assist the RN circulator in these settings within their scope of practice. The NCQAC recommends following the [Association of periOperative Registered Nurses \(AORN\) Position Statement on Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure \(2019\)](#). The Washington Medical Commission (WMC) developed rules for use of analgesia and anesthesia in office-based settings ([WAC 246-919-601](#)). It is not within the scope for the LPN to assume the responsibilities of the endoscopist performing the procedure.

Requirements and Recommendations

The LPN must possess practical nursing knowledge and specialized skills in gastroenterology procedures and practice. The LPN's scope is defined by the laws and rules and specialize competencies and training. Nurses in endoscopic practice requires specialized knowledge about gastrointestinal and respiratory diseases and the skills to use and maintain endoscopic equipment, administer medication, and manage emergencies and complications. The LPN must follow clinical practice standards and best practices.

1. The LPN must be educated, experience, and have documented competency in gastrointestinal endoscopy.
2. There is a risk of producing a deeper level of sedation than anticipated. The nurse must be prepared to provide emergency care.

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3. The LPN must be trained and competent to assist in providing emergency care, including cardiopulmonary resuscitation (CPR). The NCQAC recommends the LPN be certified in health care provider CPR, advanced cardiopulmonary life support (ACLS) or pediatric advanced life support (PALS) as appropriate for the setting.
4. The NCQAC commission recommends following the [American Society of Anesthesiologists Guidelines for Moderate Procedural Sedation and Analgesia](#)
5. The NCQAC recommends the facility/employer have written policies and procedures specific to the LPN scope of practice in Endoscopy.
6. The facility must follow laws and rules specific to their setting.

Staffing Recommendations

The NCQAC recommends following the [American Society of Anesthesiologists Practice Guidelines for Moderate Procedural Sedation and Analgesia](#) staffing guidelines including using the LPN to be in the role of a “designated individual” practicing to their full scope with the legal parameters, training, and competencies.

- A designated individual, other than the practitioner performing the procedure, should be present to monitor the patient throughout procedures performed with sedation/analgesia. During deep sedation, the individual should have no other responsibilities. During moderate sedation, the individual may assist with minor, interruptible tasks once the patient’s level of sedation/analgesia and vital signs have stabilized provided that adequate monitoring of the patient’s level of sedation is maintained. If non-interruptible interventions are anticipated the second individual should be immediately available ([American Society of Anesthesiologists Practice Guidelines for Moderate Procedural Sedation and Analgesia](#)).

The NCQAC recommends following the minimum staffing for advanced endoscopic procedures depending on the type of sedation based on the [American Society for Gastrointestinal Endoscopy \(ASGE\) Guidelines on Minimum Staffing Requirements for the Performance of Endoscopy](#). The safety of the patient is always the primary goal. Consideration of the complexity and indication of the procedure may require additional staff.

- Endoscopist-Directed Moderate Sedation – Minimum of one RN in the room and a second staff member (RN or LPN) present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital settings.
- Endoscopist-Directed Deep Sedation – Minimum of one RN in the room and a second staff member (RN or LPN) present during any interventional component of the

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procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.

- Endoscopy with Anesthesiology Provider – Minimum of one RN or LPN present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.
- Endoscopist-Directed Deep Sedation – Minimum of one RN in the room and a second staff member (RN or LPN) present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.
- Endoscopy with Anesthesiology Provider – Minimum of one RN or LPN present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.

References and Resources

- [RCW 18.79 Nursing Care](#)
- [WAC 246-840 Practical and Registered Nursing](#)
- [Support for Practicing Nurses | Nursing Care Quality Assurance Commission \(wa.gov\)](#)
- [Practice Guidance | Nursing Care Quality Assurance Commission \(wa.gov\)](#)
- [Practice Information | Nursing Care Quality Assurance Commission \(wa.gov\)](#)
- [Society of Gastroenterology Nurses and Associates \(SGNA\) Position Statement: Manipulation of Gastrointestinal Endoscopes During Endoscopic Procedures](#)
- [American Society for Gastrointestinal Endoscopy \(ASGE\) Guidelines on Minimum Staffing Requirements for the Performance of Endoscopy](#)
- [Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018 | Anesthesiology | American Society of Anesthesiologists \(asahq.org\)](#)
- [Guidelines for safety in the gastrointestinal endoscopy unit \(asge.org\)](#)
- [AORN Position Statement on Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure - 2019 - AORN Journal](#)