


STANDARD OPERATING PROCEDURE (SOP)	Issue date: 31/07/19
Trust Reference Number: C1/2020	Revision date: June 2023
University Hospitals of Leicester 	Review date: June 2026
Alliance Loughborough, Melton, Hinckley and Market Harborough	Page 1 of 34 Version: 2

Cystoscopy Standard Operating Procedure UHL Urology (in the Alliance) (LocSSIPs)

Change Description <input type="checkbox"/> Change in format	Reason for Change √ Trust requirement
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APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Clinical Director The Alliance Head of Nursing Head of Operations	Maneesh Bhatia Judith Spiers Charlie Carr
SOP Owner:	Deputy Head of Nursing Matron	Daniel Stendall Lynn Pilbrow
Sub-group Lead:	Sister – Endoscopy	Colette Green

Appendices in this document:
<p>Appendix 1: UHL Safer Surgery: Endoscopy Patient Pathway – Sign in/Time to stop</p> <p>Appendix 2: Patient Information Leaflet for Cystoscopy Available at: Having a flexible cystoscopy (leicestershospitals.nhs.uk)</p> <p>Appendix 3: UHL Safer Surgery: Endoscopy Patient Pathway</p>
Introduction and Background:
<p>This document outlines Local Safety Standards for Invasive Procedures (LocSSIPs) carried out within the Endoscopy service at the LLR Alliance namely:</p> <p>Cystoscopy</p> <p>It is compliant with all National Safety Standards for Invasive Procedures (NatSSIPs).</p> <p>The Alliance provides a cystoscopy service at 4 of the Alliance Hospitals detailed above. Diagnostic treatment is provided to outpatient referrals.</p> <p>Indications for treatment are multifarious. There must be a recognised urinary symptom or group of symptoms before</p>


Title: Cystoscopy Standard Operating Procedure UHL Urology (in the Alliance) (LocSSIPs)

Authors: Colette Green, Daniel Stendall, Lynn Pilbrow

Approved by: Alliance Elective Quality & Safety Meeting & Safe Surgery Board June 2023

Review: 28/06/2026

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Cystoscopy is performed.

Self-contained Endoscopy units within the Alliance whilst not all purpose built, are designed to improve the patient flow providing safe and private diagnostic endoscopic procedures.

The units are governed by the Joint Accreditation Group (JAG) which is a national body that provides all NHS and private hospitals with standards based around set criteria. Application for accreditation occurs on a three yearly basis. Whilst the unit design is heavily influenced by JAG, accreditation is given only if the required standard is met.

Never Events:

Never event which could occur in this area:

- Wrong site surgery / wrong procedure
- Wrong patient

Patient sign in prevents wrong patient / wrong procedure.

List management and scheduling:


Referral process
 Paper based referral process - Usually completed by Doctors or Specialist Nurses. minimum patient details as below:
 Name Address DOB
 Gender
 S number (hospital system number – each person has a unique number) Procedure
 Source of patient i.e. in or outpatient Allergies
 Infection status

Sessions are populated by the team administrator, nursing team and/or the Endoscopist who will make adjustments if appropriate. Usually 10 slots per list. The list can be viewed on the system which is available to staff with appropriate access. Lists are printed, used in the procedure room for the duration of the session then removed and disposed of post use in confidential waste.

Changes are communicated verbally, via email and or by telephone consult. The use of abbreviations is avoided, but when accepted common abbreviations are used it is not assumed that all personnel are familiar with the abbreviations.

Cancellations
 Patients are contacted by telephone and offered the next available appointment. If unable to contact, patients are sent an appointment in writing with a 3 week notice period.

On the day patient cancellations are recorded. The next available date is offered if appropriate or recommended follow-up. The attached flow chart demonstrates how cancellations are dealt with to ensure patients do not slip through the net regarding follow-up etc. (See flowchart). Appendix 1

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Lists are organised in units of 15 minute sections, with a view to undertaking a maximum of 10 cystoscopies per session.

- 1 x diagnostic procedure = 1 slot, 1 x procedure with botox or diathermy = 2 slots
- All planned/surveillance cases are booked within 6 weeks of their due date.
- Validation of referrals and monitoring of patient bookings occur weekly with the administration team

Endoscopy service manager. The process is overseen by the Alliance performance team at the weekly meeting. Capacity and demand at all 4 sites is coordinated by the administration team supported by their manager. The team co-ordinates Urologists' list cover and flexible sessions in conjunction with the unit's Sister.

Patient preparation:

Prior to admission patients receive a procedure booklet which describes the procedure and any preparation necessary. Patient Information leaflet (PIL) given to the patients -[Having a flexible cystoscopy \(leicestershospitals.nhs.uk\)](#)

Warfarin and INR.

- INR is checked on admission
- Needs to be within Therapeutic Range
- Risk assessed by clinician on the day

Consent

Patient's written consent is gained by the clinician carrying out the procedure. Consent training is provided in house including online UHL e-learning on consent and the mental capacity act,

Infection Prevention

- Staff will adhere to the UHL uniform policy. Scrub suits are worn when undertaking procedural room work; Long hair must be tied back and off the shoulder and all staff are required to be bare below the elbow.
- ANTT technique is used when cannulation and IV medication is administered.
- Gowns are provided and used if requested by patient choice
- Patients with known infection are scheduled for the end of the list minimising the risk of cross infection e.g. patients with MRSA infection
- Scopes are decontaminated in line with UHL policy or single use sterile scopes are to be used.
- Standard precautions are taken
- Rooms and equipment is routinely cleaned pre and post use and the domestic department provide a daily schedule of additional work as agreed.

PPE is available and used when appropriate

- COVID risks and PPE precautions where appropriate include use of long sleeved gown, Hood, surgical/FFP3/mask, gloves and theatre hat.
- Patients receive procedure information via post/app/website – all procedure information is available on [Home \(leicestershospitals.nhs.uk\)](#)
- Patients have access to either face to face or telephone translator where required as per trust policy. <http://insitetogether.xuhl->


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tr.nhs.uk/pag/pagdocuments/Interpreting%20and%20Translation%20UHL%20Policy.pdf

- UHL Patient Identification Band Policy B43/2007 – all patients have name bands which are checked by nursing team pre-procedure and checked again by the team in the room
- Management of patients with disabilities - Only low risk patients have procedures in the Alliance. Patients are assessed on an individual basis and, if required, a rotunda or hoist is borrowed to aid transfer on and off trolley.

Workforce – staffing requirements:

The minimum staffing allowance and skill mix per procedure is as follows-

- Cystoscopy = 1 RN, 1 HCA and the Endoscopist

1 staff trained in the decontamination process required for each session, where reusable scopes are used, not required when single use scopes are utilised

- 2 x RN for admissions, recovery and discharge

These are minimal staffing levels based on JAG guidelines.

All new nursing staff will complete a local induction Training Programme. If not already working for this Trust they will also complete a trust induction and mandatory training day before commencing in post.

All nursing staff will be assigned a mentor and given an endoscopy specific competency book to work through and objectives will be set. This will be reviewed after 3 months and at appraisal annually.


Non substantive staffs are provided with the external provider overview and are required to complete the temporary staffing induction record log book.

Mandatory and essential training is identified on e-UHL staff member's personal log in and must be completed. The Sisters and Head of Service have access to their staff training records and will send reminder for anyone showing not completed.

Staff will be given the time to attend mandatory and essential to role training

Electronic rostering is provided for substantive nursing staff and is available 6 weeks in advance of time table shifts and is managed by the Endoscopy Sister, in line with Electronic Rostering guidelines. The system allows for unfilled shifts to be offered to bank staff or agency if required.

The Trust has an ongoing recruitment programme in which staff for Endoscopy is actively sought.

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Ward checklist, and ward to procedure room handover:

Handover is a verbal process where the ward nurse and endoscopy staff exchange relevant information concerning the patient confirming the completed checklist from the ward.

During handover of patients, endoscopy staff confirms all details of the checklist are complete and correct.

This will include

- Patient name
- S number
- DOB

Nursing documentation is completed for every patient and include pre-assessment of medical and drug history as well as recording peri-procedural observations, the nurse will also check the referral at this point to make sure all details are correct.

Patient consent is undertaken in private room or area

Post procedure instructions are documented.

Procedural Verification of Site Marking:

Not Applicable.

Team Safety Briefing:


The Team Safety Briefing must occur at the start of any elective, unscheduled or emergency procedure session. The endoscopist and room staff must be present when the safety briefing takes place.

All staff in the room will take part in the checks, they will introduce themselves to the patient, check they have the correct patient, patient notes, referral and consent form signed by the patient.

Appropriate management of highlighted issues will be implemented or escalation to the Matron or Head of Nursing if required.

Sign In:

Incorporated with time out with admission to procedure room document, see [Appendix 1](#)

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Time Out:

Time out is the final safety check that must be completed for all patients undergoing endoscopy before the start of the procedure

- The sign in will take place in the procedure room
- The patient will be encouraged to participate where possible
- Any omissions, discrepancies or uncertainties must be resolved before proceeding
- This will be led by the Registered Nurse
- All team members must be present and engaged as it is happening
- A separate time out checklist will be completed if there is a separate or sequential procedure happening on the same patient.

Performing the procedure:

Procedure specific positioning is required.
 Patient trolley or bed is equipped with side rails.
 Scope is checked – eg light, air, water
 Consumable therapeutic equipment checked before use e.g. drapes, gauze, Instillagel etc.
 Administration of drugs e.g. Gentamycin drawn up if required and prescribed by the Urologist


Monitoring:

Patients will be monitored pre and post the procedure and the following observed :-

- O2 Sats
- Blood Pressure
- Pulse rate
- Respiratory rate

Prosthesis verification:

Not applicable.

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Prevention of retained Foreign Objects:

Sharps used are prepared away from the patient bedside and disposed of post-use as per UHL policy.

Labelling of specimens:

Any specimens taken are labelled at the patient bedside.
A diagram is made of the site of the specimen with number that corresponds to a number on the specimen pot.
Specimens will be labelled and checked against the patient's wristband immediately.
In order to prevent mislabelling with other patients addressograph stickers, only the current patient's set of notes are to be held in the procedure room during the procedure.

Radiography:

Not Applicable.

Sign Out:


Sign out must occur before the patient leaves the procedure area. This includes:

- Confirmation of procedure/completion
- Confirmation that specimens have been labelled correctly
- Discussion of post-procedural care and any concerns
- Cystoscopy report has been completed on ICE
- Equipment problems (include in team debriefing)
- All documentation leaves the room with the patient
- Patient leaves the room only when all nursing documentation is complete

Handover: To Recovery

Patients are taken to the recovery area where handover occurs between the nursing staff. The qualified nurse receiving the patient will be provided with

- Patient details
- Procedure undertaken
- Any concerns
- Discharge plan
- Requirement for further test eg discharge, repeat in 12 months, urodynamics

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Team Debrief:

Post procedure specific debrief is currently undertaken.
A team debrief takes place in the procedure room at the end of the list A team members should be present

The debrief includes:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- A named person for escalating issues

Post-procedural aftercare:

Patients are recovered in a designated recovery area where they will be monitored for as long as is required All patients that undergo a cystoscopy must pass urine before discharge from the hospital.

Discharge:

Nurse led discharge is provided before leaving the unit

Next steps pathway advice is provided

Patients are provided with a copy of the procedure report and information re: findings

Advice sheets given

Follow up explained

Results and letter are sent to referring consultant or GP who discusses findings/report and next steps with patient


Governance and Audit:

Errors, incidents and near misses are reported via datix and are investigated by the local senior nursing team. Incidents rated as moderate or above are reviewed by the corporate patient safety team, and investigated and if appropriate escalated as per the Trust incident reporting policy. Duty of candour legislation is followed as appropriate.

Learning from incidents is shared at the endoscopy users group, service meetings and local team meetings. Incidents that have been classified as moderate / Serious untoward incident or a never event will be shared at the CMG quality and safety board, and escalated to the Trust board.

Compliance with this LocSSIP will be monitored regularly by spot checks on the use of the team brief, sign-in checklist and team debrief and the results published regularly and discussed at the Alliance Quality and Safety meetings.

[To submit monthly Safe Surgery Audit and WHOBARs assessment as per Safe Surgery Quality Assurance & Accreditation programme.](#)

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Training:
The SOP will be disseminated and discussed with staff at ward/unit meetings. The Endoscopy users group will be responsible for the dissemination to medical staff.
Documentation:
Documentation is completed in the patient case notes, nursing process and procedure book. The report will be completed on ICE. All processes are signed at the appropriate stage of care by the individual responsible or concerned.
References to other standards, alerts and procedures:
National Safety Standards for Invasive Procedures, NHS England 2015: https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf UHL Safer Surgery Policy: B40/2010 Other relevant UHL policies that may need to be cited: UHL Consent to Treatment or Examination Policy A16/2002 UHL Sharps Safety Policy B8/2013 UHL Patient Identification Band Policy B43/2007 UHL Guideline: Management of adult patients with diabetes undergoing elective surgery and procedures B3/2013 UHL Guideline: Antibiotic guide for surgical prophylaxis in adults B14/2007 (or other relevant guideline) Shared decision making for doctors: Decision making and consent (gmc-uk.org) COVID and PPE: UHL PPE for Transmission Based Precautions - A Visual Guide COVID and PPE: UHL PPE for Aerosol Generating Procedures (AGPs) - A Visual Guide
END

SIGN IN / TIME TO STOP

<p>Carried out by all members of team to be present during the procedure including the Endoscopist Endoscopist:</p> <p>Trainee:</p> <p>Nurse 1:</p> <p>Nurse 2:</p> <p>Other:</p>	
<p>Patient identity confirmed against completed consent form (<i>2 identifiers</i>)/digital consent: YES / NO</p> <p>Team introduced to patient: YES / NO</p> <p>Team confirm procedure: (and with patient): YES / NO</p> <p>Consent form/digital consent checked and signed: YES / NO</p> <p>Anticoagulants/Antiplatelets: YES / NO</p> <p>(PLEASE LIST IF YES)</p> <p>Any known infections YES / NO</p> <p>Relevant medical conditions: YES / NO</p> <p>(PLEASE LIST IF YES)</p> <p>Allergies YES / NO</p> <p>(PLEASE LIST IF YES)</p> <p>Metal plates/Pins/Pacemaker YES / NO</p>	<p>FURTHER DETAILS</p>
<p>Monitoring (oximeter on + BP) available <input type="checkbox"/></p> <p>O₂ and suction available: <input type="checkbox"/></p> <p>Equipment checked: <input type="checkbox"/></p> <p>Any concerns/Questions:</p> <p>Staff: <input type="checkbox"/></p> <p>Patient: <input type="checkbox"/></p>	

DURING PROCEDURE

Procedure: Cystoscopy	Time Started:	Time Completed:	Endoscopist:
Cystoscope used:			

DRUG ADMINISTERED


DRUG	INITIAL DOSE	ROUTE	TIME	TOP-UP	TIME	TOP-UP	TIME	TOTAL	Checked by	Given by
Botox										

OBSERVATIONS

COMFORT SCORE 1-5


	Time	B/P	P	R/R	O ₂ Sats	Pain Score (1-10)	EWS
PRE							
PERI							
POST							
Comment:							

1. **Comfortable** - Talking / comfortable throughout
2. **Minimal** - One or two episodes of mild discomfort without distress
3. **Mild** - More than 2 episodes of discomfort without distress
4. **Moderate** - Significant discomfort experienced several times with some distress
5. **Severe** - Frequent discomfort with significant distress

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Cystoscopy	POST PROCEDURE INSTRUCTIONS
Botox <input type="checkbox"/> Amount:	To be reviewed by: <input type="checkbox"/> Prescription required <input type="checkbox"/> Standard post procedure instruction <input type="checkbox"/> Therapeutic instructions <input type="checkbox"/> Other Instructions:
Biopsy <input type="checkbox"/> Bladder washout <input type="checkbox"/> Solution used: Amount:	
Stent removal <input type="checkbox"/> Urethral Dilatation <input type="checkbox"/> Size:	
Re-Catheterised <input type="checkbox"/> Size:	
SIGN OUT	ACTIONS
Procedure confirmed <input type="checkbox"/> Specimen identification and management completed <input type="checkbox"/> Post procedure instructions confirmed <input type="checkbox"/> Any equipment problems: <input type="checkbox"/> Any patient issues <input type="checkbox"/> Does this patient need further appointment <input type="checkbox"/>	

Nurse: Signature: Band:

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Appendix 2: Patient Information Leaflet for Cystoscopy Available at:
[Having a flexible cystoscopy \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk)

Caring at its best


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Having a day case flexible cystoscopy

Department of Urology

Information for patients

Produced: Jul 2020
Review: Jul 2023

Leaflet number: 701 | Version: 10

What is a flexible cystoscopy?

Your doctor has recommended that you have a flexible cystoscopy. This is a technique that allows the surgeon to pass a small telescope along the urethra into your bladder (see diagrams over the page). There will be no cuts or stitches involved. The cystoscopy will take place whilst you are awake. Lubricating jelly will be applied to the urethra to allow the telescope to pass through the urethra more easily.

What are the benefits?

The procedure allows the surgeon to see clearly into the bladder, to give an accurate diagnosis of the problem.

Are there any possible complications?


Most people have no trouble after flexible cystoscopy. However occasionally complications do occur:


- Haematuria** (blood in the urine) may happen after the cystoscopy. This is normal and should settle within a day or two.
- Urine infection:** you may be sent home with a course of antibiotics as a precaution against this risk.
- Mild burning** on passing water and some increased frequency in passing water may occur, but usually gets better within 48 hours.


You will have time to discuss all these risks with the doctors and nursing staff before you consent to having a cystoscopy.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

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Re-use of this leaflet is restricted by Creative Commons license


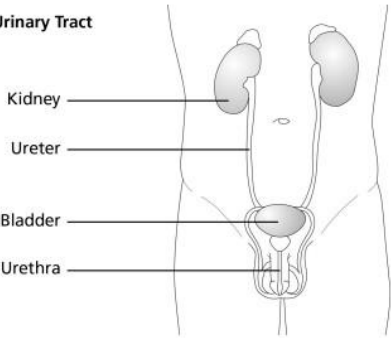
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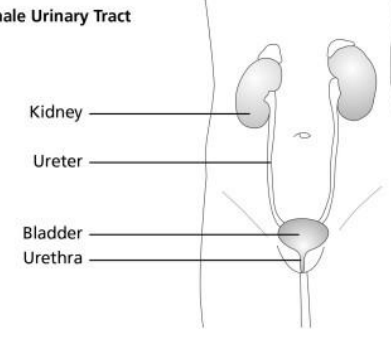
Understanding your anatomy

Please tell us if you think you may be pregnant

Male Urinary Tract



Female Urinary Tract




Are there any alternatives?

It may be possible for you to have a cystoscopy under general anaesthetic (whilst you are asleep), but this procedure has more risks associated with it.

www.leicestershospitals.nhs.uk

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Preparing for your procedure

Please read the following important information:

- If you are ill, or cannot keep your appointment for some other reason, please let us know as soon as possible. Another patient may benefit from the cancellation of your appointment.
- If you feel worried or nervous and want to talk to someone, please feel free to ring the nurses on the Day Case Unit.

Please ring one of the numbers below:

Monday to Friday 10.00 am - 4.30 pm.

Leicester General Hospital 0116 258 4192 (Day Case 1)

0116 258 8130 (Day Case 2)

Outside these hours contact: Urology Emergency Admissions

0116 258 4247

What do I need to do before my procedure?

- Read your admission letter carefully.
- Do not wear any jewellery, except for a wedding ring.
- Do not bring any valuables with you into hospital. University Hospitals of Leicester NHS Trust cannot accept responsibility for loss or damage to personal belongings.
- Do have a bath or shower before you come into hospital.
- Do wear comfortable clothing and footwear to go home in.


Expect to wait on the unit before your surgery.


What do I need to bring with me on the day of my procedure?

- Your appointment letter. The time you are given to arrive is not the time of your procedure. The surgeon needs to see you before the start of the list, so you may be waiting for your procedure for between two and four hours.
- Any drugs, medicines or inhalers you are using. Please take your necessary medication before attending. Please consult your GP or clinic about stopping warfarin, clopidogrel and aspirin before the procedure.
- A contact number for your lift home, if needed.
- A dressing gown and slippers, if you have them.
- Something to do while you are waiting, such as a book or magazine to read.

Do not drive for at least 48 hours.

Driving under the influence of anaesthetic drugs might be considered a criminal offence and could affect your insurance cover.

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What will happen when I am on the Day Case Unit?

You should come to the Day Case Unit and report to reception.

- Your details will be checked and you will be directed on to the ward or to the waiting room where a nurse will collect you.
- The nurse will talk to you about your procedure and ask you a few questions.
- You will meet one of the surgical team who will ask you to sign a consent form. This may take place on the ward or in theatre. Please ask your surgeon if there is anything you do not understand before you sign the form.
- You will need to change into theatre gown - the nurse will tell you when to do this, and then take you to theatre.

What happens after the procedure?

You will return to the day ward and staff will make sure you are comfortable, and provide you with refreshments. You will need to pass urine before you can go home.

Pain - most people do not experience any pain, but any discomfort after your cystoscopy can usually be controlled with paracetamol (or a similar pain killer). If you are unsure, contact us for advice.

Diet - you can eat and drink as normal straight away. It is best to drink plenty of fluids, at least two to three litres (four to five pints) in the first 24 hours. This will make you pass more water, flushing your bladder regularly.

Driving - having a flexible cystoscopy does not affect your driving. You may drive to the hospital and home again after the procedure.

Work - you can return to work the day after your procedure.

Sex - you can resume sexual activity as soon as you feel comfortable.

Physical activity - having a flexible cystoscopy does not mean that you should restrict your physical activity in any way.

What happens next?

The answer to this question depends upon the result of the cystoscopy and any other investigations you may have had. These results will allow the team to advise you about any necessary further tests, treatment or appointments and when you should expect these.


اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਸਿ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Ably uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



LEICESTER'S RESEARCH *

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement

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Appendix 3: UHL Safer Surgery: Endoscopy Patient Pathway

ENDOSCOPY UNITS – Cystoscopy



Caring at its best

Patient Label	Prefers to be known as:
	Time of admission:

Transport / Escort home:	
Carer after discharge:	Telephone:
ADMISSION CHECKLIST	
<input type="checkbox"/> At risk of CJD - Known Haemophilia / IHG products – SEEK SENIOR ADVICE IMMEDIATELY	
<input type="checkbox"/> Identification band	<input type="checkbox"/> Indwelling Catheter: Size:
<input type="checkbox"/> Previous Cystoscopy:	<input type="checkbox"/> Replacement Catheter:
<input type="checkbox"/> Confirm procedure :	<input type="checkbox"/> Urinalysis:
<input type="checkbox"/> Information read and signed by patient	Results:
<input type="checkbox"/> Medical history checked by Nurse MSU Required:
<input type="checkbox"/> Any Mental Capacity Concerns	<input type="checkbox"/> ANTICOAGULANT therapy
<input type="checkbox"/> Any communication issues	Aspirin, Warfarin , Clopidigrel, Enoxaparin, Other
Allergies:	ANTICOAGULANT therapy stopped x days
<input type="checkbox"/> LATEX CHLORHEXIDINE	<input type="checkbox"/> INR on admission
<input type="checkbox"/> The patient is aware that they will have further opportunity to talk with Doctor / Specialist Nurse performing the test and that they will need to sign a "Consent Form". By agreeing to sign the Consent Form they know they are confirming to have the test done but understand they can withdraw consent at any time	


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Approved by: Alliance Elective Quality & Safety Meeting & Safe Surgery Board June 2023

Review: 28/06/2026


Trust Ref: C1/2020

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MEDICATION:-	PAST MEDICAL HISTORY

Have you travelled abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>									
BMI	Waterlow	BM stix	Temp	Pulse	B/P	R/R	O ₂ Sats	EWS	Pain Score (1 – 10)
							%		Description:
ADMISSION NURSE: SIGNATURE:						RGN BAND: DATE:			

CystoCG 04/23

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WATERLOW BY EXCEPTION

Assess by Age, Sex and Mobility. If score > 10 then continue

Sex / Age	*	Mobility	*	Build / Weight for Height	*	Special Risk
Male	1	Fully	0	Average	0	Tissue Malnutrition
Female	2	Restless / Fidgety	1	Above Average	1	Terminal Cachexia
14 – 49	1	Apathetic	2	Obese	2	Cardiac Failure
50 – 64	2	Restricted	3	Below Average	3	Peripheral Vascular Disease
65 – 74	3	Inert / Traction	4			Anaemia
75 – 80	3	Chair bound	5			Smoking
80 +	5					
Continence	*	Risk Area Visual Skin Type	*	Appetite	*	NEEDS ACTION
Complete / Catheterised	0	Healthy	0	Average	0	11 – 14 AT RISK
Occasional Incontinence	1	Tissue Paper	1	Poor	1	15 – 24 HIGH RISK
Catheter / Incontinence of Faces	2	Dry	1	NG Tube / Fluids only	2	25+ VERY HIGH RISK / FRAIL
Doubly Incontinent	3	Oedematous	1	NBM / Anorexic	3	SCORE:
Major Surgery	*	Clammy T ↑	1			
Abdominal Surgery	5	Discoloured	2			
Below Waist, Spinal	5	Broken / Spot	3			
On Table > 2 Hours	5	Medication	*	Neurological Deficit	*	
		Steroids, Cytotoxins Anti-inflammatory	4	eg Diabetes, CVA, MS, Paraplegia: Motor / Sensory	4 – 6	

PAIN ASSESSMENT TOOL

0	1	2	3	4	5	6	7	8	9	10
Nil	Discomfort		A Little Pain		A Lot of pain		Severe Pain		Excruciating	

Screening for Falls Risk	
To be completed within 6 hours of admission, circle Y or N	
1. Is the patient aged 65 or older?	Y / N


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<p>2. Is the patient below the age of 65 but at high risk of falls due to an underlying medical condition? i.e.</p> <ul style="list-style-type: none"> • 2 or more falls in the last 12 months • Fall during this admission • Unsafe / Unsteady mobility • Confusion or agitation • Brain injury / neurological condition / alcohol use / post surgery 	Y / N
---	-------

Promoting Health; “Are you happy with your lifestyle?”		
SMOKING		
Ask; Does the patient smoke or consume tobacco? If yes, how many a day?	Yes	No
Advise; “Stopping smoking is the best thing you can do for your health. Did you know that you are 4 times more likely to quit if you use an NHS stop smoking service.”	Yes	No
Act; “Would you like me to make a referral / give you some leaflets about the services?”	Yes	No
Referral made to: STOP <input type="checkbox"/> Declined <input type="checkbox"/>		
If the patient does not want stop smoking please record reason;		
ALCOHOL		
Ask; Does the patient drink alcohol? If yes, how many units a week? OR How many units a day?	Yes	No
1 unit = ½ pt 4% lager/beer/cider; 1 measure spirit; 1 small bottle alcopop 2 units = 1pt 4% lager/beer/cider; 1 glass wine; 3 units = 1 pt 5% lager/beer/cider; 1 large glass wine; 1 large bottle alcopop		
Advise; “Aim to drink no more than 2 – 3 units a day (women), 3 – 4 units a day (men). Have at least 2 alcohol free days a week.” Advice Given <input type="checkbox"/>	Yes	No
Act; “Would you like me to make a referral?”		
Referral made to Alcohol Liaison Service	Yes	No
If the patient does not want ALS referral please record reason;		

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PROPERTY DISCLAIMER

Name:	Hospital No:	Ward:	Site:
VALUABLES / DISCLAIMER			
Valuables retained by patient			
Tick as applicable:			
<input type="checkbox"/> Spectacles: _____	<input type="checkbox"/> Watch: _____		
<input type="checkbox"/> Hearing Aid: _____	<input type="checkbox"/> Rings: _____		
<input type="checkbox"/> Dentures: _____	<input type="checkbox"/> Keys: _____		
<input type="checkbox"/> Pension Book: _____	<input type="checkbox"/> Mobile Phone: _____		
<input type="checkbox"/> Cheque Book: _____	<input type="checkbox"/> Mobility aids: _____		
<input type="checkbox"/> Money: _____	<input type="checkbox"/> Equipment (i.e. nebuliser): _____		
<input type="checkbox"/> Credit Cards: _____	<input type="checkbox"/> No. items _____		
<input type="checkbox"/> Deposited with Patient Affairs Date: _____ Date returned: _____ Signature: _____			
Security Seal Number: _____			
Please list items deposited with Patients Affairs: _____			
Valuables transferred with patient: _____			
Valuables taken home: _____			
			Signature: _____
Disclaimer			
Other property e.g. night clothes, toiletries:			
You are advised to restrict to a minimum the amount of property, including cash and other valuables, brought into this hospital and to hand to the nurse in charge of your admission, as soon as possible, any articles you wish to be kept in safe custody for which a receipt will be given to you. You are responsible for property (including cash and valuables) belonging to you or your child not handed over for safe custody.			
Notice is hereby given that University Hospitals of Leicester NHS Trust accepts no responsibility for the loss of, or damage to personal property of any kind, in whatever way the loss or damage may occur, unless deposited for safe custody.			
<input type="checkbox"/> I have read and understood the disclaimer		<input type="checkbox"/> The disclaimer has been explained / read to me and I understand its contents	
Signature of patient: _____		Signature on behalf of patient: _____	
Date: _____		Name in print: _____	
Time: _____		Parent/guardian/family/friend (please delete as appropriate)	
NB: Any valuables surrendered for safe keeping must be listed in Patient Cash and Valuables Book.			


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SIGN IN / TIME TO STOP

Carried out by all members of team to be present during the procedure including the Endoscopist Endoscopist:																			
Trainee: Nurse 1: Nurse 2: Other:																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Patient identity confirmed against completed consent form (<i>2 identifiers</i>)/digital consent:</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Team introduced to patient:</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Team confirm procedure: (and with patient):</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Consent form/digital consent checked and signed:</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Anticoagulants/Antiplatelets: (PLEASE LIST IF YES)</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Any known infections</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Relevant medical conditions: (PLEASE LIST IF YES)</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Allergies (PLEASE LIST IF YES)</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> <tr> <td style="padding: 2px;">Metal plates/Pins/Pacemaker</td> <td style="text-align: right; padding: 2px;">YES / NO</td> </tr> </table>	Patient identity confirmed against completed consent form (<i>2 identifiers</i>)/digital consent:	YES / NO	Team introduced to patient:	YES / NO	Team confirm procedure: (and with patient):	YES / NO	Consent form/digital consent checked and signed:	YES / NO	Anticoagulants/Antiplatelets: (PLEASE LIST IF YES)	YES / NO	Any known infections	YES / NO	Relevant medical conditions: (PLEASE LIST IF YES)	YES / NO	Allergies (PLEASE LIST IF YES)	YES / NO	Metal plates/Pins/Pacemaker	YES / NO	FURTHER DETAILS
Patient identity confirmed against completed consent form (<i>2 identifiers</i>)/digital consent:	YES / NO																		
Team introduced to patient:	YES / NO																		
Team confirm procedure: (and with patient):	YES / NO																		
Consent form/digital consent checked and signed:	YES / NO																		
Anticoagulants/Antiplatelets: (PLEASE LIST IF YES)	YES / NO																		
Any known infections	YES / NO																		
Relevant medical conditions: (PLEASE LIST IF YES)	YES / NO																		
Allergies (PLEASE LIST IF YES)	YES / NO																		
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Monitoring (oximeter on + BP) available</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">O₂ and suction available:</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Equipment checked:</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Any concerns/Questions:</td> <td></td> </tr> <tr> <td style="padding: 2px;">Staff:</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Patient:</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Monitoring (oximeter on + BP) available	<input type="checkbox"/>	O ₂ and suction available:	<input type="checkbox"/>	Equipment checked:	<input type="checkbox"/>	Any concerns/Questions:		Staff:	<input type="checkbox"/>	Patient:	<input type="checkbox"/>							
Monitoring (oximeter on + BP) available	<input type="checkbox"/>																		
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Equipment checked:	<input type="checkbox"/>																		
Any concerns/Questions:																			
Staff:	<input type="checkbox"/>																		
Patient:	<input type="checkbox"/>																		




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DURING PROCEDURE

Procedure: Cystoscopy	Time Started:	Time Completed:	Endoscopist:
Cystoscope used:			

DRUG ADMINISTERED


DRUG	INITIAL DOSE	ROUTE	TIME	TOP-UP	TIME	TOP-UP	TIME	TOTAL	Checked by	Given by
Botox										

OBSERVATIONS

COMFORT SCORE 1-5


	Time	B/P	P	R/R	O ₂ Sats	Pain Score (1-10)	EWS
PRE							
PERI							
POST							
Comment:							

6. **Comfortable** - Talking / comfortable throughout
7. **Minimal** - One or two episodes of mild discomfort without distress
8. **Mild** - More than 2 episodes of discomfort without distress
9. **Moderate** - Significant discomfort experienced several times with some distress
10. **Severe** - Frequent discomfort with significant distress

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Cystoscopy	POST PROCEDURE INSTRUCTIONS
Botox <input type="checkbox"/> Amount:	To be reviewed by: <input type="checkbox"/> Prescription required <input type="checkbox"/> Standard post procedure instruction <input type="checkbox"/> Therapeutic instructions <input type="checkbox"/> Other Instructions:
Biopsy <input type="checkbox"/> Bladder washout <input type="checkbox"/> Solution used: Amount:	
Stent removal <input type="checkbox"/> Urethral Dilatation <input type="checkbox"/> Size:	
Re-Catheterised <input type="checkbox"/> Size:	
SIGN OUT	ACTIONS
Procedure confirmed <input type="checkbox"/> Specimen identification and management completed <input type="checkbox"/> Post procedure instructions confirmed <input type="checkbox"/> Any equipment problems: <input type="checkbox"/> Any patient issues <input type="checkbox"/> Does this patient need further appointment <input type="checkbox"/>	

Nurse: Signature: Band:

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RECOVERY

Hand over of care accepted by Signature		
Band Time		
Comments:		
Pain Score(1 – 10)		
Urethral Bleeding		
Passed Urine		
Eating and Drinking		
Glasses/Dentures/Hearing aid Replaced		
Pre Procedure Mobility Status Achieved		

OBSERVATIONS IF REQUIRED

TIME										
B/P										
Pulse										
R/R										
O ₂ Sat										
Temp °C										
CNS										
BM Stix										
Pain Score										
EWS										

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Early Warning Score (EWS)


Physiological parameters	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Oxygen Saturations	≥97 on O ₂	95-96 on O ₂	93-94 on O ₂	≥93 on Air 88-92	86-87	84-85	≤83
Any supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	
Systolic BP	≤90	91-100	101-110	111-219			≥220
Heart Rate	≤40		41-50	51-90	91-110	111-130	≥131
Level of Consciousness				A			V,P or U

RESPONSE TO CLINICAL DETERIORATION OR CONCERN

<p>EWS 0-2 or clinical concern</p> <p>EWS 0 → continue with 12 hourly obs EWS 1-2 → inform nurse in charge</p>	<ul style="list-style-type: none"> Repeat observation within 1 hour when EWS 1-2 If remains 1-2 for 2 hours Nurse in Charge to determine frequency of observation (no less than 4 hourly)
<p>Score EWS 3 for 2 hours or clinical concern</p> <p>Use SBAR tool for all referrals If score 2 for 2 hours contact F1/F2/CT or Hospital @ Night through NerveCentre Request medical review within 60 mins Consider call Critical Care Outreach Team</p>	<ul style="list-style-type: none"> Registered nurse to re-check clinical obs and ensure appropriate nursing intervention have been completed Hourly EWS for a minimum of 2 hours Inform nurse in charge of patient's EWS score Manual BP check if Systolic <90mmHg or >150mmHg Ensure fluid balance monitoring is in place and patient has IV access Could this patient have sepsis? Start oxygen 15L via face mask with reservoir & review within 30mins
<p>EWS 4-5 or clinical concern</p> <p>Use SBAR tool for all referrals</p> <p>Contact F1/F2/CT or Hospital @ Night through NerveCentre</p> <p>Request medical review within 30 mins</p> <p>Refer to Critical Care Outreach Team</p>	<ul style="list-style-type: none"> Registered nurse to re-check clinical obs and ensure appropriate nursing intervention have been completed Commence hourly EWS Commence fluid monitoring, documenting all inputs and outputs and ensure patient has IV access F1/F2/CT or Hospital @ Night Co-ordinator to contact SPR or Hospital @ Night Registrar Management plan documented stating interventions and physiological parameters Could this patient have sepsis? Is the patient at risk of falling? Refer to Falls Assessment/Care Plan Start oxygen 15L via face mask with reservoir & review within 30mins

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<p>EWS \geq 6 or deteriorating</p> <p>Use SBAR tool for all referrals</p> <p>Request urgent review by SPR</p> <p>Refer to Critical Care Outreach Team for review within 30 mins</p>	<ul style="list-style-type: none"> • Commence ½ hourly EWS, 1 hourly fluid monitoring, consider catheterisation • Do ECG • Registered nurse to remain with patient • F1/F2/CT or Hospital @ Night Co-ordinator to contact SPR or Hospital @Night Registrar • Do ABG and start oxygen 15L via face mask with reservoir • Registrar to discuss with Consultant • Refer to Acute Response Team (outreach) • Clear management plan documented stating physiological parameters and interventions required • If patient requires transfer to CCU then Consultant to Consultant referral usually required • Could this patient have sepsis?
<p>Could this patient have sepsis?</p>	<p>If suspected, implement sepsis bundle as follows:</p> <ul style="list-style-type: none"> • Oxygen • Blood culture • IV antibiotics • Fluid therapy and complete fluid balance chart • Serum Lactate • BM • Catheterise • Reassess for SEVERE SEPSIS with 1 hourly EWS


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S Situation	<p>I am calling about (patient name and location)</p> <p>The patient's resus status is (resus status)</p> <p>The problem I am calling about is</p> <p>I have just assessed the patient personally:</p> <p>Vital signs are: B/P Pulse R/R Temp</p> <p>I am concerned about the:</p>
-----------------------	---

B Background	<p>The patient's mental status is:</p> <p>Alert and oriented to person, place and time Confused and cooperative or non-cooperative Agitated or combative Lethargic but conversant and able to swallow Stuporous and not talking clearly and possibly unable to swallow Comatose. Eyes closed. Not responding to stimulation</p> <p>The skin is:</p> <p>Warm and dry Pale Mottled Diaphoretic Extremities are cold Extremities are warm</p> <p>The patient is not or is on oxygen:</p> <p>The patient has been on (L/min) or (%) oxygen for mins/hrs The oximeter is reading % The oximeter does not detect a good pulse and is giving erratic readings</p>
------------------------	---

A Assessment	<p>This is what I think the problem is (say what you think is the problem) The problem seems to be cardiac / infection / neurologic / respiratory</p> <p>.....</p> <p>I am not sure what the problem is but the patients is deteriorating. The patient seems to be unstable and may get worse, we need to do something.</p>
------------------------	---


R Recommendation	<p>I suggest or request that you (say what you would like to see done)</p> <p>Transfer the patient to critical care Come and see the patient at (this time) Talk to the patient or family about resus status Ask the on-call Registrar to see the patient now Ask for a Consultant to see the patient now</p> <p>Are any tests needed:</p> <p>Do you need any tests like CXR, ABG, ECG, U&E or BMP? Others?</p> <p>If a change in treatment is ordered then ask:</p> <p>How often do you want vital signs? How long do you expect this problem to last? If the patient does not get better when would you want us to call again?</p>
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Complete an AKI Alert Sticker for all patients with any stage of AKI identified on iLAB or ICE or who have urine output <0.5mls/kg/hr for >6hrs. This aids early identification of the cause of AKI and leads to prompt management

**AKI
Care
Bundle**

EWS observation
 Assess fluid status and monitor fluid balance
 Perform urinalysis
 Consider renal ultrasound
 Nephrotoxic medication review
 Monitor bloods
 Timely referral to Nephrology

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DISCHARGE

Discharged Nurse by: Signature:							
RGN Band:				Time:			
Pain Score (1 – 10)				Copy of consent/digital consent <input type="checkbox"/> Copy of Ice letter <input type="checkbox"/> Prescription Given <input type="checkbox"/> Discharge advice and information given to: Patient <input type="checkbox"/> Patient and Escort <input type="checkbox"/>			
Passed urine							
Glasses/Dentures/Hearing Aids Replaced							
Pre Procedure Mobility Status Achieved				No follow up/Follow up OPD Given or already made <input type="checkbox"/> OPD to be sent <input type="checkbox"/> Virtual clinic – will be contacted <input type="checkbox"/> By referring Consultant <input type="checkbox"/> To contact GP <input type="checkbox"/> Discharge to GP care <input type="checkbox"/> Repeat cystoscopy <input type="checkbox"/> Other investigations required <input type="checkbox"/>			
Patient Eating and Drinking							
Observation if Required							
B/P	Pulse	R/R	O ₂ Sat	Temp °C	CNS	BM Stix	EWS
Fit for Discharge <input type="checkbox"/>							
Patient satisfied that general comfort needs checked and addressed during Endoscopy episode Yes <input type="checkbox"/> No <input type="checkbox"/> State any problems: Suggestion sheet supplied if dissatisfied with care given Yes <input type="checkbox"/> Refused <input type="checkbox"/>							

SMOKING CESSATION REFERRAL	
Noted on admission - Would like help to stop smoking	
Referral Type:	Card Referral <input type="checkbox"/> ICM <input type="checkbox"/>


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DATE AND TIME	ADDITIONAL NOTES / COMMENTS	SIGNATURE

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GUIDELINES FOR DISCHARGE FOLLOWING AN ENDOSCOPY PROCEDURE WITH OR WITHOUT SEDATION

Authorised professionals to discharge Must be:

- Registered nurse at level one
- Employed by the Trust at a minimum Band 5
- Familiar with
 - NMC Code of professional practice (2008)
 - The Scope of professional practice (2008)
 - The Trust policy for adjustment and development of practice (2002)
 - The Trust's Discharge Policy (UHL 2003)

Must have:

- Completed Endoscopy training section re discharge of a patient post procedure with patient information
- 3 months experience within an Endoscopy department
- Up to date knowledge and skills that they maintain
- Accountability for their practice


Patients may be discharged should the following be met:

- Patient comfortable with only minor discomfort related to trapped air. A pain score of less than 5
- There is no abdominal distension, rectal bleeding, haematemesis or melaena (GI Procedure)
- There is no severe abdominal, neck or chest pain
- No EWS issues

The minimum discharge criteria are met:

- Ability to stand unaided and walk without support or achieved pre procedure mobility status
- Stable vital signs
- Minimal nausea
- Toleration of oral fluids (unless post non-sedated Gastroscopy)
- Appropriate aftercare and escort home if required
- Ability to pass urine if Buscopan administered and pass wind following a colonoscopy / sigmoidoscopy
- Ability to pass urine following cystoscopy

Earliest discharge times post procedure should be no less than 15 minutes if no sedation given or 30 minutes with sedation

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Information to be given at discharge:

This will be given to either patient or patient and escort depending on patient's choice and if sedation has been given

- The nurse will give verbal information of findings from generated report and, discharge advice information with a contact number for the Endoscopy department
- Relevant healthcare advice and information will be given with any follow up appointments and prescription required
- The patient will be seen by any required Clinical Nurse Specialist and contact numbers given accordingly
- A copy of Consent form will also be given at discharge unless endoscopist states otherwise

**To comply with NMC Guidelines for record keeping.
If you use this pathway please use black ink and sign relevant part of document.**

Cannula and Product Labels:

Title: Cystoscopy Standard Operating Procedure UHL Urology (in the Alliance) (LocSSIPs)

Authors: Colette Green, Daniel Stendall, Lynn Pilbrow

Approved by: Alliance Elective Quality & Safety Meeting & Safe Surgery Board June 2023

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