




NASAL ENDOSCOPY IN THE OUTPATIENTS DEPARTMENT (OPD)	
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1.0 Introduction

Nasal endoscopy is commonly used in paediatric ENT for diagnostic purposes

2.0 Definition of Guidelines

Nasal endoscopy is the use of a flexible fibre optic endoscope to evaluate upper airways: - nasal passages, nasopharynx, oropharynx and larynx (Burton 2000).

3.0 Complication associated with nasal endoscopy (*This is not an exhaustive list*)

While the procedure is **low-risk, gagging, nosebleeds** or **coughing** may occur as the endoscope is threaded through a nostril. Nevertheless, while the procedure is considered very safe, bleeding can occur, but very rarely (Burton 2000).

4.0 Specific Considerations


A nasal endoscopy does not require any special precautions to be taken prior to the procedure. However, a nasal spray or topical decongestant, such as a *nasal vasoconstrictor*, and topical anesthetic (numbing medicine) may be inserted inside the nose prior to the procedure. The medication has an unpleasant taste and may cause numbness in the throat for 20 minutes. If this nasal spray is used, the patient should fast for 20 minutes following the procedure. Nasal spray are rarely administered to infants and may be used in older children.

5.0 Indications for nasal endoscopy: (*This is not an exhaustive list*)

- Noisy breathing
- Loss of voice
- Weak Cry
- Hoarseness


6.0 Equipment

- Nasal endoscopy machine (Storz Aida)
- Nasal endoscopy scope
- Blanket (for infant)
- Non-Sterile Gloves
- Oxygen (O₂) saturations machine
- Oxygen saturations probe (age and weight appropriate)
- Apron X 2 (for doctor and nurse)
- Alco wipes X 1
- Suction machine


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7.0 Procedure

ACTION	RATIONALE
Check the emergency resuscitation equipment prior to commencing the ENT clinic	To ensure the procedure is completed smoothly (Dougherty and Lister 2015)
Turn on the nasal endoscopy machine	To ensure the scope is working and that the procedure can continue
Verbal consent is obtained by the team prior to the procedure	To inform the child/family, increasing co-operation and promote understanding and trust (Hockenberry and Wilson 2015, Dougherty and Lister 2015, Trigg and Mohammed 2010)
Explain to the child and parent / guardian what will occur and why the procedure needs to be performed	To inform the child/family, increasing co-operation and promote understanding and trust (Hockenberry and Wilson 2015)
Ensure privacy for the child throughout the treatment	To maintain dignity in accordance with the Prevention of abuse to children while in the care of the hospital (OLCHC 2013)
Decontaminate hands	To reduces transfer of micro-organisms (HSE 2010, Infection Control Department 2013, Nurse Practice Committee 2013, OLCHC 2013)
Put on apron and gloves	To protect personal clothing from occupation body fluid exposure (Infection Control Department 2010b)
Check the date and time the nasal endoscopy scope was re-processed	The nasal endoscopy scope must have been re-processed within 3 hours of use or if stored in the extended storage endoscopic cabinet in OPD it must be reprocessed within 14 days
Prior to the procedure wrap the infant in a blanket	To maintain the infant in a safe and secure position
Position: <ul style="list-style-type: none"> the child in the procedure chair next to the nasal endoscopy machine independently, for the procedure <p style="text-align: center;">or</p> <ul style="list-style-type: none"> the infant / toddler in nurse / parent / 	To facilitate the smooth running of the procedure, ensure the patient is safe and facilitate observation of the patient during the procedure (Trigg and Mohammed 2010)

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<p>guardian's arms in a sitting position facing forward towards the doctor. The parent / guardian are positioned in the procedure chair next to the nasal endoscopy machine</p> <p>The patient may be attached to the O2 saturations monitor, recording the child's baseline observations (heart rate and oxygen saturation level) prior to commencing the procedure and for the duration of the procedure</p> <p>The nurse positions a hand gently on the patients head</p> <p>The doctor carefully inserts the nasal endoscopy scope into the patients nasal passage</p> <p>Reassure the patient and parent/guardian throughout and after the procedure</p> <p>Once the doctor is finished examining the upper respiratory passages, s/he will gently remove the nasal endoscopy</p> <p>Post procedure observations may be performed, as clinically indicated</p> <p>If nasal spray or topical decongestant was used, the patient should fast for 20 minutes following the procedure.</p> <p>Once the nasal endoscopy scope is removed from the patient nasal passages, place it in its nasal endoscopic box with patient details, covering it with the red plastic cover. The scope is then decontaminated in a room in St Anne's Dressing Clinic by either the Healthcare Assistance or nurse as per Policy Cleaning of Wolf Endoscopes post procedure</p>	<p>To obtain information via observation which will for a baseline for immediate action and ongoing assessment and assist in developing a plan of action (Trigg and Mohammed 2010) and to assist in the early detection and management of the complications associated with the nasal endoscopy procedure</p> <p>To prevent the patient moving their head during the procedure and causing damage to the respiratory passage during the procedure</p> <p>To help maintain a trusting relationship between the child and nurse (Hockenberry and Wilson 2010)</p> <p>To monitor the patient condition post procedure</p> <p>Nasal spray or topical decongestant can cause a temporary sensation of not being able to swallow</p> <p>In accordance with the policy on Cleaning of Wolf Endoscopes post procedure (OLSCH 2014)</p>
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<p>Dispose of all equipment appropriately</p> <p>Decontaminate hands as above</p> <p>Evaluate and document the procedure in the patient medical notes. Place the nasal endoscopy traceability stickers (2 copies) one in the patient medical notes and the other in the ENT Diary, along with the patient details, recording time and date of the procedure on both traceability stickers.</p>	<p>To promote safety and prevent cross infection (OLCHC 2013, Department of Health and Children 2010)</p> <p>To prevent cross infection (HSE 2010, Infection Control Department 2013, Nurse Practice Committee 2013, OLCHC 2011)</p> <p>To maintain accountability through accurate recording of nursing care (An Bord Altranais 2015)</p>
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