

Nurse Led Dyspepsia Clinic

Alice Washer

Clinical Nurse Specialist in Gastroenterology / Nurse Endoscopist

CMDHB

My background

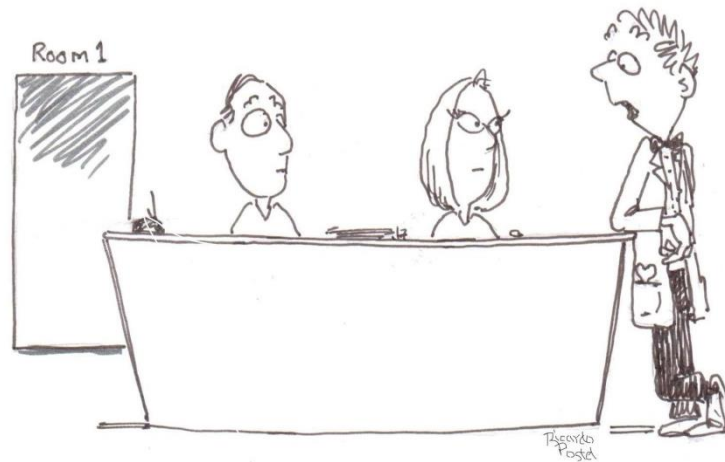
- Surgical nurse
- Endoscopy nurse
- Commenced Nurse Endoscopist training programme 2016
- Clinical Nurse Specialist in Gastroenterology
- Master of Nursing
- Dyspepsia nurse specialist clinic – set up service at Counties Manukau
- Nurse Endoscopist

Dyspepsia



Why start a nurse led clinic?

Department of Gastroenterology



Let's call it a day, I'm pooped.

- Take pressure off general gastroenterology outpatient clinics. (*Dyspepsia accounts for 30% of all gastroenterology referrals*)
- Clear guidelines and pathways available for treatment of adults with dyspepsia
- Clinical nurse specialist with the knowledge and skills required
- Quick and early diagnosis

Who do I see in the Dyspepsia Clinic?

Patients referred with:

- Dyspepsia
- Reflux/heartburn
- Epigastric pain
- Dysphagia
- Previous peptic ulcers
- Iron deficiency anaemia (first presentation)
- Upper GI alarm symptoms
- Suspected *Helicobacter pylori* infection

Pro forma

DYSPEPSIA MANAGEMENT	
Date:	Patient sticker
Weight:	
Height: BMI:	
BP: HR:	
Allergies:	
Symptoms: Epigastric pain Epigastric bloating Heartburn Nausea/vomiting Dysphagia Dominant symptom –	Endoscopy - Discuss findings Histology results H. Pylori CLO result Positive / Negative H. Pylori eradication Hiatus hernia
Medical History Cardiac problems Diabetes Respiratory disease Previous peptic ulcer Other Surgical History Abdominal surgery Relevant family history	Further tests Barium swallow U/S CT scan Pillcam FBC & U&E's
Social: Occupation Smoking Alcohol	Alternatives Coeliac disease Irritable bowel syndrome Biliary disorders
Current Medications	Review medications Timing of PPI / H2RA - optimising therapy NSAIDs use Domperidone
Review lifestyle, dietary advice Weight management Avoid precipitant foods (coffee, chocolate, fatty or spicy foods) Avoid lying down after dinner, regularly small meals each day. Raise head of bed	
Plan: (Discussed with Consultant) ph manometry testing Other investigations Medications – any adjustments Refer for surgical discussion/treatment	
Follow up required:	
Nurse:	Signature:

How it works?

- Taking a history
- Assessment
- Diagnostic tests
- Patient education
- Health literacy
- Arranging follow up

- Ask for help!

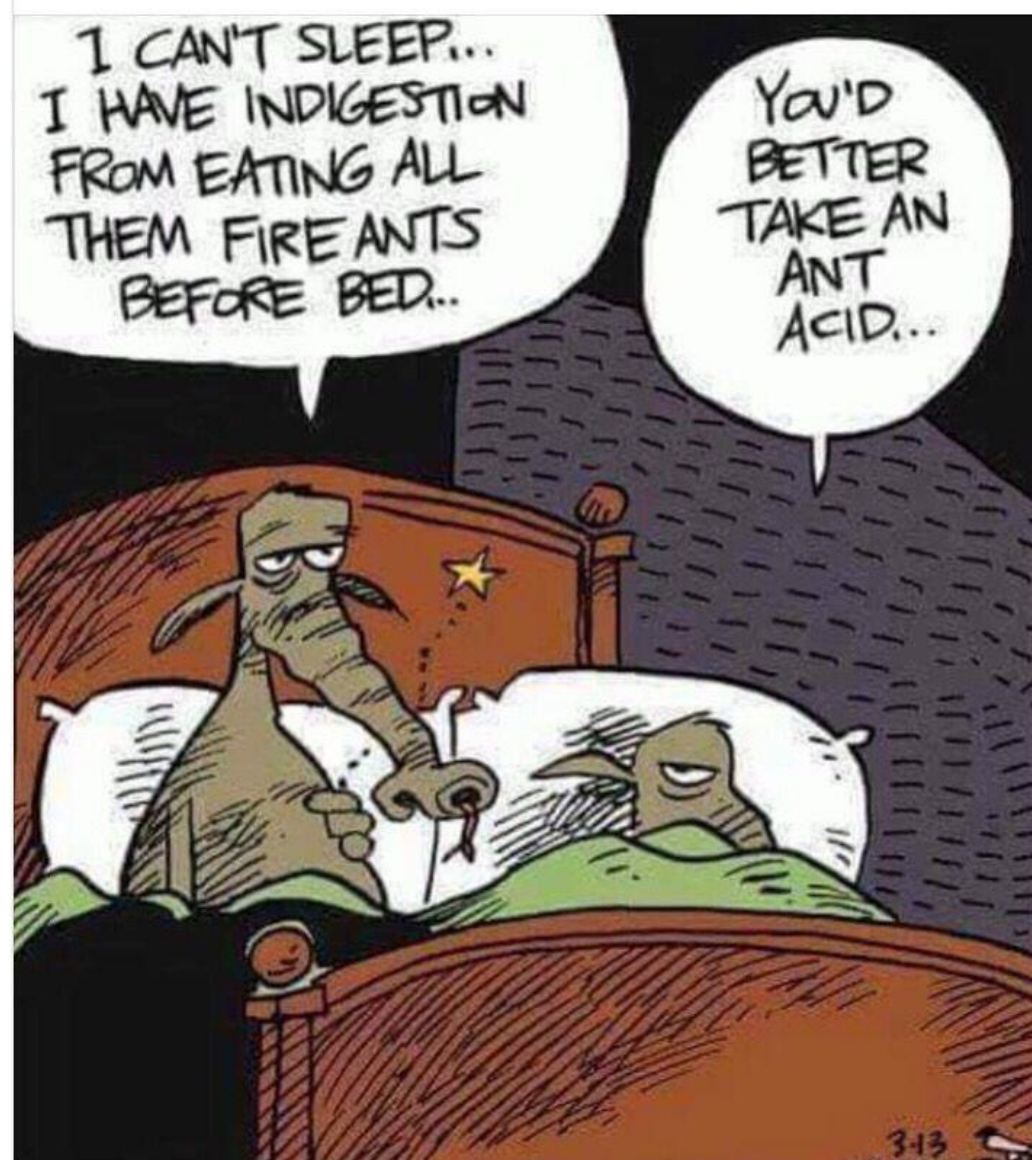
How did we do it?

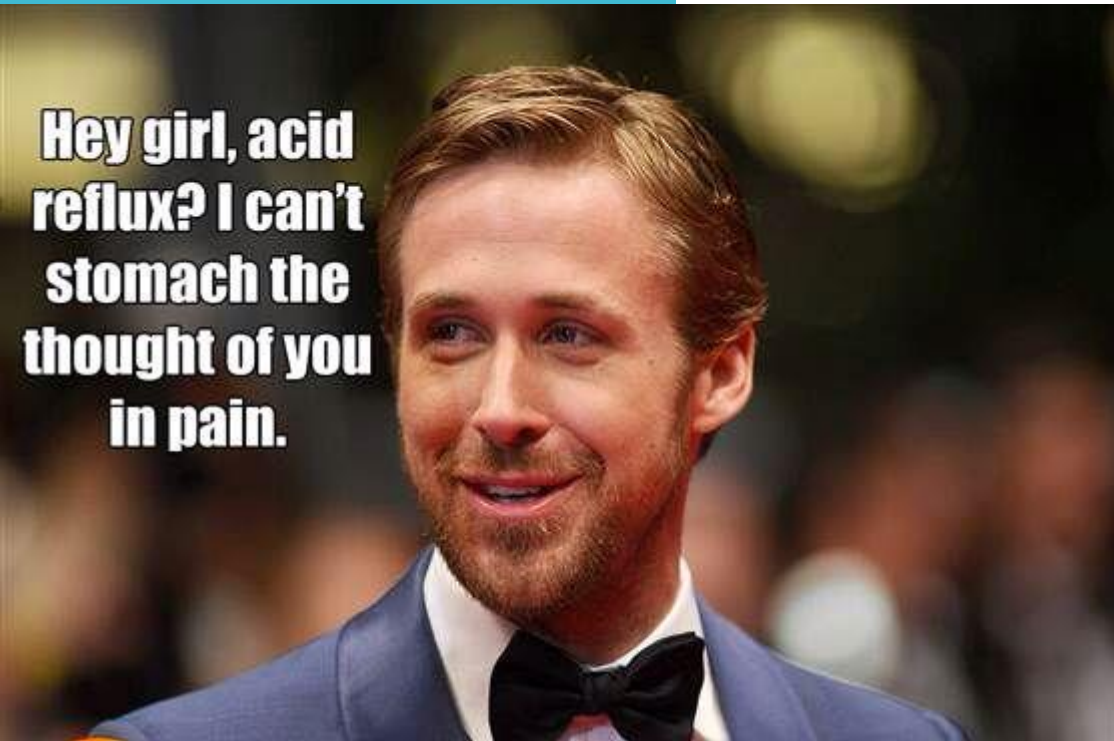
- Suitably trained nurse
- Consultant willing to take responsibility for the service
- Managers support
- Suitable clinic space
- Funding!!!
- Administration support
- Millions of meetings

Summary

- Nurses are capable of running the dyspepsia service.
- Relieved some of the pressure off general gastroenterology outpatients
- If follow up required in gastroenterology outpatients then first line tests have already been completed
- Patient centred care

Where to now?





- Thank you for your time!