

# Setting up the Pediatric Endoscopy Unit



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## KEYWORDS

• Pediatric endoscopy • Staff • Design • Equipment

## KEY POINTS

- Gastrointestinal endoscopy in children can be performed in a variety of settings, but each should ensure a child-friendly design and pediatric-trained staff.
- Determining the capacity for a pediatric endoscopy suite depends on unit efficiencies such as procedure and turnover times.
- Having some flexibility in the unit's schedule can help accommodate more urgent cases and lead to better patient satisfaction.
- Endoscopies are performed in children of all ages and sizes and the pediatric endoscopy suite should stock appropriate equipment sizes to accommodate all patients.
- Data from 18 centers around the country are summarized to help guide design, operational, and equipment management decisions.

## INTRODUCTION

As pediatric gastrointestinal endoscopy continues to develop and evolve, pediatric gastroenterologists are more frequently called on to develop and direct a dedicated pediatric endoscopy unit. Lack of published literature and focused training in fellowship has rendered decision making around procedural unit design, operation, equipment purchasing, and staffing challenging.

To help guide management decisions, we distributed a short survey to 18 pediatric gastroenterology (GI) centers throughout the United States and Canada. The survey was sent to members of the North American Society of Pediatric Gastroenterology Hepatology and Nutrition Endoscopy and Clinical Practice Committee. Eighteen

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Disclosures: The authors have nothing to disclose.

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Gastrointest Endoscopy Clin N Am 26 (2016) 1–12

<http://dx.doi.org/10.1016/j.giec.2015.08.008>

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members from unique programs responded. Sixty-six percent of the respondents described themselves as performing procedures in centers that also trained pediatric GI fellows. In turn, responses to the survey were representative of both academic and community-based units, contributing to our intention to provide practical information that may be of help to those responsible for setting up and managing pediatric endoscopy units.

## UNIT DESIGN

Pediatric endoscopy procedures are currently performed in a variety of settings, including general operating rooms (ORs), procedure/sedation rooms, dedicated endoscopy suites, and stand-alone surgical centers (Fig. 1). Some design elements should be incorporated regardless of location. In particular, all settings where pediatric endoscopy is performed should aim to provide a calming atmosphere. Less preprocedure anxiety in children has been shown to decrease postoperative pain and increase satisfaction scores.<sup>1</sup> Achieving a calming atmosphere can be accomplished by creating a play area for both younger and older children, with a variety of age-appropriate entertainment, including gaming systems, books, children's furniture, toys, and TV screens with child-appropriate programming.

The layout of all types of units should ideally feature a physical and obvious separation between the check-in/waiting area and the clinical and procedural areas in terms of design and feel. Patients and medical staff movement should be directed so as to limit encounters of preprocedure with postprocedure patients. Design of patient flow is crucial to envision before building the unit. Expected duration of time that patients will spend in the most relaxing and family-centered environments should be maximized. Facilities should offer easily accessible and private bathrooms at all stages of the procedure, as well as a refreshments station for parents, who are likely

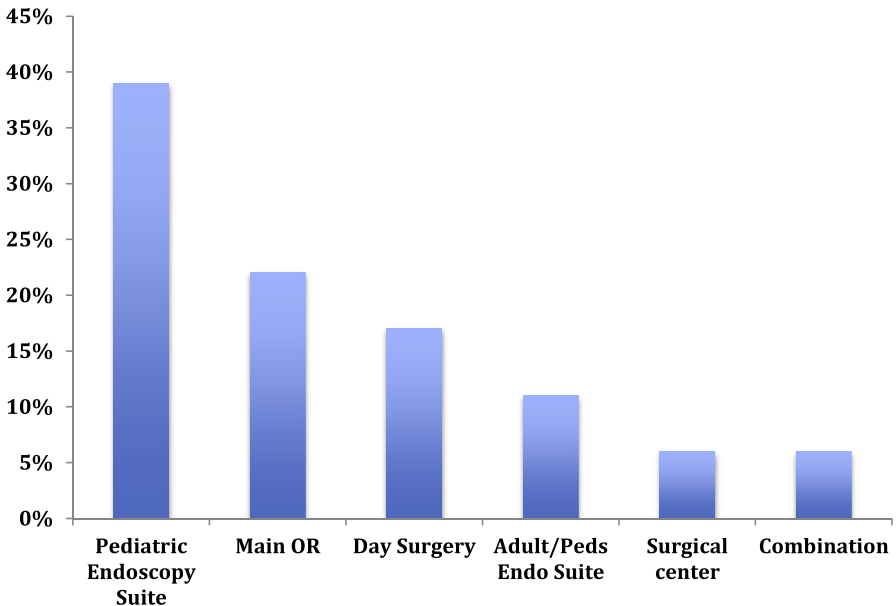


Fig. 1. Endoscopy unit design reported by surveyed pediatric endoscopy centers. Endo, endoscopy; Peds, pediatric.

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