

# Clinical Support Team Tips and Tricks for Sedation-Free TNE

As a nurse/tech assisting with sedation-free transnasal endoscopy (TNE), there are a few special tips and tricks that will help get you started. Although unsedated TN-Eso, TN-EG, and TN-EGD are similar to sedated oral EGD, there are certain concepts that will enhance teamwork. If you have never seen a sedated oral EGD, we recommend joining one of your providers to observe this procedure and get hands-on experience with basic scope accessories such as the biopsy forceps. Here are some tips for getting your clinical support team started.

## ☐ **Build a consistent team.**

It is best to have the same nurse/tech working with your TNE endoscopists to develop relationships, experience, and knowledge together as a team.



## ☐ **Test supplies and equipment.**

Before the patient enters the room, test/double-check that all supplies and equipment are working properly and have backup supplies ready nearby. This prevents longer wait times due to equipment malfunction or lack of supplies and improves the room experience for the family. Work with the EvoEndo® Clinical Team for efficient set up of the EvoEndo® System.

## ☐ **Minimize distractions.**

Because the child is awake and their parent is present in the room, developing a quiet/silent communication style will enable you to complete the TNE with minimal distraction. Hand signals and other body gestures are good methods.



## ☐ **Reinforce what to expect.**

Remind the child of what the provider and child life discussed with them.

## ☐ **Avoid multiple people talking at once.**

This can be distracting. Less talking may help ease anxiety.



## ☐ **Set up room to maximize flow.**

Arrange your equipment and supplies in a way that best fits your needs.

Have extra supplies/backups available and nearby. Tailor your layout to suit you and your providers.

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### ☐ **Communicate with the patient and family.**

Sometimes children need positive encouragement and reinforcement. Other times they need a reminder to take a slow deep breath. The most common questions are: “How much longer?” and “Are we done yet?” Check in with the patient and family to see how they’re doing and provide updates on how much longer the procedure might take. Ask parents to minimize conversation and save questions until the procedure is complete.

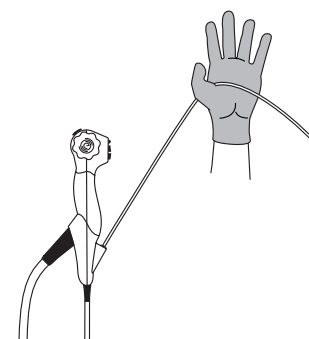


### ☐ **Learn to recognize biopsy pieces.**

When using smaller forceps, biopsy pieces can sometimes be difficult to see and you may get multiple fragments. Learning what the last piece looked like can help you differentiate if you were able to get a new specimen.

### ☐ **A better way to hold forceps.**

Hold your hand up toward the eyeline of the monitor such that the provider can see your hand. By doing this, you can use hand signals to indicate the number of biopsies you have obtained. Holding your hand up also allows you to maintain the forcep or other accessory in a position that makes it easier for the provider to insert and feed them into the channel.



### ☐ **Holding hands.**

If the patient is asking to hold their parent's hand, show the parent where to stand. The optimal time to hold the patient's hand is after the esophageal intubation is complete. Once done, many children are actually less nervous and no longer want to hold their parent's hand. We also recommend asking the family not to rub the child's leg or back as this reminds them they are in a procedure rather than being engrossed in the VR program.

