

# DOPS for upper GI bleeding

<b>Date of Procedure</b>			
<b>Trainee Name</b>		<b>IMC Registration No.</b>	
<b>Trainer Name</b>		<b>IMC Registration No.</b>	
<b>Outline of case</b>			
<b>Difficulty of case</b> Please tick (✓)	Easy <input type="checkbox"/>	Moderate <input type="checkbox"/>	Complicated <input type="checkbox"/>

<b>Level of supervision</b> Complete DOPS form by ticking box to indicate the appropriate level of supervision required for each criteria	<b>Maximal supervision</b> Supervisor undertakes the majority of the tasks/decisions & delivers constant verbal prompts	<b>Significant supervision</b> Trainee undertakes tasks requiring frequent supervisor input and verbal prompts	<b>Minimal supervision</b> Trainee undertakes tasks requiring occasional supervisor input and verbal prompts	<b>Competent for independent practice</b> No supervision required	<b>Not applicable</b>
<b>PRE-PROCEDURE</b>					
<b>Prioritisation</b>					
<b>Setting &amp; resources</b>					
<b>Safe airway</b>					
<b>Iv access</b>					
<b>Consent</b>					
<b>Monitoring</b>					
<b>Sedation</b>					
<b>Comments</b>					

Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
<b>INTUBATION AND ASSESSMENT OF LESION</b>					
Intubation					
Visualisation of lesion • Suction • Flush • Clot removal					
Characterisation of lesion					
Comments					
<b>MANAGEMENT OF BLEEDING LESIONS</b>					
Treatment decision re: therapy					
Adrenaline injection: • Needle handling • Dose/volume					
Clips: • Check functioning • Deployment					
Banding: • Kit set up • Deployment					
Thermal therapy: • Setting • Use					
Other endotherapy					
Maximal haemostasis achieved					
<b>POST ENDOSCOPY MANAGEMENT</b>					
Documentation of case					
Post endoscopy management					
Comments					

Level of supervision	Maximal supervision	Significant supervision	Minimal supervision	Competent for independent practice	Not applicable
<b>ENTS (ENDOSCOPIC NON-TECHNICAL SKILLS)</b>					
Communication and teamwork					
Situation awareness					
Leadership					
Judgement and decision making					
Comments					
<b>LEARNING OBJECTIVES FOR THE NEXT CASE</b>					
The objectives should be added to the trainee's personal development plan (PDP) once DOPS is completed					
1.					
2.					
3.					
<b>Overall Degree of Supervision required</b> Complete DOPS form by ticking box to indicate the appropriate level of supervision required for each item below. Constructive feedback is key to this tool assisting in skill development.	<b>Maximal supervision</b> Supervisor undertakes the majority of the tasks/decisions & delivers constant verbal prompts	<b>Significant supervision</b> Trainee undertakes tasks requiring frequent supervisor input and verbal prompts	<b>Minimal supervision</b> Trainee undertakes tasks requiring occasional supervisor input and verbal prompts	<b>Competent for independent practice</b> No supervision required	<b>Not applicable</b>
Please tick (✓) appropriate box					

## DOPS form descriptors

PRE PROCEDURE	
<b>Prioritisation</b>	<ul style="list-style-type: none"> <li>• Procedure prioritized and undertaken at appropriate time of day (in/out of hours)</li> <li>• Patient stability &amp; safety of the procedure has been assessed</li> </ul>
<b>Setting &amp; preparation</b>	<ul style="list-style-type: none"> <li>• Appropriate for case: Theatres/Endoscopy Unit/ITU</li> <li>• Appropriately trained staff present</li> <li>• Appropriate pre-procedure checks are performed as per local policies</li> <li>• Appropriate endotherapy equipment available</li> <li>• All assisting staff are fully appraised of the current case</li> <li>• All medications and accessories likely to be required for this case are available</li> </ul>
<b>Safe airway</b>	<ul style="list-style-type: none"> <li>• Intubated if appropriate</li> <li>• Suction &amp; positioning</li> </ul>
<b>Iv access</b>	<ul style="list-style-type: none"> <li>• 2 x large bore IV cannula</li> </ul>
<b>Informed consent</b>	<ul style="list-style-type: none"> <li>• Purpose of endoscopy/alternatives</li> <li>• Risks specific to bleeding e.g. aspiration and failure to cessate</li> <li>• Discussion with colleagues &amp; relatives if patient lacks capacity</li> </ul>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• Oxygen saturations, pulse, BP and cardiac monitor</li> </ul>
<b>Sedation</b>	<ul style="list-style-type: none"> <li>• Appropriate dose</li> </ul>
INTUBATION AND ASSESSMENT OF LESION	
<b>Intubation</b>	<ul style="list-style-type: none"> <li>• Maintains luminal view</li> </ul>
<b>Visualisation of lesion</b>	<ul style="list-style-type: none"> <li>• Inspects all areas thoroughly</li> </ul>
<b>- Suction</b>	<ul style="list-style-type: none"> <li>• Correct channel positioning</li> <li>• Enables good views</li> <li>• Decreases aspiration risk</li> </ul>
<b>- Flush</b>	<ul style="list-style-type: none"> <li>• Adequate flush used</li> <li>• Scope handling</li> </ul>
<b>- Clot removal</b>	<ul style="list-style-type: none"> <li>• Appropriate method used</li> <li>• Injection 1st if appropriate</li> </ul>
<b>Characterisation of lesion</b>	<ul style="list-style-type: none"> <li>• Correct description of lesion</li> <li>• Identifies stigmata of recent haemorrhage</li> <li>• Identifies stigmata associated with re bleeding risk</li> <li>• Correct description of location (+ photo)</li> </ul>
MANAGEMENT OF BLEEDING LESIONS	
<b>Treatment decision re: therapy</b>	<ul style="list-style-type: none"> <li>• Chooses appropriate therapy               <ul style="list-style-type: none"> <li>- For lesion &amp; setting</li> <li>- For level of experience</li> </ul> </li> </ul>

## DOPS form descriptors

MANAGEMENT OF BLEEDING LESIONS	
<b>Treatment decision re: therapy</b>	<ul style="list-style-type: none"> <li>• Chooses appropriate therapy               <ul style="list-style-type: none"> <li>- For lesion &amp; setting</li> <li>- For level of experience</li> </ul> </li> </ul>
<b>ADRENALINE INJECTION: Needle handling - Dose/Volume</b>	<ul style="list-style-type: none"> <li>• Clear instructions to assistant</li> <li>• Appropriate area/depth injected</li> <li>• Appropriate dose injected</li> <li>• Correct concentration of adrenaline used</li> </ul>
<b>CLIPS: Check functioning Deployment</b>	<ul style="list-style-type: none"> <li>• Knowledge of clips used</li> <li>• Clip function checked, clear instructions</li> <li>• Correct targeted placement</li> <li>• Correct &amp; timely deployment</li> <li>• Appropriate number of clips used</li> </ul>
<b>BANDING: Kit set up Deployment</b>	<ul style="list-style-type: none"> <li>• Correct scope/kit set up</li> <li>• Safe re intubation</li> <li>• Appropriate selection of 1st varix</li> <li>• Distal suction positioning</li> <li>• Red out obtained</li> <li>• Band deployed accurately/smoothly</li> <li>• Repeat banding as appropriate</li> </ul>
<b>THERMAL THERAPY: Setting Use</b>	Heater Probe, APC <ul style="list-style-type: none"> <li>• Knowledge of local equipment available</li> <li>• Safety considered/grounding pad attached</li> <li>• Correct probe selected</li> <li>• Appropriate settings selected</li> <li>• Clear instructions to assistant</li> <li>• Correct targeted placement</li> </ul>
<b>OTHER ENDOTHERAPY:</b>	List details in comments box <ul style="list-style-type: none"> <li>• Variceal Glue Injection</li> <li>• Haemospray</li> <li>• Sclerotherapy</li> </ul>
<b>MAXIMAL HAEMOSTASIS ACHEIVED</b>	<ul style="list-style-type: none"> <li>• Haemostasis achieved if possible</li> <li>• Combination haemostasis used</li> </ul>
MANAGEMENT OF BLEEDING LESIONS	
<b>DOCUMENTATION OF CASE</b>	<ul style="list-style-type: none"> <li>• Indications and pre procedure risk scoring</li> <li>• Accurate description of lesions identified</li> <li>• Location documented with photographs</li> <li>• Description of re bleeding stigmata</li> <li>• Description of endotherapy used</li> <li>• Problems encountered</li> <li>• Post endoscopy management plan (below)</li> </ul>
<b>POST ENDOSCOPY MANAGEMENT PLAN</b>	<ul style="list-style-type: none"> <li>• Re bleeding risk</li> <li>• Specific treatments to be initiated</li> <li>• Plan for refractory bleeding</li> <li>• Repeat OGD instructions</li> <li>• Verbal handover to nursing &amp; medical staff</li> <li>• Re assesses patient stability before movement for ongoing care.</li> </ul>

## DOPS form descriptors

ENTS (ENDOSCOPIC NON-TECHNICAL SKILLS)	
<b>Communication and teamwork</b>	<ul style="list-style-type: none"> <li>• Maintains clear communication with assisting staff</li> <li>• Gives and receives knowledge and information in a clear and timely fashion</li> <li>• Ensures that both the team and the endoscopist are working together, using the same core information and understand the 'big picture' of the case</li> <li>• Ensures that the patient is at the centre of the procedure, emphasising safety and comfort</li> <li>• Clear communication of results and management plan with patient and/or carers</li> </ul>
<b>Situation awareness</b>	<ul style="list-style-type: none"> <li>• Ensure procedure is carried out with full respect for privacy and dignity</li> <li>• Maintains continuous evaluation of the patient's condition</li> <li>• Ensures lack of distractions and maintains concentration, particularly during difficult situations</li> <li>• Intra-procedural changes to scope set-up monitored and rechecked</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Provides emotional and cognitive support to team members by tailoring leadership and teaching style appropriately</li> <li>• Supports safety and quality by adhering to current protocols and codes of clinical practice</li> <li>• Adopts a calm and controlled demeanour when under pressure, utilising all resources to maintain control of the situation and taking responsibility for patient outcome</li> </ul>
<b>Judgement and decision making</b>	<ul style="list-style-type: none"> <li>• Considers options and possible courses of action to solve an issue or problem, including assessment of risk and benefit</li> <li>• Communicates decisions and actions to team members prior to implementation</li> <li>• Reviews outcomes of procedure or options for dealing with problems</li> <li>• Reflects on issues and institutes changes to improve practice</li> </ul>