

DST Revision Summary: GI/GU (DST 500-501)

Background

The following document summarizes the initial evidence review and DST revisions for suite **Gastrointestinal and Genitourinary (DST 500 and 501)** as outlined in the NNPBC DST stewardship plan. The evidence reviews and syntheses are completed once every 3-year life cycle for each DST. NNPBC Professional Practice is responsible for completing these reviews to inform content revisions for DSTs.

Each suite consists of one assessment and diagnostic guideline, along with the corresponding care and treatment plans for the diseases, disorders, and conditions that Certified Practice RNs (RN(C)) are authorized to diagnose and treat for that system. The NNPBC evidence review team, which includes an RN-certified practice Consultant, Director, Practice Excellence, Policy & Knowledge, and Lead of Continuing Education and Professional Development, completed the initial revisions for suite **Gastrointestinal and Genitourinary**. Following the integration of revision recommendations, the Subject Matter Expert Advisory Group will review DSTs as outlined in the DST stewardship plan.

Review of References

Before completing the initial evidence review, citations for each DST were evaluated to ensure that references were current, evidence-informed and relevant to the particular DST suite under review. The process of reviewing the citations included updating any broken links to web pages, updating to the latest edition of textbooks, searching for primary literature that was more current and evidence-informed, and removing citations that required membership to an organization that an RN(C) would not have access to.

For example, several references included in suite **Gastrointestinal and Genitourinary** originated from DynaMed, which requires a paid subscription. Another challenge from the initial evaluation of the references was the lack of in-text citations throughout the DSTs. The reviewer was unable to corroborate the reference to the content within the DSTs, making it challenging to verify that the content within the DSTs was current and evidence-informed.

Following an initial review of citations for previous DSTs, it was recommended that a hierarchy of literature be created to guide decisions around the use of literature to inform DST content revision, in conjunction with the feedback from the RN(c) Practice Consultant and Subject Matter Expert Advisory Group.

Literature Hierarchy

UpToDate was selected as the primary evidence source to inform the DST revisions. UpToDate is a widely used clinical resource, accessible to major health system employers such as regional health authorities and community-based primary care clinics. It also allows users to access LexiDrug, a comprehensive drug guide that provides life-span considerations. Information regarding authorship, their review processes, references, and article revision dates are also easily accessible, ensuring high-quality evidence to inform DST revisions.

Following consultation with PSIs, the review team selected the textbook *"Seidel's Guide to Physical Examination: An Interprofessional Approach" (2023; 10th ed.)* to augment the evidence found via UpToDate. This textbook serves as the primary source used throughout the Remote Practice and RN First Call certified practice curriculum, ensuring consistency and congruency of content revisions with certified practice education. UpToDate sources were cross-referenced with the textbook to ensure comprehensiveness in DST revisions.

For pharmacological considerations, *Davis's Drug Guide* was selected to augment any missing or unclear information related to pregnancy and breastfeeding. Like UpToDate, *Davis's Drug Guide* is a widely recognized clinical resource specifically tailored to nurses and nursing practice. For information regarding antibiotic stewardship, [Bugs & Drugs](#) was utilized to ensure the appropriate use of antimicrobials as recommended by our Subject Matter Expert Advisory Group. For medication specific to the pediatric population, [PubMed](#) was used as a primary reference when applicable.

Lastly, peer-reviewed primary literature was accessed to validate any unclear or vague content in existing DSTs. Open-access primary literature was prioritized to ensure RN(C) could access the sources that informed the DST.

This evidence hierarchy enabled relevant content revisions that aim to maximize clinical utility. Furthermore, utilizing credible, evidence-based sources (UpToDate, Davis's Drug Guide) and a source consistent with certified practice education (*Seidel's Guide*) facilitated content changes that align with both practice and education. Lastly, developing this evidence hierarchy will support future DST revisions, making subsequent reviews more streamlined, methodical, and consistent.

Revision Summary

Changes to DSTs occurred in one of three ways: removing or relocating content, changing and revising existing content to reflect recent evidence and structural or formatting changes. A high-level summary of each DST for the GI/GU suite is presented below. The following summary is not an exhaustive list of document changes.

Assessment and Diagnostic Guideline: GI/GU (DST 500)

Content Removed or Relocated

- **Symptoms requiring urgent referral:** The list of symptoms requiring urgent referral was removed from the document and replaced with a disclaimer regarding identifying presentations that require urgent referral versus those that can be managed safely by an RN(C). This change was made due to conflicting information in the list of symptoms with key assessment indicators for GI/GU conditions.
- **General Appearance and Vital Signs:** Moved to DST 100. This change was made to align documents, as general appearance and vital signs are not specific to GI/GU conditions and are an expected competency of RN practice.
- **Physical Assessment:** General physical assessment components were moved to DST 100. This change was made to align with the purpose of the document. This section provides assessment information that is not specific to diagnosing Lower UTI (DST 501) but instead supports RN(C) in their clinical reasoning. As a result, this information was moved into DST 100, which exists as a supportive resource for RN(C).

Content Change

- **Defining Consultation and Referral:** Definitions of consultation and referral were added to the Assessment and Diagnostic Guideline to assist with clarity. A note was added to clarify that a *consultation* involves collaboration with the care team, and a *referral* occurs when patients present with symptoms that fall outside the scope of the document.
- **Inclusive Language:** Throughout the document, language was updated to be gender-inclusive (e.g., "clients with vaginas" and "clients with penises") to ensure anatomical precision regarding risk factors and presentation.
- **Pediatric Considerations:** A disclaimer defining pediatrics as individuals under the age of 19 was added. Specific pediatric considerations were integrated throughout the document, clarifying that Remote Nursing Certified Practice RN(C)s are authorized to treat children aged 2 years and older.
- **Associated Systems:** Content was updated to direct the RN(C) to the appropriate DST (e.g., STI DST 900) if symptoms of systemic STI are present.
- **Potential Causes:** The content was updated and expanded. For example, *Staphylococcus saprophyticus* and *Enterobacteriaceae* were added/clarified as potential causes.
- **Diagnostic Tests:** A disclaimer was added to facilitate clarity regarding organizational policies and processes that enable RN(C) to initiate client-specific orders.

Care and Treatment Plan: Lower Urinary Tract Infection - Adult and Pediatric (DST 501)

Content Change

Primary revisions of the Care and Treatment Plan for suite GI/GU (DST 501) focused on clarifying the definitions of uncomplicated vs. complicated UTIs and updating pharmacological interventions.

Examples of content changes include:

- **Definition:** The definition of uncomplicated lower UTI was clarified, and language regarding gender was updated to be more inclusive (e.g., "clients with penises" and "clients with vaginas").
- **Decision Support:** A "Decision Making Algorithm for Suspected Lower UTI" was added to the document to support clinical reasoning.
- **Pharmacological Interventions (Adult):**
 - Treatment regimens were updated to distinguish duration based on anatomy (vagina vs. penis).
 - Trimethoprim-sulfamethoxazole was moved from a "Second Choice" to a "Preferred" regimen alongside Nitrofurantoin.

- **Pharmacological Interventions (Pediatric):**
 - First-line antibiotic recommendations were updated. Amoxicillin-clavulanate, Cephalexin, and Trimethoprim-sulfamethoxazole are now listed as preferred selections, whereas the previous version prioritized Cefixime and Nitrofurantoin.
- **Documentation:** The documentation sections were updated to align with regulatory requirements and BCCNM practice standards.

Conclusion

Initial revisions for suite GI/GU (DST 500-501) were informed by an evidence hierarchy and consultations with post-secondary representatives. Primary changes include the removal or relocation of content for the assessment and diagnostic guidelines. Content revisions were carried out to enhance accuracy, clarity, and detail in accordance with the NNPBC DST stewardship plan. Lastly, formatting and structural changes were made to ensure consistency and organization across all documents.