

## MANDATORY REQUIREMENTS FOR ALL REFERRALS

### PATIENT DEMOGRAPHICS

- Patient last name, first name given names
- PHN/ULI
- Gender
- Address, including city, postal code, province
- Home phone, other phone
- Emergency contact and/or guardian name & phone, and relation to patient

### REFERRING PROVIDER

- Name
- Address, *including* city & postal code
- Phone & fax

### FAMILY PHYSICIAN

- Name
- Indicate if same as referrer or if patient has no primary care provider
- Phone

### OTHER INFORMATION

- Relevant medical history
- Indicate if interpreter is required and language
- Physical limitations
- Economic and social / psychological factors

### CO-MORBIDITIES

#### PLEASE IN THE REFERRAL IF THE PATIENT HAS ANY OF THE FOLLOWING:

- History of stroke
- Cardiovascular disease (*e.g. prior MI*)
- Respiratory disease
- Peripheral vascular disease
- GI disease (*e.g. Crohn's*)
- Renal disease
- Liver disease (*hepatitis B or C*)
- Diabetes
- Rheumatologic disease (*e.g. SLE, scleroderma etc*)
- Active infections (*e.g. MRSA, shingles, TB, VRE*)
- HIV
- Cognitive issues
- Any other concurrent medical problem
- Sleep apnea with CPAP
- Current medication list including antithrombotics (*type and reason*), antiplatelets and insulin / oral hypoglycemic agent

## EMERGENCY

**for all emergencies, refer directly to the emergency department**

### REFERRAL PROCESS

All referrals to endoscopy should be made through Central Surgical Intake by faxing the referral form or letter to 855-610-2254. Referrals are then triaged by a Nurse Practitioners who assist in determining the priority for either direct to procedure or consultation and assessment.

ENDOSCOPY CENTRAL INTAKE	PH 807-684-7103	FX 855-610-2254

As primary care providers, the health and care of our patients is paramount and it is clear to us that referral processes impact both patient care and outcome. In order to optimally prioritize referrals according to clinical need, consistent and complete Information need to be provided

It is recognized that Ontario is facing significant challenges in timely access to procedures such as Endoscopy. This document is a guide for referring practitioners on the best possible information needed on a referral to assist with accurate triaging.

We believe the use of centralized intake will improve the referral process and contribute to better patient care. We also expect it has the potential to improve satisfaction with the system, by both primary care providers, support staff and patients. We recognize that there is considerable variation in the scope, location and practice pattern across the province. The pathway by no means aims to dictate practice, rather to provide a foundation to improve the referral process.

REASON FOR REFERRAL

MANDATORY INFORMATION

ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES

**AVERAGE RISK SCREENING FOR COLORECTAL CANCER**

*no personal or family history of colorectal cancer or colonic adenomas*

- asymptomatic men and women aged 50-74
- Asymptomatic men and women aged 75-85 screening with FIT may be acceptable provided general health and life expectancy have been assessed.
- symptomatic patients indicating possible gastrointestinal (GI) pathology (*e.g., anemia or rectal bleeding*) should be investigated and referred for an endoscopy consultation

**PROCESS: REFER FOR FECAL IMMUNOCHEMICAL TEST (FIT)**

- Screen with FIT every 2 years starting at 50 years. If FIT is positive or if family history changes, refer for a colonoscopy.
- FIT should not be performed within 10 years of a high quality colonoscopy that did not detect polyps in an average risk individual. If the patient is experiencing new gastrointestinal symptoms at any time since the previous colonoscopy, the patient should be referred to a gastroenterologist for a diagnostic follow-up.

**FIT : POSITIVE FINDING**

- append copy of FIT results

**PROCESS: REFER FOR COLONOSCOPY**

- Refer promptly to TBRHSC Diagnostic Assessment Program

**PERSONAL HISTORY**

*of colorectal cancer or colonic adenomas*

- append copy of previous colonoscopy and pathology reports

**PROCESS: REFER FOR COLONOSCOPY**

- Referral for follow-up colonoscopy should be consistent with recommendations by Cancer Care Ontario or endoscopist
- FIT not required

**POLYP**

*on sigmoidoscopy, or*

**SUSPECTED POLYP**

*on ct colonography or other diagnostic*

- sigmoidoscopy report or imaging results (*if available*)

**PROCESS: REFER FOR COLONOSCOPY**

- referral to local colorectal cancer screening program or endoscopist for colonoscopy
- FIT not required

**FAMILY HISTORY OF COLORECTAL CANCER OR †HIGH RISK ADENOMATOUS POLYP(S)**

- one 1st degree relative diagnosed at 60 years or younger
- two or more affected relatives diagnosed at any age

1) High risk adenomatous polyps include: 3-10 adenomas, one adenoma ≥10mm, any adenoma with villous features or high grade dysplasia

2) Patients with one 2nd or one 3rd degree relative with CRC or a high risk adenomatous polyp are considered an average risk.

- Age 74 or younger. Patients over age limit may be reviewed on a case by case basis.
- The patient must be clinically stable and able to undergo procedural sedation.
- Significant comorbidities may affect eligibility for a screening colonoscopy in some settings.
- Copy of previous colonoscopy and pathology report (*if applicable*)
- Symptomatic patients indicating possible gastrointestinal (GI) pathology (*e.g., anemia or rectal bleeding*) should be investigated and referred for gastroenterology consultation.

**OPTIONAL**

- CBC, electrolytes, creatinine

**PROCESS: REFER FOR COLONOSCOPY**

- Screening begins at age 40 or 10 years earlier than the youngest diagnosis in the family, whichever comes first.
- referral to TBRHSC Diagnostic Assessment Program for FDFH
- Referral to Endoscopy Central Intake for high risk adenomatous polyps
- FIT not required

# Thunder Bay Endoscopy REFERRAL QUICK REFERENCE

COMMON LUMINAL DISORDERS

REASON FOR REFERRAL	MANDATORY INFORMATION	ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES	
<b>GI BLEED</b> <ul style="list-style-type: none"> <li>Hematemesis</li> <li>Melena (<i>define</i>)</li> <li>Low hemoglobin</li> <li>Hematochezia</li> </ul>	<ul style="list-style-type: none"> <li>Duration</li> <li>Frequency</li> </ul>	<b>1 MONTH</b> <ul style="list-style-type: none"> <li>CBC/ hemoglobin level</li> <li>Creatinine</li> </ul>	<b>IF INDICATED</b> <ul style="list-style-type: none"> <li>INR / PTT</li> </ul>
<b>RECTAL BLEED</b>	<ul style="list-style-type: none"> <li>Recent change in bowel habit</li> <li>Duration &amp; frequency</li> <li>Family history</li> </ul>	<b>1 MONTH</b> <ul style="list-style-type: none"> <li>CBC/ hemoglobin level</li> <li>CRP (<i>optional if ulcerative colitis is suspected</i>)</li> </ul>	<b>IF AVAILABLE</b> <ul style="list-style-type: none"> <li>Previous colonoscopy / flexible sigmoidoscopy or imaging reports</li> </ul>
<b>IRON DEFICIENCY ANEMIA</b>	<ul style="list-style-type: none"> <li>Any GI symptoms</li> <li>Family history of GI malignancy (<i>colorectal cancer, gastric cancer, celiac disease, IBD</i>)</li> <li>Duration &amp; progression</li> <li>Response to iron therapy (<i>if applicable</i>)</li> </ul>	<b>6 MONTHS</b> <ul style="list-style-type: none"> <li>Ferritin, TTG, IgA level</li> </ul>	
<b>CHANGE IN BOWEL HABIT</b>	<ul style="list-style-type: none"> <li>Define what the problem is including duration of symptoms</li> </ul>	<b>1 YEAR</b> <ul style="list-style-type: none"> <li>CBC</li> </ul>	
<b>CONSTIPATION</b>	<ul style="list-style-type: none"> <li>Define the problem including the frequency of bowel movements and duration of symptoms</li> <li>Attempted interventions &amp; response to therapy</li> </ul>	<b>6 MONTHS</b> <ul style="list-style-type: none"> <li>CBC, ferritin, TSH, TTG, IgA, glucose, calcium/albumin</li> </ul>	
<b>ABNORMAL IMAGING OF GASTROINTESTINAL TRACT</b>	<ul style="list-style-type: none"> <li>Why did you request the imaging – include a description of the symptoms</li> </ul>	<b>3 MONTHS</b> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine</li> </ul>	
<b>GASTROESOPHAGEAL REFLUX DISEASE/ DYSPEPSIA</b> <i>Non-cardiac chest pain</i>	<ul style="list-style-type: none"> <li>Duration and frequency of symptoms</li> <li>Severity of symptoms</li> <li>Whether patient is responding to medication</li> </ul>	<b>1 YEAR</b> <ul style="list-style-type: none"> <li>CBC</li> </ul>	<b>IF AVAILABLE</b> <ul style="list-style-type: none"> <li>imaging report</li> </ul>
<b>BARRETT'S ESOPHAGUS</b>	<ul style="list-style-type: none"> <li>Duration and diagnosis if present</li> <li>Duration of symptoms</li> <li>Use of PPI</li> </ul>	<b>6 MONTHS</b> <ul style="list-style-type: none"> <li>CBC</li> </ul>	<b>IF AVAILABLE</b> <ul style="list-style-type: none"> <li>previous gastroscopy report</li> <li>previous pathology report</li> </ul>
<b>DYSPHAGIA</b>	<ul style="list-style-type: none"> <li>Duration, severity</li> <li>Solids or liquids?</li> <li>Progressive or intermittent, unchanged?</li> <li>Weight loss</li> </ul>	<b>8 WEEKS</b> <ul style="list-style-type: none"> <li>CBC (only for ages 50+)</li> </ul>	<b>IF AVAILABLE</b> <ul style="list-style-type: none"> <li>imaging report</li> </ul>

# Thunder Bay Endoscopy REFERRAL QUICK REFERENCE

COMMON LUMINAL DISORDERS

REASON FOR REFERRAL	MANDATORY INFORMATION	ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES	
<b>WEIGHT LOSS</b> <i>unexplained</i>	<ul style="list-style-type: none"> <li>Amount &amp; duration of weight loss including BMI</li> <li>Associated symptoms</li> <li>Medications and relevant investigations done to date</li> <li>Associated medical conditions which might contribute to weight loss (<i>cancer, COPD etc.</i>)</li> </ul>	<b>6 MONTHS</b> <ul style="list-style-type: none"> <li>CBC, ferritin, electrolytes, creatinine</li> <li>Liver enzymes (<i>ALT, AST, alkaline phosphatase, bilirubin</i>)</li> <li>Thyroid function test</li> <li>Celiac serology/screen, TTG, IgA, albumin</li> </ul>	
<b>ABDOMINAL PAIN</b> <ul style="list-style-type: none"> <li>Acute abdominal pain</li> <li>Chronic abdominal pain</li> </ul>	<ul style="list-style-type: none"> <li>Frequency</li> <li>Severity</li> <li>Duration</li> </ul>	<b>1 MONTH</b> <ul style="list-style-type: none"> <li>CBC, electrolytes, BUN, creatinine, ferritin</li> <li>LFTs – ALT, ALK Phos, GGT and AST (<i>where available</i>), bilirubin</li> <li>Celiac serology/screen, TTG, IgA</li> </ul>	<b>OPTIONAL</b> <ul style="list-style-type: none"> <li>CRP, lipase</li> <li>ABD U/S if available</li> </ul>
<b>DIARRHEA</b>	<ul style="list-style-type: none"> <li>Frequency, duration</li> <li>Stool form</li> <li>BMI</li> <li>Attempted investigations &amp; response to therapy</li> </ul>	<b>6 MONTHS</b> <ul style="list-style-type: none"> <li>Stool cultures for: C&amp;S, O&amp;P, and C. difficile <i>if relevant acute</i></li> <li>TSH, CBC, CRP</li> <li>Celiac serology/screen, TTG, IgA</li> <li>Consider Fecal Calprotectin test</li> </ul>	
<b>CELIAC DISEASE</b> <ul style="list-style-type: none"> <li>Celiac disease</li> <li>Non celiac gluten sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>Is patient following a gluten-free diet?</li> <li>Copy of small biopsy imaging and report</li> <li>In general it is preferred that small bowel biopsies are done to prove that the patient has celiac disease before a gluten-free diet is started.</li> </ul>	<b>6 MONTHS</b> <ul style="list-style-type: none"> <li>CBC, ferritin, TSH</li> <li>Celiac serology/screen, TTG, IgA</li> </ul>	<b>OPTIONAL</b> <ul style="list-style-type: none"> <li>folate, INR, Ca/albumin, B12</li> </ul> <b>IF AVAILABLE</b> <ul style="list-style-type: none"> <li>previous gastroscopy &amp; pathology reports</li> </ul>
<b>INFLAMMATORY BOWEL DISEASE</b> <i>ulcerative colitis, Crohn's disease</i> <ul style="list-style-type: none"> <li>Active or suspected IBD</li> <li>Inactive IBD</li> </ul>	<ul style="list-style-type: none"> <li>Symptoms                             <ul style="list-style-type: none"> <li>» diarrhea (<i>bloody / non-bloody</i>)</li> <li>» abdominal pain</li> <li>» vomiting</li> <li>» weight loss (<i>Kgs / months</i>)</li> <li>» fever</li> <li>» duration of symptoms</li> <li>» bowel movements per day                                     <ul style="list-style-type: none"> <li>» extraintestinal (<i>please list</i>)</li> </ul> </li> </ul> </li> </ul>	<b>ACTIVE OR SUSPECTED</b> <b>3 MONTHS</b> <ul style="list-style-type: none"> <li>stools for C&amp;S, O&amp;P and C difficile tox</li> <li>CBC, electrolytes, creatinine, CRP, iron, ferritin, ALT, AST, Alk phos, GGT, bilirubin, albumin, (<i>celiac serology if not previously done</i>)</li> <li>B12</li> <li>relevant endoscopy, diagnostic imaging, surgical/pathology reports</li> </ul>	
<b>IRRITABLE BOWEL SYNDROME</b>	<ul style="list-style-type: none"> <li>Frequency &amp; duration of symptoms</li> <li>Severity of symptoms &amp; Impact on daily activities</li> <li>Previous GI consultations, attempted interventions &amp; response to therapy</li> </ul>	<b>INACTIVE</b> <ul style="list-style-type: none"> <li>all above except stool tests</li> </ul> <b>6 MONTHS</b> <ul style="list-style-type: none"> <li>CBC, celiac serology/screen, TTG, IgA, TSH, and if diarrhea: stool for O &amp; P</li> <li>CRP</li> <li>Fecal calprotectin test</li> </ul>	