

GASTROENTEROLOGY

National Clinical Priority Access Criteria for ERCP (CPAC)

Category Definitions : These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

| | | |
|----------|-------|--------------------------------|
| Acute | - AH | - <i>after hours</i> |
| | - NL | - <i>next list</i> |
| Elective | - A | - <i>within 7 days</i> |
| | - A/B | - <i>between 7 to 14 days</i> |
| | - B | - <i>between 14 to 28 days</i> |
| | - C | - <i>after 28 days</i> |

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

| Indication | Priority | | | | | |
|---|----------|----|----------|-----|---|---|
| | Acute | | Elective | | | |
| | AH | NL | A | A/B | B | C |
| Acute cholangitis | | | | | | |
| With septicaemia / not responding to therapy | ● | ● | | | | |
| With septicaemia / responding to therapy | | ● | | | | |
| Without septicaemia / responding to therapy | | ○ | ● | | | |
| - Good, non invasive imaging of liver and bile ducts essential prior to ERCP - These criteria are also applicable to cholangitis due to blocked stents | | | | | | |
| Acute -presumed biliary- pancreatitis | | | | | | |
| > 3 Ransom (or equivalent) criteria | ○ | ● | ○ | | | |
| settling / > 60 years of age and / or poor surgical risk | | ○ | ● | | | |
| - Indication and timing of ERCP based on clinical presentation – consider early ERCP if suspected cholangitis associated with pancreatitis. | | | | | | |
| Post cholecystectomy complications | | | | | | |
| Bile leak/suspected bile duct injury/patient unwell | ○ | ● | ○ | | | |
| Bile leak/suspected bile duct injury/patient well | | ● | ○ | | | |
| Retained stone / symptomatic | | | ● | ○ | | |
| Retained stone / asymptomatic | | | | | ● | |
| Jaundice | | | | | | |
| Progressive / painless / dilated ducts | | ○ | ● | | | |
| Fluctuating or settling | | | | ● | ○ | |
| Pain – suspected biliary origin | | | | | | |
| Suspected or proven choledocholithiasis | | | | | ● | |
| Suspected or known chronic pancreatitis | | | | | ○ | ● |
| Suspected biliary dyskinesia | | | | | | ● |
| Abnormal liver function tests | | | | | | |
| Suspected sclerosing cholangitis | | | | | | ● |
| Suspected choledocholithiasis / no pain | | | | | | ● |

● - Preferred priority for investigation

○ - Alternative priority for investigation