

GASTROENTEROLOGY

National Referral Guidelines

SPECIFIC GASTROENTEROLOGY REFERRAL LETTER GUIDELINES

The referral should include:

- Relevant Past History including details of previous treatment(s), (eg. GI tract surgery, malignancy, endoscopy), and investigations including X-rays, Ba studies, endoscopy findings etc.
- Salient presenting symptoms and their duration as well as significant negatives.
- Details of any recent trials of treatment including medications given to the patient for the referred condition.
- Patient details of any concurrent medical condition(s) which may be potentially influence the referred condition, or its treatment (eg. diabetes).
- Details of any previous adverse response to anaesthetics (?relevant to Gastroenterology).

GASTROENTEROLOGY

National Referral Guidelines for Clinical Assessment (I)

Category Definitions : These are recommended guidelines for health professionals referring patients for assessments/treatment in a HHS.

Admission	- A	- within 24 hours
	- B	- within 3 days
Outpatient	- A	- within 1 week
	- A/B	- between 1 to 3 weeks
Assessment	- B	- between 3 to 10 weeks
	- C	- within 24 weeks
		- Primary endoscopy preferred option

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.

NATIONAL REFERRAL GUIDELINES : GASTROENTEROLOGY							
Indication	Priority						
	Admission		Outpatient Assessment				Endoscopy
	A	B	A	A/B	B	C	
Upper gastrointestinal haemorrhage	●						●
Dysphagia / Foreign body	○						●
Iron deficient anaemia (No GI symptoms) - Consult gastroscopy guidelines - For iron deficient anaemia - consider pre booking colonoscopy							●
Dyspepsia / Heartburn Not recently investigated							●
Longstanding / recent gastroscopy - Consult National Dyspepsia guidelines - Also consult gastroscopy guidelines						●	
Nausea / Anorexia / Weight loss		○		●	○		●
Abdominal Pain Suspected acute abdomen	●						
Short history / 'alarm' symptoms			○	●			
Longstanding / no 'alarm' symptoms + / - irregular bowel motions - "Alarm" symptoms: weight loss, anaemia, severe pain					○	●	
Diarrhoea Acute / dehydration	●	●					
Recent onset / with 'alarm' symptoms			○	●			
Longstanding / no 'alarm' symptoms					○	●	
Constipation Recent onset / with 'alarm' symptoms				○	●		
Longstanding / no 'alarm' symptoms					○		○

● - Preferred priority for investigation

○ - Alternative priority for investigation

GASTROENTEROLOGY

National Referral Guidelines for Clinical Assessment (II)

Category Definitions : These are recommended guidelines for health professionals referring patients for assessments/treatment in a HHS.

Admission - A - *within 24 hours*

- B - *within 3 days*

Outpatient - A - *within 1 week*

Assessment - A/B - *between 1 to 3 weeks*

- B - *between 3 to 10 weeks*

- C - *after 24 weeks*

Endoscopy - *Primary endoscopy preferred option*

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.

NATIONAL REFERRAL GUIDELINES : GASTROENTEROLOGY							
Indication	Priority						
	Admission		Outpatient Assessment				Endoscopy
	A	B	A	A/B	B	C	
Rectal bleeding							
Acute lower GI haemorrhage	●						○
Recent onset / 'alarm' symptoms +/- change in bowel habit				●			○
Longstanding / no 'alarm' symptoms					●		○
- Consult colonoscopy guidelines							
Family history of bowel cancer							
- Consult local / national guidelines on screening and surveillance						●	○
Jaundice							
Recent onset / 'hepatitis' type / with 'alarm' symptoms	○	●					
Recent onset / 'hepatitis' type / NO 'alarm' symptoms				●			
Recent onset / 'obstructive' type / with 'alarm' symptoms			●				○
- 'Alarm' symptoms: Prolonged INR, fever, abdominal pain, weight loss, confusion. - Consult ERCP guidelines							
Abnormal LFT's							
Recent onset / with 'alarm' symptoms			●				○
Longstanding OR incidental finding / NO 'alarm' symptoms						●	

● - Preferred priority for investigation

○ - Alternative priority for investigation