METRO NORTH HOSPITAL AND HEALTH SERVICE
GASTROENTEROLOGY DEPARTMENTS

Adult Referral Evaluation and Management Guidelines

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EVALUATION AND MANAGEMENT GUIDELINES

For Emergency Referrals: Phone on call Gastroenterology Registrar via:

Royal Brisbane & Women's Hospital switch - (07) 3646 8111

The Prince Charles Hospital switch - (07) 3139 4000

Redcliffe Hospital switch – (07) 3883 7777

Caboolture Hospital switch – (07) 5433 8888

and send patient to the Department of Emergency Medicine (DEM) at their nearest hospital.

Category 1

i. Appointment within thirty (30) days is desirable; AND

ii. Condition has the potential to require more complex or emergent care if assessment is delayed; AND

iii. Condition has the potential to have significant impact on quality of life if care is delayed beyond thirty (30) days.

Category 2

i. Appointment within ninety (90) days is desirable; AND

ii. Condition is unlikely to require more complex care if assessment is delayed; AND

iii. Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days.

Category 3

i. Appointment is not required within ninety (90) days; AND

ii. Condition is unlikely to deteriorate quickly; AND

iii. Condition is unlikely to require more complex care if assessment is delayed beyond 365 days.

All urgent cases must be discussed with the on call Gastroenterology Registrar. Contact through RBWH switch (07) 3646 8111, TPCH switch (07) 3139 4000, Redcliffe switch (07) 3883 7777 or Caboolture switch (07) 5433 8888 to obtain appropriate prioritisation and treatment. Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit**:** 1300 364 952.

When possible all non–metropolitan patients referred must include travel, accommodation, and escort arrangements. An inpatient bed may not be possible or relevant once the patient has been assessed by the Gastroenterology Department.

Referrals containing insufficient information or that are illegible will be returned to the referral centre. This may result in delayed appointment/treatment for your patient.

GASTROENTEROLOGY DEPARTMENT HOURS

Royal Brisbane and Women's Hospital (RBWH)

Monday - Friday: 8am - 5pm

Level 9, Ned Hanlon Building, RBWH

The Prince Charles Hospital (TPCH)

Monday: 1pm - 4.30pm / Wednesday: 8am - 11.00am / Thursday and Friday: 1pm – 4.30pm

Outpatient Gastroenterology, Building 4, TPCH

Redcliffe Hospital

Monday: 8am – 12 noon / Wednesday: 1pm – 5pm

General Outpatients, North Block, Redcliffe

Caboolture Hospital

Monday: 8am – 12 noon / Thursday: 1.30pm – 4.30pm

Level 1, Specialist Outpatient Department, Caboolture

IN-SCOPE FOR GASTROENTEROLOGY OUTPATIENT SERVICES

Please note this is not an exhaustive list of all conditions for Gastroenterology outpatient services and does not exclude consideration for referral unless specifically stipulated in the out of scope section.

• Abdominal pain • Altered bowel habit • Bowel cancer screening • Coeliac disease • Constipation • Diarrhoea • Dyspepsia/heartburn/reflux	• Dysphagia (Gastroenterology) • Inflammatory bowel disease • Iron deficiency • Rectal bleeding Surveillance • Barrett's oesophagus surveillance • Polyp surveillance

OUT-OF-SCOPE FOR GASTROENTEROLOGY OUTPATIENT SERVICES

Not all services are funded in the Queensland public health system. The following are not routinely provided in a public Gastroenterology outpatient service.

• Screening colonoscopy in asymptomatic patients outside of the NHMRC guidelines

EMERGENCY

If any of the following are present or suspected arrange immediate transfer to the emergency department.

- Potentially life threatening symptoms suggestive of:
  - acute upper GI tract bleeding
  - acute severe lower GI tract bleeding
  - oesophageal foreign bodies/food bolus
  - fulminant colitis
  - bowel obstruction
  - abdominal sepsis
- Severe vomiting and/or diarrhoea with dehydration
- Acute/fulminant liver failure (to be referred to a centre with dedicated hepatology services)
- Biliary sepsis (to be referred to a centre with ERCP service)

METRO NORTH CENTRAL PATIENT INTAKE UINT (CPI)

https://www.health.qld.gov.au/metronorth/refer/

GENERAL REFERRAL INFORMATION

Patient's Demographic Details • Full name (including aliases) • Date of birth • Residential and postal address • Telephone contact number/s – home, mobile and alternative • Medicare number (where eligible) • Name of the parent or caregiver (if appropriate) • Preferred language and interpreter requirements • Identifies as Aboriginal and/or Torres Strait Islander	**Relevant Clinical Information about the Condition** • Presenting symptoms (evolution and duration) • Physical findings • Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment • Body mass index (BMI) • Details of any associated medical conditions which may affect the condition or its treatment (e.g. diabetes), noting these must be stable and controlled prior to referral • Current medications and dosages • Drug allergies • Alcohol, tobacco and other drugs use
Referring Practitioner Details • Full name • Full address • Contact details – telephone, fax, email • Provider number • Date of referral • Signature	**Reason for Request** • To establish a diagnosis • For treatment or intervention • For advice and management • For specialist to take over management • Reassurance for GP/second opinion • For a specified test/investigation the GP can't order, or the patient can't afford or access • Reassurance for the patient/family • For other reason (e.g. rapidly accelerating disease progression) • Clinical judgement indicates a referral for specialist review is necessary
Clinical Modifiers • Impact on employment • Impact on education • Impact on home • Impact on activities of daily living • Impact on ability to care for others • Impact on personal frailty or safety • Identifies as Aboriginal and/or Torres Strait Islander	**Other Relevant Information** • Willingness to have surgery (where surgery is a likely intervention) • Choice to be treated as a public or private patient • Compensable status (e.g. DVA, Work Cover, Motor Vehicle Insurance, etc.)

GASTROENTEROLOGY CONDITIONS

Abdominal Pain

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Severe abdominal pain with **Red flags** or significant impact on activities of daily living
	• Presence of **Red flags**
	  ○ Weight loss ≥5% of body weight in previous 6 months
	  ○ Past history Barrett's/polyps/cancer
	  ○ Patient and family history of Barrett's, oesophageal or gastric or bowel cancer
	  ○ Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women
	  ○ Abdominal mass on clinical examination or abnormal imaging

Category 2 (appointment within 90 days is desirable)	• Abdominal pain for >6 weeks without **Red flags** and not affecting activities of daily living
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Patient and family history of gastrointestinal cancer
- ELFT FBC iron studies results
- Previous endoscopic procedures (date, report and histology)
- Relevant imaging reports

Altered Bowel Habit

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Progressive or persistent symptoms that are significantly impacting activities of daily living despite medical management
	• Progressive or persistent symptoms with **Red flags**
	  • Presence of **Red flags**
	  ○ Bloody or nocturnal diarrhoea
	  ○ Weight loss, ≥5% of body weight in previous 6 months
	  ○ Persistent abdominal pain
	  ○ Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women
	  ○ Abnormal imaging
	  ○ Patient and family history of bowel cancer or inflammatory bowel disease

Category 2 (appointment within 90 days is desirable)	• Progressive or persistent symptoms despite medical management without **Red flags**
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Patient and family history of gastrointestinal cancer
- FBC TSH iron studies results
- Coeliac serology results

Additional referral information (Useful for processing the referral)

- Relevant imaging reports (e.g. pelvic USS)
- CA125
- Faecal calprotectin

Other useful information for referring practitioners (Not an exhaustive list)

- Consider referring to a dietitian e.g. Fermentable oligo -, di-, mono-saccharides and polyols (FODMAP) diet

Bowel Cancer Screening

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• FOBT positive in patients > 50 years old
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• Family history of colorectal cancer (CRC) in patients with one first degree relative diagnosed with CRC < 55 years, or two, first or second-degree relatives (on the same side of the family) diagnosed with CRC at any age • Multiple bowel cancers

Essential referral information (Referral may be rejected without this)

- General referral information
- Patient and family history of bowel cancer
- ELFT
- Previous endoscopic procedures (date, report and histology)

Other useful information for referring practitioners (Not an exhaustive list)

- Perform FOBT test annually from age 50
- NHMRC Clinical Practice Guidelines (2011)

Coeliac Disease

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Positive coeliac serology with **Red flags**
	• Presence of **Red flags**
	  ○ Bloody or nocturnal diarrhoea
	  ○ Weight loss, ≥5% of body weight in previous 6 months
	  ○ Persistent abdominal pain
	  ○ Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women

Category 2 (appointment within 90 days is desirable)	• Positive coeliac serology without **Red flags**
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Coeliac serology (TTG & EMA) results

NB If patients are on a gluten-free diet, advise them to add gluten to their diet for four weeks before diagnostic testing

- ELFT FBC iron studies results

Additional referral information (Useful for processing the referral)

- TSH Vitamin B12 Folate 25-OH Vitamin D results

Other useful information for referring practitioners (Not an exhaustive list)

- Consider the following:
  - refer to a dietitian
  - monitor for diet compliance with coeliac disease serology every 6 to 12 months
  - screen family members with serology
  - baseline bone mineral densitometry
  - monitor for other auto-immune disorders

Constipation

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• New onset constipation in patients > 50 years old or patients with **Red flags**
	• Presence of **Red flags**
	  ○ Gastrointestinal bleeding
	  ○ Abdominal pain/mass
	  ○ Family history of bowel cancer
	  ○ Weight loss ≥5% of body weight in previous 6 months
	  ○ Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women

Category 2 (appointment within 90 days is desirable)	• Refractory symptoms not responding to medical management without **Red flags** and affecting activities of daily living
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- FBC TSH iron studies results
- Serum calcium results

Additional referral information (Useful for processing the referral)

- Relevant imaging reports (e.g. CT abdomen)

Other useful information for referring practitioners (Not an exhaustive list)

- Consider the following:
  - refer to a dietitian
  - bowel outlet obstruction
  - physiotherapist management of pelvic floor dysfunction

Diarrhoea

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Diarrhoea > 6 weeks or with **Red flags** or affecting activities of daily living
	• Presence of **Red flags**
	  ○ Bloody or nocturnal diarrhoea
	  ○ Weight loss, ≥5% of body weight in previous 6 months
	  ○ Persistent abdominal pain
	  ○ Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women
	  ○ Patient and family history of bowel cancer or inflammatory bowel disease

Category 2 (appointment within 90 days is desirable)	• Diarrhoea > 6 weeks without **Red flags**
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Patient and family history of gastrointestinal cancer
- ELFT FBC TSH iron studies results
- Coeliac disease serology results
- Stool test results
- Previous gastrointestinal investigations and results (date and report)

Additional referral information (Useful for processing the referral)

- Faecal calprotectin, if inflammatory bowel disease is suspected
- Relevant imaging reports
- Clostridium difficile toxin (if recent antibiotics)
- Recent travel history

Other useful information for referring practitioners (Not an exhaustive list)

- Consider the following:
  - refer to a dietitian
  - faecal incontinence

Dyspepsia/Heartburn/Reflux

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Any patient with significant, unexplained, persistent, or recent-onset symptoms (treatment-resistant) with **Red flags**
	• Presence of **Red flags**
	  ○ Gastrointestinal bleeding
	  ○ Weight loss, ≥5% of body weight in previous 6 months
	  ○ Difficulty swallowing
	  ○ Persistent vomiting
	  ○ Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women

Category 2 (appointment within 90 days is desirable)	• Any patient with significant, unexplained, persistent, or recent-onset symptoms (treatment-resistant) without **Red flags**
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Family history of gastrointestinal cancers
- FBC iron studies results

Additional referral information (Useful for processing the referral)

- Previous endoscopic procedures (date and report)
- Relevant imaging reports
- H pylori results

Other useful information for referring practitioners (Not an exhaustive list)

Consider the following:

- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Treatment if H pylori present
- Cease any aggravating medications if possible e.g. NSAIDS, aspirin
- Antacid therapies
- Other evidence based therapies (e.g. prokinetics)

Dysphagia (Gastroenterology)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Significant dysphagia
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- History of presenting complaint:
  - difficulty or pain on swallowing
  - food or liquids are stuck in throat or chest
  - pain or pressure in chest associated with swallowing
  - loss of appetite/food avoidance associated with swallowing difficulty
- FBC iron studies results

Additional referral information (Useful for processing the referral)

- Relevant imaging reports
- Atopy

Inflammatory Bowel Disease

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Previously diagnosed or suspected inflammatory bowel disease with **Red flags**
	• Presence of **Red flags**
	  ○ Rectal bleeding
	  ○ Symptoms of bowel obstruction
	  ○ Fever and/or abdominal / perineal mass
	  ○ Significant diarrhoea ≥6x/day
	  ○ Weight loss ≥5% of body weight in previous 6 months
	  ○ Significant abnormalities in investigations i.e. Hb <100 g/l, CRP >45 or faecal calprotectin >200 mcg/g

Category 2 (appointment within 90 days is desirable)	• Stable previously diagnosed inflammatory bowel disease without **Red flags**
Category 3 (appointment within 365 days is desirable)	• Monitoring and/or bowel cancer screening colonoscopy

Essential referral information (Referral may be rejected without this)

- General referral information
- ELFT FBC iron studies results
- ESR CRP results
- Vitamin B12, 25-OH vitamin D results
- Stool M/C/S and PCR including Clostridium difficile (Category 1 referrals only)
- Relevant imaging reports

Additional referral information (Useful for processing the referral)

- Faecal calprotectin

Other useful information for referring practitioners (Not an exhaustive list)

- Smoking cessation is likely to reduce disease activity in Crohn's disease

Iron Deficiency

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Iron deficiency anaemia or iron deficiency with no obvious cause and/or persisting despite correction of potential causative factors and /or presence of **Red flags** • Presence of **Red flags** ○ Weight loss ≥5% of body weight in previous 6 months
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Family history of gastrointestinal cancer
- ELFT FBC iron studies results
- Coeliac disease serology results

Additional referral information (Useful for processing the referral)

- History of menorrhagia
- Urine dipstick results

Other useful information for referring practitioners (Not an exhaustive list)

Consider the following:

- Refer to a dietitian

Rectal Bleeding

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Rectal bleeding with **Red flags** Presence of **Red flags** • Dark blood coating or mixed with stool • Weight loss, ≥5% of body weight in previous 6 months • Abdominal / rectal mass • Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women • Patient and family history of bowel cancer (1st degree relative <55 years old)
Category 2 (appointment within 90 days is desirable)	• Rectal bleeding without **Red flags**
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Patient and family history of gastrointestinal cancer
- ELFT FBC iron studies results
- Previous gastrointestinal investigations and results (date and report)

Other useful information for referring practitioners (Not an exhaustive list)

- If patient has haemorrhoids and no mass on digital rectal examination (DRE), refer if bleeding is recurrent or persists > 6 weeks

SURVEILLANCE

Barrett's Oesophagus Surveillance

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• No category 1 criteria (see other useful information for referring practitioners)
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria (see other useful information for referring practitioners)
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria (see other useful information for referring practitioners)

Essential referral information (Referral may be rejected without this)

- General referral information
- ELFT
- Previous endoscopic procedures (date, report and histology)

Other useful information for referring practitioners (Not an exhaustive list)

Australian clinical practice guidelines for the diagnosis and management of Barrett's oesophagus and early oesophageal adenocarcinoma (2015) recommended screening endoscopy schedules.

No dysplasia on endoscopic assessment and Seattle protocol biopsy

- Short (< 3 cm) segment – repeat endoscopy in 3–5 years
- Long (≥ 3 cm) segment – repeat endoscopy in 2–3 years
- If there has been previous low-grade dysplasia, see low-grade dysplasia protocol.
- Seattle protocol—biopsy of any mucosal irregularity and quadrantic biopsies every 2 cm unless known or suspected dysplasia then quadrantic biopsies every 1 cm.

Indefinite for dysplasia on biopsy

The changes of indefinite for dysplasia on biopsy should be confirmed by a second pathologist, ideally an expert gastrointestinal pathologist. If indefinite for dysplasia is confirmed, then the following endoscopic surveillance is recommended:

- Repeat endoscopy in 6 months with Seattle protocol biopsies for suspected dysplasia (biopsy of any mucosal irregularity and quadrantic biopsies every 1 cm) on maximal acid suppression
- If repeat shows no dysplasia, then follow as per non-dysplastic protocol
- If repeat shows low-grade or high-grade dysplasia or adenocarcinoma, then follow protocols for these respective conditions

- If repeat again shows confirmed indefinite for dysplasia, then repeat endoscopy in 6 months with Seattle protocol biopsies for suspected dysplasia

Low-grade dysplasia on biopsy

The changes of low-grade dysplasia on biopsy should be confirmed by a second pathologist, ideally an expert gastrointestinal pathologist. If low-grade dysplasia is confirmed, then the following endoscopic surveillance is recommended (or refer to an expert centre for assessment):

- Repeat endoscopy every 6 months with Seattle protocol biopsies for dysplasia (biopsy of any mucosal irregularity and quadrantic biopsies every 1 cm.
- If 2 consecutive 6-monthly endoscopies with Seattle dysplasia biopsy protocol show no dysplasia, then consider reverting to a less frequent follow up schedule.

High-grade dysplasia or adenocarcinoma on biopsy

Referral to a centre that has integrated expertise in endoscopy, imaging, surgery and histopathology

Polyp Surveillance

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• No category 1 criteria (see other useful information for referring practitioners)
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria (see other useful information for referring practitioners)
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria (see other useful information for referring practitioners)

Essential referral information (Referral may be rejected without this)

- General referral information
- Relatives diagnosed with Familial Adenomatous Polyposis (FAP)
- Relatives diagnosed with Lynch syndrome also known as Hereditary Non-Polyposis Colorectal Cancer (HNPCC)
- Family or personal history of colorectal cancer
- Previous endoscopic procedures (date, report and histology)

Other useful information for referring practitioners (Not an exhaustive list)

NHMRC Clinical Practice Guidelines (2011) recommended screening colonoscopy schedules for polyp surveillance

- 5 yearly – If < 3 polyps (excluding diminutive rectosigmoid hyperplastic polyps) provided that all polyps are 'simple' as defined by dimensions (<10mm) and histopathology (no high-grade dysplasia or villous change)
- 3 yearly – If > 3 polyps (excluding diminutive rectosigmoid hyperplastic polyps) or if one or more polyps are 'advanced' as characterised by dimensions (≥10mm) and/or histopathology (presence of high-grade dysplasia or villous change)
- Annual – If 5 to 9 polyps (excluding diminutive rectosigmoid hyperplastic polyps)
- <12 months – If required, a baseline colonoscopy may need to be repeated in cases of poor bowel preparation (immediate rescheduling), possible incomplete excision of a large polyp (often at 3 months) or the presence of multiple adenomas (≥10) to ensure complete clearance

NB: patients with FAP and HNPCC need punctual surveillance due to the high-risk nature of these conditions.