BENDIGO HEÂLTH	Gastroscopy Referral Triage Protocol	
Scope	Patient Services Nursir	ng Staff
Responsible Department	Patient Services - Nurse Unit Manager	
Approved By	Acute Health and Clinical Support Services Clinical Standards	07/03/2019
Authorised/ Noted By	Noted at Group Clinical Standards Committee	21/03/2019

PURPOSE

 This protocol provides Bendigo Health staff with directions on the triage of Gastroscopy referrals.

DEFINITIONS

GI Gastrointestinal

GORD Gastro-oesophageal reflux disease

NHMRC National Health and Medical Research Council

POLICY

- All Gastroscopy referrals received by Patient Services and referred to the Endoscopy Liaison Nurse to be triaged against the Bendigo Health Triage criteria for gastroscopy referrals table below.
- Referrals that do not meet the criteria should be referred to the appropriate medical staff for triage.
- If patients have had a previous gastroscopy the results are required to assist with diagnosis and triage.

Triage Criteria for Gastroscopy Referrals		
Category	Indication	
Category 1 / Direct Access (within 30 days)	 Dysphagia Weight loss and upper GI symptoms ≥ 55 years of age Anaemia ≥ 55 years of age GI Bleeding Abnormal imaging Dyspepsia ≥ 55 years of age with any other symptom or a family history of first degree relative with upper GI cancer Dyspepsia in people with known gastric dysplasia Recent onset GORD with other symptoms ≥ 55 years of age or non-responsive with known Barrett's oesophagus Persistent Nausea and vomiting ≥ 55 years of age 	
Category 2	Most other requests for Gastroscopy	
(within 90 days)	Persistent or recurrent reflux despite appropriate therapy	

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	Dyspepsia < 55 years of age
	 New epigastric pain in a person > 40 years
	New or uninvestigated epigastric pain in patient on NSAIDS or
	steroids
	 Anaemia &/or iron deficiency < 55 years of age
	 Weight loss and upper GI symptoms < 55 years of age
	 Recent onset GORD < 55 years of age
	Surveillance for Barrett's oesophagus
	 Persistent Nausea and vomiting < 55 years of age
	Suspected Coeliac with positive serology
	Known Coeliac with persistent diarrhoea, abdominal pain weight
	loss fatigue or anaemia\
	Newly diagnosed cirrhosis to assess for oesophageal varices
Category 3	Gastric Cancer Follow up
	GORD non-responsive < 55 years of age
Outpatients	Lump or mass in abdomen
Appointment	Significant co-morbidities
	On anticoagulation therapy
	 Patient weight ≥ 150 Kgs
Referral does	Appropriate medical staff to assess referrals that do not meet the
not meet any	criteria and triage accordingly.
of the above	
categories	

REFERENCES and ASSOCIATED DOCUMENTS Standards / Codes of Practice / Industry Guidelines

- The Alfred Referral Guidelines Endoscopy
- The Gastroscopy Categorisation guidelines for Victorian Patients DHHS 2018

MANDATORY INCLUSION

Personal information and health information as defined in the relevant Victorian law, which is required to be collected, used, disclosed and stored by BHCG in order to achieve the Purpose of this policy, will be handled by the Group and its employees in accordance with their legal obligations.

When developing this policy, BHCG has taken all reasonable steps to make its content consistent with the proper discharge of its obligations under the Charter of Human Rights and Responsibilities Act 2006.