BENDIGO HEALTH	**Colonoscopy Referral Triage Protocol**	
Scope	• Patient Services • Nursing Staff	
Responsible Department	Patient Services - Nurse Unit Manager	
Approved By	Acute Health and Clinical Support Services Clinical Standards	06/09/2018
Authorised/Noted By	Noted at Group Clinical Standards	20/09/2018

PURPOSE

- This protocol provides staff with direction on the triage of Colonoscopy referrals.
- This has been developed using the NHMRC approved *Clinical practice guidelines for prevention, early detection and management of colorectal cancer (CRC) 2nd edition (Dec 2005)* and *Clinical practice guidelines for Surveillance Colonoscopy (Dec 2011)* as well as referral management guidelines from other health services.

DEFINITIONS

CRC	Colorectal Cancer
FAP	Familial adenomatous polyposis
FOBT	Faecal Occult Blood Test
GI	Gastrointestinal
HNPCC	Hereditary nonpolyposis colorectal cancer – Lynch Syndrome
IBD	Inflammatory Bowel Disease
NHMRC	National Health and Medical Research Council
NBCSP	National Bowel Cancer Screening Program

POLICY

- All Colonoscopy referrals received by patient services and referred to the Endoscopy Liaison Nurse will be triaged against the Triage criteria for colonoscopy referrals table below.
- Should the colonoscopy referral not be able to be triaged against the criteria, it is to be referred to appropriate medical staff for triage.

Triage Criteria for Colonoscopy Referrals	
Category	**Indication**
Category 1 / **Direct Access** (within 30 days)	• FOBT +ve including NBCSP Unless recent complete colonoscopy • Clinically significant iron deficiency anaemia+ (should be referred for gastroscopy as well) • Obvious lower GI bleeding in people over the age of 40, not associated with Haemorrhoids • Altered bowel habits (>6 weeks duration) with any other critical factors++

	• Abdominal pain with any critical factors✦✦ • Anaemia with any other critical factor ✦✦ • Abnormal imaging with suspicion of bowel cancer • Unexplained weight loss with any other critical factor✦✦ • Palpable abdominal or rectal mass • Primary of unknown origin with any critical factors✦✦
Category 2 (within 90 days)	• Altered bowel habits without corresponding critical factors ✦✦ • Persistent undiagnosed diarrhoea without red flag symptoms • Anaemia with no other critical factors
Category 3 (within 365 days)	• Complete examination of colon within 1 year of curative surgery • Family history of bowel cancer without any corresponding symptoms • IBD surveillance (Stable) ✦✦✦ • Surveillance colonoscopy from previous adenoma/s ✦✦✦
Outpatients Appointment	• Familial history of bowel cancer without corresponding details or incomplete details about this • Familial history of FAP • Familial history of HNPCC without corresponding details • Lump or mass in abdomen • Abdominal pain without corresponding indicators or investigations • Significant co-morbidities • Diagnosis of haemorrhoids without other complications • Colonoscopy request for someone < 30 years of age • Patient weight ≥ 150 Kgs • Bright red rectal bleeding in people less than 40 years of age • Patients over the age of 75 need to be assessed for appropriateness for direct access.
Referral does not meet any of the above categories	• Referral taken to the appropriate medical staff to assess and triage.

✦ Clinically Significant signs of Iron Deficiency Anaemia
- Obvious bleeding
- Pallor
- Breathless
- Tiredness
- Palpitations

✦✦ Critical Factors
- Change in bowel habit
- Blood in the stool or on toilet paper
- Unexplained weight loss in conjunction with other indicators
- Abdominal pain or swelling in conjunction with other indicators
- Family history of colorectal cancer or inflammatory bowel disease

✦✦✦ Family History and surveillance patients require a check of family history and polyp/s details to be prioritised accordingly within category as per due date.

Patients on anticoagulant or antiplatelet therapy need to be seen by a HMO, Registrar or Consultant either in outpatients or preadmission.

REFERENCES and ASSOCIATED DOCUMENTS

Standards / Codes of Practice / Industry Guidelines

- NHMRC approved *Clinical practice guidelines for prevention, early detection and management of colorectal cancer (CRC) 2nd edition (Dec 2005)*
- NHMRC approved *Clinical practice guidelines for Surveillance Colonoscopy (Dec 2011)*
- Austin Health Colorectal Clinic Referral Guidelines
- Northern Health Colorectal Pre-referral Management Guidelines
- The Alfred Referral Guidelines – Endoscopy
- Victorian Colonoscopy categorization guidelines 2017

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.