

November eReferrals update 2020

In preparation for the National Bowel Screening Programme commencing in Taranaki in July 2021, optimization of TDHB endoscopy services provided by both Gastroenterologist and General Surgeons is required to meet the needs of symptomatic patients and those requiring asymptomatic surveillance.

Your assessment of your patient's performance status using the ECOG and detailing any psychosocial conditions that may be a barrier to attending appointments or an endoscopic procedure are vital to your patient safety and actioning supports as needed. This information will also help guide where bowel preparation is done (ward or patients' home), if endoscopy or CT is appropriate or whether a specialist appointment is required to assess patient suitability in outpatient clinic.

Endoscopy – Asymptomatic surveillance: Live on 18th Nov

Taranaki DHB Main Referral Centre Endoscopy - Asymptomatic Surveillance

This eReferral option will replace previous "Endoscopy" and is for routine asymptomatic surveillance for both upper and lower gastrointestinal tracts. It has a specialty tab for the indications as per surveillance guidelines.

Endoscopy - Asymptomatic Surveillance

This referral is for asymptomatic surveillance endoscopy only for patients with indications for Gastroscopy and Colonoscopy. If you have any queries regarding family history or surveillance, please use this pathway.

Service Detail

Please **do not use this referral for symptomatic patients** with lower or upper gastrointestinal suspected pathology.

Please refer to:

- General surgery if there is an abdominal or rectal mass, PR bleeding or perianal symptoms, change in bowel habit or abnormal imaging.
- Gastroenterology for other symptoms including iron deficiency anaemia, inflammatory bowel disease, dyspepsia, reflux or dysphagia.

Resources and Links

Midland Region Community HealthPathways: [Familial Bowel Cancer Risk Categories](#)
Ministry of Health: [Colonoscopy Surveillance Guidelines](#)

Referral Details

Patient Details

Specialty

Clinical Details

Investigations

Referrer Details

Please select one option: Gastroscopy Colonoscopy

Gastroscopy

Select one indication for surveillance gastroscopy:

- Barrett's oesophagus
- Family history of Gastric cancer
- Other

Colonoscopy

There are 4 indications for Surveillance

- Colonic polyps
- Previous diagnosis of Bowel cancer
- Family history of Bowel cancer
- Inflammatory Bowel disease

Recent guidelines on surveillance for polyps have been released and can be found [here](#) which will reduce the number of low risk surveillance endoscopies needed in the future. Patients discharged from surveillance screening with low risk findings should be encouraged to participate in National Bowel Screening programme 5 years after their most recent colonoscopy if aged between 60 and 74.

For symptomatic referrals for upper and lower gastrointestinal symptoms, please use these:

New eReferral options: General Surgery – Gastrointestinal and Gastroenterology – Gastrointestinal – Live on 18th Nov

Taranaki DHB	Main Referral Centre	Gastroenterology - Gastrointestinal
Taranaki DHB	Main Referral Centre	General Surgery - Gastrointestinal

Both these two new symptom approach options will replace:

Taranaki DHB	Main Referral Centre	Direct Access to Colonoscopy
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as the pathway to direct access for colonoscopy and CT colonography.

These are the referral sub-options available and more than one can be selected negating the need for separate referrals to different specialists:

Referral options:

- Upper Gastrointestinal Symptoms
- Lower Gastrointestinal Symptoms
- Iron Deficiency Anaemia

Selecting iron deficiency anaemia option would be for unexplained anaemia investigation requiring both gastroscopy and colonoscopy.

Answering all the yes/no questions will assist with optimal eTriage and trigger adjusting the urgency if there is high suspicion of cancer.

Blood results are mandatory to ensure swift access if contrast is needed and if there is anaemia to allow for the best preparation for either endoscopy or CT. Including any radiology and histology reports, if available, will assist the triaging clinicians to prioritise.

The addition of the patient narrative in the clinical details tab is always valuable to add context and extra information.

Update - Podiatry Foot Protection Service

Taranaki DHB	Community Health Integrati Podiatry - Foot Protection Service
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This specialist podiatric expert service is now ready to receive referrals through the CHIC for **diabetic patients across the foot risk spectrum from moderate, high, in remission and active risk feet and their complications** to improve the diabetic populations foot health. Low risk stratified feet are to use private services where cost apply.

Please remember to add the completed DAR Foot assessment from PMS screening in the "investigation tab" to allow access to this service in the timeframes required per stratified foot risk. Incomplete referral will lead to delays in patients accessing the service.

Include screening results?	<input checked="" type="checkbox"/>
Selected screening results	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>