Clinical Care Standards

Affix patient label here

Colonoscopy referral information

Patient details

Patient name

Medicare number

Address

Phone (M/H)

Date of birth / / Age

Next of kin

Next of kin phone number

Gender ☐ Male ☐ Female ☐ Non-binary

☐ Privately insured

Referral information

Date of referral / /

Referring practice

Referring doctor (print)

Email

Phone/pager

Signature

Referred to

Are you of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander ☐ Yes – Aboriginal and Torres Strait Islander

Interpreter required? ☐ Yes ☐ No Language (specify)

☐ Colonoscopy ☐ Flexible-sigmoidoscopy

Does this patient also require a gastroscopy? ☐ Yes ☐ No Reason

Smoking ☐ Yes ☐ No Alcohol Units per week BMI

Provisional diagnosis:

Indication A: Symptoms and investigations* (circle main indication, tick all others and provide a copy of results)

☐ Positive iFOBT ☐ NBCSP

☐ Anaemia: (provide results below)*

☐ Rectal bleeding, duration ☐ weeks

☐ Change in usual bowel habit, duration ☐ weeks

☐ Diarrhoea (stool culture negative), duration ☐ weeks

☐ Unexplained abdominal pain > than 6 weeks

☐ Unexplained weight loss

☐ Palpable mass ☐ Abdominal ☐ Rectal

☐ Abnormal imaging

☐ Hb

☐ MCV

☐ Ferritin

☐ Calprotectin

☐ CRP

☐ Coeliac serology

☐ Other

Active and significant co-morbidities

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Clinical notes:

Indication B: Surveillance
(see details over page for groups)

Date of last colonoscopy
(Provide a copy of results) ☐☐ / ☐☐ / ☐☐☐☐

☐ Adenoma surveillance group: ☐ A ☐ B ☐ C ☐ D

☐ IBD surveillance group: ☐ 1 ☐ 2 ☐ 3 Date of IBD diagnosis ☐☐ / ☐☐ / ☐☐☐☐

Date of primary sclerosing cholangitis diagnosis ☐☐ / ☐☐ / ☐☐☐☐

☐ Family history risk category: ☐ 1 ☐ 2 ☐ 3 Syndrome

☐ Colorectal cancer Date of diagnosis ☐☐ / ☐☐ / ☐☐☐☐

Clinical notes:

Allergies and Medicines

Current medicines:

Allergies/Adverse reactions:

Past medical history/active co-morbidities

Is the patient ambulant and independent? ☐ Yes ☐ No

Is an overnight stay required ? ☐ Yes ☐ No

Past medical history:

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NHMRC (2011) guidelines: Colonoscopic surveillance intervals – adenomas

Low risk 1–2 adenomas **and** All < 10 mm No villous features No high-grade dysplasia	**High risk** 3–4 adenomas **or** Any adenoma ≥ 10 mm Villous features High-grade dysplasia	**Multiple** > 5 adenomas	**Possible incomplete or piecemeal excision of large or sessile adenoma**
Group A	**Group B**	**Group C**	**Group D**
Colonoscopy at 5 years	Colonoscopy at 3 years	5–9: colonoscopy at 1 year ≥ 10: colonoscopy at < 1 year, consider referral to a genetics service	Colonoscopy at 3–6 months
Findings at first follow-up No adenomas: colonoscopy at 10 years **or** FOBT every 1–2 years Low risk – as for A High risk – as for B Multiple – as for C	Repeat colonoscopy at 3-yearly intervals. If the second follow-up colonoscopy is normal or shows low-risk features, consider increasing the interval on an individualised basis	**Findings at first follow-up** No clear guidelines. Suggested: Multiple: as for C If normal, low or high risk: as for B	**Findings at first follow-up** No residual adenoma: 12 months Residual adenoma: as for D **Findings at second follow-up** Normal or low risk: as for A High risk: as for B Multiple: as for C Recurrent adenoma: as for D, and consider other options if relevant such as surgical referral

NHMRC (2011) guidelines: Colonoscopic surveillance intervals – inflammatory bowel disease

Group 1	**Group 2**	**Group 3**
One or more of: • active disease • primary sclerosing cholangitis • stricture, multiple inflammatory polyps or shortened colon • previous dysplasia	• Inactive ulcerative colitis with no high-risk features; or • Crohn's disease with no high-risk features and • No first-degree relative with colorectal cancer at age < 50 years	Recommended for Group 2 when two previous colonoscopies are macroscopically and histologically normal
1-yearly colonoscopy	**3-yearly colonoscopy**	**5-yearly colonoscopy**

NHMRC (2005) guidelines: Colorectal cancer screening – family history

Category 1 Slightly above average risk (relative risk × 1–2)	**Category 2** Moderately increased risk (relative risk × 3–6)	**Category 3** High risk
1 first- (FDR) or second-degree relative (SDR) age ≥ 55 years at diagnosis	FDR or SDR age ≤ 55 years at diagnosis; or FDR or 1 FDR and 1 SDR on the same side of the family, any age at diagnosis	Known or suspected familial syndrome
FOBT every 1–2 years and consider sigmoidoscopy (preferably flexible) every 5 years from age 50 years **Routine colonoscopy not recommended**	**5-yearly colonoscopy from age 50 years, or 10 years younger than the age of first diagnosis of colorectal cancer in the family, whichever comes first**	**Known familial adenomatous polyposis (FAP) or Lynch syndrome (HNPCC): Specialist referral, as per NHMRC guidelines** **Suspected Lynch syndrome: Every 1–2 years from age 25 years or 5 years younger than the youngest affected family member (whichever comes first)** **Suspected FAP or other syndromes: refer to guidelines**

NHMRC (2011) guidelines: Colonoscopic surveillance intervals – following surgery for colorectal cancer

Is surveillance colonoscopy appropriate?
Surveillance colonoscopy should be offered to those who have undergone curative treatment and are fit for further treatment if disease is detected

Yes	**No**
Was the colon cleared of adenomas and synchronous cancers pre-operatively?	No colonoscopy Ensure detailed discussion and complete documentation

Yes	**No**
Colonoscopy at 1 year post-op	Colonoscopy at 3–6 months post-op
Subsequent colonoscopic interval dependent on findings at follow-up: Normal – repeat 5-yearly Adenomas – repeat as per adenoma chart Cancer – refer for surgery or other as appropriate	