

Gastroenterology Referral Criteria for a First Specialist Assessment

GPs and other referrers should use the following criteria to evaluate and prioritise patients for referral to Hutt Hospital for their first specialist assessment. **Note** that that these criteria are not for colonoscopy.

#	Priority	Timeframe	Symptoms	Criteria
1	Immediate	ASAP		Direct referral to ED for: <ul style="list-style-type: none"> • Upper GI haemorrhage • Uncontrolled diarrhoea +/- dehydration
2	Urgent	4 weeks	Weight loss Anaemia Severe pain Prolonged INR Fever Confusion Note: some indications not classified by national referral guidelines Constipation – with alarm symptoms Long standing – no alarm symptoms	Jaundice: <ul style="list-style-type: none"> • recent onset with hepatitis-like alarm symptoms • recent onset of obstructive-type with alarm symptoms Abnormal Liver Function Tests (recent onset with alarm symptoms)
3	Semi-urgent	3 months		Nausea / anorexia / weight-loss Abdominal pain –with alarm symptoms Rectal bleeding (recent symptoms / alarm symptoms +/- change in bowel habit) Rectal bleeding – long standing / no alarm symptoms in under 50-year-olds Hepatitis B and C+ patients who are unwell

#	Priority	Timeframe	Symptoms	Criteria
4	Routine	5 months		<p>Dyspepsia/heartburn – long-standing/recent gastroscopy</p> <p>Abdominal pain (long-standing, no alarm symptoms +/- irregular bowel motions)</p> <p>Diarrhoea (long-standing with no alarm symptoms)</p> <p>Family history of bowel cancer (consult national colonoscopy guidelines)</p> <p>Abnormal Liver Function Tests (long-standing or incidental Findings, no alarm symptoms)</p> <p>Hepatitis B and C+ patients who are not unwell</p>

Document Management

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