



GI ENDOSCOPY REFERRAL FORM

DATE OF REFERRAL:

Please refer to the back page for full inclusion / exclusion criteria for referral.

PATIENT		REFERRER	
NHS Number		Name	
Forename		GMC/HPC/NMC Number	
Surname		Address	
Address			
Date of birth		Referring Practice Code	
Telephone (Home)		Telephone (For urgent clinical findings)	
Telephone (Work)		NHS.net email only	
Telephone (Mobile)			
Email address		Is this a new patient appointment or follow-up for re-scope?	
Gender	Male Female Non-binary	NP F/UP	(Please provide a copy of the discharge summary)
Physical/communication difficulties (visual, auditory, cognitive):		Wheelchair user?	Yes No
		Wheelchair users must be able to transfer independently.	
Ethnicity, and if an interpreter is required, please state language:		Does the patient need a carer to accompany them? Yes	
		URGENCY: 2WW	Routine
PRESENTING COMPLAINT AND PROVISIONAL DIAGNOSIS: Please provide as much relevant clinical information as possible to ensure the most appropriate investigation is performed.			
PR Bleeding		Urgency	
Tenesmus		Constipation	
Routine follow-up		Altered bowel habit	
Diarrhoea		Pain/discomfort	
Dysphagia		Reflux	Other
Nausea		Anaemia	
Vomiting		Weight loss	
Dyspepsia		Palpable mass	
Please indicate which test you require:			
Flexible Sigmoidoscopy		Colonoscopy	
		Gastroscopy & Colonoscopy	
		Banding of haemorrhoids	
Procedures related to the presenting symptoms and clinical findings may be performed/undertaken subject to informed consent.			
Lower GI referrals will receive bowel preparation (Plenvu® for colonoscopy, phosphate enema first line, Plenvu® second line for flexible sigmoidoscopy). Please see page 2 for bowel preparation guidance.			
I can confirm that this patient is fit to receive bowel preparation medication (the patient cannot be booked for lower GI procedures unless this box is ticked): Yes			
Family history		Details:	
History of problems with sedation/anaesthesia		Details:	
Previous colonoscopy or sigmoidoscopy		Details:	
Previous abdominal surgery		Details:	
Diabetes		Details:	
Anti-coagulation therapy		Details:	
Hepatitis C		Details:	
Heart murmur or valve placement		Details:	
Allergies		Details:	
Please send this referral to NHS E-Referral System Any queries, please call 03442 644 164			



Notes for Referrer: Please note

1. Urea and electrolytes must be performed within previous two weeks. Electrolytes are normal.
2. Oral medication should be taken at least one hour after taking Plenvu® (otherwise it may not be absorbed)
3. Your patient will be advised about regular medication as follows:

Medicine	Instruction	Additional Detail
Iron tablets	Stop 7 days prior to taking Plenvu®.	
Anticoagulants (<i>blood thinning medication</i>)	If you are taking Warfarin, or any of the new oral anticoagulants (<i>Apixaban, Dabigatran, Rivaroxaban and Edoxaban</i>), please contact the Endoscopy unit where you are booked to have the procedure and speak to the staff.	Please contact CHEC helpline: 03442 622 164
Insulin controlled diabetes patients	Please see supplementary information sheet and contact your Diabetes Specialist Nurse or GP Practice Nurse for further advice if required.	Glucose energy drinks and glucose tablets if sucked are to be taken for hypoglycaemia. You will need to manage a reduction in your normal insulin dose during bowel preparation and until after your procedure.
Oral anti-diabetes tablets	Please see supplementary information sheet and contact your Practice Nurse at your GP surgery for further advice if required.	Absorption of tablets may be affected by the Plenvu®.
Diet controlled diabetes patients	No action required.	
ALL DIABETES PATIENTS TO DISCUSS WITH BOOKING COORDINATOR SO AN APPROPRIATE APPOINTMENT TIME CAN BE ARRANGED		Please see diabetic leaflet.
Anti-epileptics, oral contraceptives, antibiotic, and oral anti-diabetic anti-diarrhoeal tablets	Bowel cleansing may interfere with normal absorption of these drugs. Stop 3 days prior to taking Plenvu®.	Please see diabetic leaflet and advise on alternative methods of contraception.



a. **Patients will be instructed** to follow a low fibre diet for one day before taking Plenvu®.

<p>b. Contraindications to Plenvu® include:</p> <ol style="list-style-type: none"> 1. Pregnancy 2. Allergy to ingredients 3. Bowel obstruction 4. Bowel perforation 5. Paralytic ileus 6. Gastric outlet obstruction, paresis, retention 7. Phenylketonuria 8. Glucose-6-phosphate dehydrogenase deficiency 9. Toxic megacolon 	<p>c. Cautions include:</p> <ol style="list-style-type: none"> 1. Cardiac comorbidity 2. Renal insufficiency or dehydration 3. Bowel inflammation 4. Dysphagia 5. Serum sodium or potassium abnormality 6. Some other medical conditions (<i>e.g., seizures</i>)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

d. **Advice on possible side-effects:** Do not take any more and contact GP if, after taking the first dose of Plenvu®. There has been no bowel movement within 6 hours, or (*allergy*) extreme fatigue, palpitations, rash or itching, shortness of breath, swelling of the fact, ankles; or (*dehydration*) there is dizziness, headache, less frequent urination, vomiting. Rarely, serious arrhythmias can occur, especially with cardiac co-morbidity or electrolyte disturbances. Contact GP if symptoms persist.

Common side-effects (> 1 in 10): Dehydration, nausea, vomiting.

Uncommon side-effects (> 1 in 100): Abdominal pain & bloating, aches and pains, allergic reaction, chills, fatigue, hot flushes, headache or migraine, increased blood sugar in diabetics, temporary increase in heart rate or blood-pressure.

CHEC Exception Criteria for Endoscopy:

<p>Inclusion:</p> <ul style="list-style-type: none"> • Patients over 18 • ASA 1 and 2 • Weight < 220kg • Able to consent to treatment 	<p>Exclusion:</p> <ul style="list-style-type: none"> • Under 18-year-olds • ASA 3 and 4 • Weight > 220kg • Myocardial infarction or strokes within last 6 weeks • Patients without capacity • Currently pregnant • Total dysphagia • Fitted cardiac implantable device • High risk of Creutzfeldt-Jacob disease • Patients who are extremely vulnerable / shielded
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------