

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
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All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria

<p>Abnormal liver function tests</p>	<ul style="list-style-type: none"> • Acute liver failure • Severe hepatic encephalopathy • Aspartate transaminase (AST) > 2,000 U/L 	<ul style="list-style-type: none"> • Abnormal liver function tests with: <ul style="list-style-type: none"> ○ Platelet count <120 x 10⁹ per litre ○ Splenomegaly ○ Ascites ○ Hepatic encephalopathy ○ Genetic haemochromatosis (C282Y homozygotes and C282Y/H63D compound heterozygotes only) • Abnormal liver function test with aspartate transaminase (AST) or alanine aminotransferase (ALT) > 5 times the upper level of normal range • Two abnormal liver function test results performed at least 3 months apart with aspartate (AST) or alanine aminotransferase (ALT) 2-5 times the upper level of the normal range 	<p>Mandatory:</p> <ul style="list-style-type: none"> • History of alcohol intake • History of injectable drug use • Current and historical liver function tests • Full blood examination • International normalised ration (INR) result • Urea and electrolytes • Upper abdominal ultrasound results • Hep B virus and Hep C virus serology results • History of diabetes • Iron studies • Current and complete medication history (inc. non-prescription, herbs and supplements) <p>Desirable:</p> <ul style="list-style-type: none"> • Height, weight and body mass index (BMI) • Any relevant family history 	<ul style="list-style-type: none"> • Fatty liver with normal liver function tests
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<p>Chronic refractory constipation</p>	<ul style="list-style-type: none"> • Suspected large bowel obstruction • Faecal impaction that has not responded to adequate medical management 	<ul style="list-style-type: none"> • Constipation lasting more than 12 months with refractory symptoms that affect the person's activities of daily living despite an adequate trial of treatment 	<p>Mandatory</p> <ul style="list-style-type: none"> • Onset, characteristics and duration of symptoms • Details of previous medical management including the course of treatment and outcome of treatment • Current and complete medication history (inc. non-prescription, herbs and supplements) • Thyroid stimulating hormone (TSH) levels • Serum calcium <p>Desirable</p> <ul style="list-style-type: none"> • Current and previous colonoscopy results • Details of any previous gastroenterology assessments or opinions • Current and previous imaging results 	<ul style="list-style-type: none"> • Patients with no sentinel findings who have not had an adequate trial of treatment e.g. regular osmotic laxatives • Laxative dependence
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<p>Chronic refractory diarrhoea</p>	<p>N/A</p>	<ul style="list-style-type: none"> Chronic refractory diarrhoea lasting more than 4 weeks with refractory symptoms (following an adequate trial of treatment) that affect the person’s activities of daily living 	<p>Mandatory</p> <ul style="list-style-type: none"> Onset, characteristics and duration of symptoms Details of previous medical management including the course of treatment and outcome of treatment Details of any previous gastroenterology assessments or opinions Previous histopathology results <p>Desirable</p> <ul style="list-style-type: none"> Full blood examination Iron studies Vit B12 and folate test results 25-OH Vit D results Faecal calprotectin Erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) Previous colonoscopy results 	<ul style="list-style-type: none"> Laxative dependence
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<p>Cirrhosis</p>	<ul style="list-style-type: none"> • Acute liver failure • Sepsis in a patient with cirrhosis • Severe hepatic encephalopathy • Severe ascites restricting movement and breathing 	<ul style="list-style-type: none"> • Suspected cirrhosis suggested by one or more of the following: <ul style="list-style-type: none"> ○ Evidence of cirrhosis on imaging ○ Platelet count of <math><120 \times 10^9</math> per litre ○ Ascites ○ Hepatic encephalopathy ○ AST to platelet ratio index (APRI)>2.0 	<ul style="list-style-type: none"> • History of alcohol intake • History of injectable drug use • Current and historical liver function tests • Full blood examination • International normalised ration (INR) result • Urea and electrolytes • Upper abdominal ultrasound results • Hep B virus and Hep C virus serology results • History of diabetes • Iron studies • Current and complete medication history (including non-prescription medicines, herbs and supplements) 	
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Coeliac disease	N/A	<ul style="list-style-type: none"> • Positive coeliac serology • Advice on, or review of, symptomatic coeliac disease (previous histological diagnosis) not responding to dietary and medical management 	<p>Mandatory</p> <ul style="list-style-type: none"> • Coeliac serology results or previous histology results • Full blood examination • Iron studies <p>Desirable</p> <ul style="list-style-type: none"> • Gastrointestinal symptoms • Previous gastroscopy results • Previous histology results • Previous gastroenterology assessments or opinions • Urea and electrolytes • Liver function tests • Details of previous medical management including course and outcome of treatment • Details of any other autoimmune conditions 	<ul style="list-style-type: none"> • Positive coeliac gene test without positive coeliac serology
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Constipation with sentinel findings	<ul style="list-style-type: none"> • Suspected large bowel obstruction • Faecal impaction that has not responded to adequate medical management 	<ul style="list-style-type: none"> • Constipation in patients with a duration of more than 6 weeks but less than 12 months, with any of the following: <ul style="list-style-type: none"> ○ > 40 years of age ○ Rectal bleeding ○ Positive faecal occult blood test ○ Weight loss (>5% of body weight in previous 6 months) ○ Abdominal or rectal mass ○ Iron deficiency that persists despite correction of causative factors ○ Patient or family history of bowel cancer (first degree relative < 55 years) 	<p>Mandatory</p> <ul style="list-style-type: none"> • Onset, characteristics and duration of constipation and sentinel findings • Current and previous colonoscopy results • Full blood examination • Iron studies <p>Desirable</p> <ul style="list-style-type: none"> • Current and previous histology results • Details of any previous gastroenterology assessments or opinions • Faecal occult blood test results • Thyroid stimulating hormone (TSH) levels 	<ul style="list-style-type: none"> • Patients with more than 12 months of symptoms with no sentinel findings, who have not had an adequate trial of treatment
Diarrhoea with sentinel findings	<ul style="list-style-type: none"> • Severe diarrhoea with dehydration or if the person is systemically unwell 	<ul style="list-style-type: none"> • Diarrhoea > 4 weeks duration, affecting activities of daily living, with one or more of the following: <ul style="list-style-type: none"> ○ Bloody diarrhoea ○ Nocturnal diarrhoea 	<p>Mandatory</p> <ul style="list-style-type: none"> • Frequency and duration of diarrhoea • Onset, characteristics and duration of sentinel findings (e.g. erythrocyte sedimentation rate (ESR), 	<ul style="list-style-type: none"> • Diarrhoea < 4 weeks duration without sentinel findings

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		<ul style="list-style-type: none"> ○ Weight loss (>5% of body weight in previous 6 months) ○ Abdominal or rectal mass ○ Inflammatory markers in the blood or stool ○ Iron deficiency that persists despite correction of potential causative factors 	<p>C-reactive protein (CRP), faecal microscopy & culture and clostridium difficile toxin)</p> <ul style="list-style-type: none"> ● Previous colonoscopy results ● Coeliac serology ● Full blood examination ● Liver function tests <p>Desirable</p> <ul style="list-style-type: none"> ● Previous histology results ● Details of any previous gastroenterology assessments or opinions ● Iron studies ● Thyroid stimulating hormone (TSH) levels ● Faecal calprotectin ● Faecal occult blood test ● Recent travel history 	
Dysphagia	<ul style="list-style-type: none"> ● Progressively 	Recent onset dysphagia with any of	Mandatory	Dysphagia that has

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(Gastroenterology)	<p>worsening oropharyngeal or throat dysphagia</p> <ul style="list-style-type: none"> • Inability to swallow with drooling or pooling of saliva • Unresolved food bolus obstruction 	<p>the following:</p> <ul style="list-style-type: none"> • Symptoms for less than 12 months • Progressive symptoms • Anaemia • Haematemesis • Weight loss (>5% of body weight in previous 6 months) • Painful swallowing • Symptoms of aspiration • Previously resolved bolus obstruction 	<ul style="list-style-type: none"> • History of dysphagia and other symptoms over time • Any previous gastroscopy or other relevant investigations <p>Desirable</p> <ul style="list-style-type: none"> • Barium swallow, relevant imaging or gastroscopy results 	<p>persisted for more than 12 months with none of the following:</p> <ul style="list-style-type: none"> • Progressive symptoms • Anaemia • Weight loss • Painful swallowing • Aspiration • Previously resolved bolus obstruction
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<p>Gastroesophageal reflux</p>	<ul style="list-style-type: none"> • Potentially life threatening symptoms suggestive of acute severe upper gastrointestinal tract bleeding 	<ul style="list-style-type: none"> • Recent onset, persistent symptoms of gastroesophageal reflux with: <ul style="list-style-type: none"> ○ Unintended weight loss (>5% of body weight in previous 6 months) ○ Dysphagia ○ Vomiting ○ Iron deficiency that persists despite correction of potential causative factors • Surveillance for previously diagnosed Barrett’s oesophagus 	<p>Mandatory</p> <ul style="list-style-type: none"> • Onset, characteristics and duration of sentinel findings e.g. changes in weight, ferritin levels • Previous endoscopy results • Current and complete medication history (including non-prescription medicines, herbs and supplements) 	<ul style="list-style-type: none"> • Patients with any other gastroesophageal reflux • Patients with controlled symptoms • Patients that cease treatment and symptoms return • Belching • Halitosis • Screening for Barrett’s oesophagus in patients with gastroesophageal reflux without additional symptoms
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<p>Hepatitis B</p>	<ul style="list-style-type: none"> • Acute liver failure • Sepsis in a patient with cirrhosis • Severe hepatic encephalopathy • Severe ascites restricting movement or breathing 	<ul style="list-style-type: none"> • Patients who are Hep B surface antigen (HbsAg) positive • Pregnant women who are Hep B surface antigen (HbsAg) positive • Patients who are immunosuppressed or starting immunosuppressant medicines who are Hep B surface antigen (HbsAg) positive (e.g. transplant patients, starting chemotherapy) 	<p>Mandatory</p> <ul style="list-style-type: none"> • Hep B virus (HBV) serology results • Hep C virus and HIV serology • Liver function tests • Full blood examination • Upper abdominal ultrasound results • If pregnant, gestational age • Current and complete medication history (including non-prescription medicines, herbs and supplements) <p>Desirable</p> <ul style="list-style-type: none"> • Previous liver biopsy results • Details of previous medical management including the course and outcome of treatment 	<ul style="list-style-type: none"> • Patients who are Hepatitis B surface antigen (HbsAg) positive, unless they are immunosuppressed or starting immunosuppressant medicines
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Hepatitis C	<ul style="list-style-type: none"> • Acute liver failure • Sepsis in a patient with cirrhosis • Severe hepatic encephalopathy ○ Severe ascites restricting movement or breathing 	<ul style="list-style-type: none"> • Patients who are Hepatitis C (HCV) RNA positive unable to be managed and treated in the community 	<p>Mandatory</p> <ul style="list-style-type: none"> • Hepatitis C virus serology, genotype and RNA results • Hepatitis B virus serology results • HIV serology results • Liver function tests including aspartate transaminase (AST) • Full blood examination • Upper abdominal ultrasound results • If pregnant, gestational age • Current and complete medication history (including non-prescription medicines, herbs and supplements) <p>Desirable</p> <ul style="list-style-type: none"> • Previous liver biopsy results • Details of previous medical management 	<ul style="list-style-type: none"> • Hepatitis C should be managed and treated through suitable community based services wherever possible • Patients who are Hep C RNA negative who are not at ongoing risk of cirrhosis

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			including the course and outcome of treatment <ul style="list-style-type: none"> • History of alcohol intake • History of injectable drug use, including if the patient is still injecting 	
Inflammatory bowel disease	<ul style="list-style-type: none"> • Acute severe colitis: patients with > 6 bloody bowel motions per 24 hours plus at least one of the following: <ul style="list-style-type: none"> ○ Temperature >37.8 ○ Pulse rate > 90bpm ○ Haemaglobin < 105gm/ml ○ Raised inflammatory markers (erythrocyte sedimentation rate (ESR) > 30mm/hr or C-reactive protein (CRP) > 30 mg/l • Suspected or known Crohn’s disease with acute complications: 	<ul style="list-style-type: none"> • Known inflammatory bowel disease • Strongly suspected inflammatory bowel disease based on: <ul style="list-style-type: none"> ○ Recurrent perianal fistulas or abscesses ○ Imaging results that strongly suggest Crohn’s disease or colitis ○ Endoscopy findings consistent with inflammatory bowel disease 	Mandatory <ul style="list-style-type: none"> • Current and previous colonoscopy results • Current and previous imaging results • Inflammatory marker result (erythrocyte sedimentation rate (ESR) or c-reactive protein (CRP)) • Full blood examination • Current and complete medication history (including non-prescription medicines, herbs and supplements) Desirable <ul style="list-style-type: none"> • Faecal calprotectin 	N/A

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	<ul style="list-style-type: none"> ○ Bowel obstruction ○ Sepsis or intra-abdominal or pelvic abcess 			
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<p>Persistent iron deficiency</p>	<ul style="list-style-type: none"> • Shortness of breath or chest pain, syncope or pre-syncope with iron deficiency (ferritin below the lower limit of normal) 	<ul style="list-style-type: none"> • Persistent iron deficiency in men and post-menopausal women with either: <ul style="list-style-type: none"> ○ Ferritin < 30 µg/L ○ Ferritin 30-100 µg/L in the presence of inflammation (e.g. C-reactive protein (CRP) > 5mg/L) • Iron deficiency that persists despite correction of potential causative factors • Iron deficiency in pre-menopausal women: <ul style="list-style-type: none"> ○ With positive coeliac serology ○ With positive faecal occult blood test ○ That persists despite treatment of menorrhagia, with good cycle control 	<p>Mandatory</p> <ul style="list-style-type: none"> • History of menorrhagia • Dietary history, including red meat intake • Iron studies or serum ferritin • Full blood examination • Coeliac serology results • Current and complete medication history (including non-prescription medicines, herbs and supplements) <p>Desirable</p> <ul style="list-style-type: none"> • Faecal occult blood test • Faecal calprotectin • Any family history of gastrointestinal cancer 	<ul style="list-style-type: none"> • Iron deficiency in pre-menopausal women with: <ul style="list-style-type: none"> ○ No positive coeliac serology ○ Negative faecal occult blood test ○ Managed menorrhagia and with good cycle control • Isolated low serum iron • Non iron deficiency anaemia without evidence of blood loss • Vegetarian diet without iron supplements
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<p>Rectal bleeding</p>	<ul style="list-style-type: none"> Potential life-threatening symptoms suggestive of acute severe lower gastrointestinal tract bleeding 	<ul style="list-style-type: none"> 40 years or older Unintended weight loss (> 5% of body weight in previous 6 months) Abdominal or rectal mass Recent change in bowel habits Iron deficiency that persists despite correction of potential causative factors Patient or family history of bowel cancer (first degree relative < 55 years) 	<p>Mandatory</p> <ul style="list-style-type: none"> Onset, characteristics and duration of symptoms Full blood examination Urea and electrolytes Iron studies Previous and current gastrointestinal investigations and results Patient age Details of relevant family history of gastrointestinal or colorectal cancers <p>Desirable</p> <ul style="list-style-type: none"> Current and previous colonoscopy results 	<ul style="list-style-type: none"> Persistent but unchanged symptoms previously investigated Patients who have had a full colonoscopy in the last 2 years for the same symptoms Untreated anal fissures Bleeding is known to be coming from haemorrhoids
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