

# High Risk Rectal Bleeding Pathway for Colorectal Cancer Diagnosis – Referral Checklist

Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name (last, first) \_\_\_\_\_

Birthdate (yyyy-Mon-dd) \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

PHN \_\_\_\_\_ Gender \_\_\_\_\_

Fax referral form AND referral checklist below to FAST\* in Edmonton at 780-670-3224 or GI-CAT in Calgary at 403-944-6540

**REQUIRED FOR REFERRAL – High risk rectal bleeding must be accompanied by presence of urgent or semi-urgent symptoms below to proceed with referral using the high risk rectal bleeding pathway**

- Symptoms of high risk rectal bleeding (ALL must be present to meet criteria for high risk rectal bleeding):**
- Blood visibly present in/on stool OR in the toilet AND not just on the tissue paper
  - New onset or worsening AND persistent rectal bleeding (not just a single episode; present most days of the week for more than 2 weeks)
  - Bleeding is unexplained (i.e. absence of complete colonoscopy within last 2 years)

**REQUIRED FOR URGENT REFERRAL - Rectal Bleeding as described above, AND**

- Palpable abdominal or rectal mass, OR
- Suspected colorectal lesion or evidence of metastases seen on imaging, OR
- New or worsening anemia (Hb <110 g/L in men, <100 g/L in women) AND Iron deficiency (serum ferritin below lower limit of normal)

**REQUIRED FOR SEMI-URGENT REFERRAL – Rectal Bleeding as described above, AND**

- At least one of the following alarm features (check all that apply)**
- New or worsening anemia (Hb <130 g/L in men, Hb <120 g/L in women)
  - Iron deficiency (serum ferritin below lower limit of normal)
  - New onset, persistent or worsening abdominal pain
  - New onset or progressive unintentional weight loss (≥5-10% of body weight over 6 months)
  - Concerning change in bowel habit

**INVESTIGATIONS THAT WILL ASSIST WITH TRIAGE (check all that apply)**

- Medical History**
- Personal/Family history of colorectal cancer or inflammatory bowel disease (please provide details) \_\_\_\_\_
  - Results of most recent lower endoscopic examination (please attach)
- Baseline Investigations within 8 weeks of referral – results attached**  **available on Netcare**
- CBC (Required)**  Serum Iron  TIBC  Creatinine  Serum Ferritin

Type of referral	Is your patient aware of the referral?
<input type="checkbox"/> Urgent (< 2 weeks to colonoscopy) <input type="checkbox"/> Semi-urgent (< 8 weeks to colonoscopy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____

Referred By (Name): \_\_\_\_\_ Family Physician Name (if different): \_\_\_\_\_

Family Physician  Walk-In Clinic  Emergency Dept.  Other

**\*Patients with rectal bleeding that do NOT meet the criteria for HIGH RISK rectal bleeding will also be accepted by the FAST program and triaged separately**