

# Edmonton Zone Gastroenterology Referral Pathway

## REVIEW PRIMARY CARE PATHWAY

(If available)

If a Primary Care Pathway is available for your patient's condition, review the pathway **first** and determine if this information can assist you.

To view the pathways, click on the links within this document. You can also find the pathways through the Digestive Health SCN website:

<https://www.ahs.ca/scns/Page13909.aspx>

If a Primary Care Pathway is not available, or if you need more specialty information, **ASK FOR ADVICE**.

## ASK FOR ADVICE

(Specialists provide advice to physicians for non-urgent questions)

**Want to connect with a specialist electronically and receive a response within five calendar days?** Use Alberta Netcare eReferral Advice Request and submit requests for:

- Adult Gastroenterology Issue
- Colon Cancer Screening
- Hepatology Issue

*eReferral*

For more information, go to:

[www.albertanetcare.ca/eReferral.htm](http://www.albertanetcare.ca/eReferral.htm)

**Want to connect with a specialist by phone within two business days?**

Call ConnectMD at 1-844-633-2263 or go online to [www.pcnconnectmd.com](http://www.pcnconnectmd.com) for more information. A one-page transcribed summary of the call will be sent to you afterwards for billing and record-keeping purposes.



## NON-URGENT CONSULTATION

(Patient does **NOT** need to be seen urgently)

- Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral. Provide all required information and specific tests/investigations.
- See QuRE Referral/Consult Checklist ([www.ahs.ca/QuRE](http://www.ahs.ca/QuRE)) for high-quality referral guidelines.
- Visit the [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca) for individual clinic contact information.
- **Single Hub Access Referral Program for Gastroenterology (SHARPGI)** is accepting referrals via eReferral Consult Request. To submit an eReferral Consult Request, go to [www.albertanetcare.ca/eReferral.htm](http://www.albertanetcare.ca/eReferral.htm) for training information. For SHARPGI referral information, go to: [www.ahs.ca/sharpgi](http://www.ahs.ca/sharpgi)

**NOTE:** If a patient was seen previously in the preceding five (5) years, consider sending a referral back to that same adult gastroenterologist.

## URGENT ADVICE

(Patient **MAY** need to be seen immediately)

For the following, call RAAPID North: 1-800-282-9911

- Severe flare of Inflammatory Bowel Disease (IBD)
- Dysphagia
- Abnormal Imaging

## EMERGENCY CONSULTATION

(Patient **NEEDS** to be seen immediately)

For the following, refer directly to the emergency department or call RAAPID North: 1-800-282-9911

- Severe gastroenterology (GI) bleeding symptoms
- Severe acute abdominal pain
- Severe symptoms of acute pancreatitis

# COLORECTAL CANCER SCREENING

Refer to [Toward Optimized Practice \(TOP\) Guidelines](#)  
for Colorectal Cancer Screening Guidelines

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>AVERAGE RISK SCREENING FOR COLORECTAL CANCER</b> <ul style="list-style-type: none"> <li>No personal or family history of colorectal cancer or colonic adenomas</li> </ul>	<ul style="list-style-type: none"> <li>Order <b>Fecal Immunochemical Test (FIT)</b> via local laboratory services.               <ul style="list-style-type: none"> <li>Screen with FIT every 1-2 years starting at age 50 years</li> <li>If FIT is positive, refer to <b>Stop Colorectal Cancer through Prevention and Education (SCOPE) Program</b></li> <li>FIT should <b>NOT</b> be performed within 10 years of a high quality colonoscopy</li> </ul> </li> <li>If the patient is experiencing new gastrointestinal symptoms at any time since the previous colonoscopy, the patient should be referred to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Patient must be asymptomatic between ages 50-74</li> <li>Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.)</li> </ul> <p><b>&lt;2 Years</b></p> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine/GFR</li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>Height and weight/Body Mass Index (BMI)</li> </ul>	
<b>FECAL IMMUNOCHEMICAL TEST (FIT): POSITIVE FINDING</b> <ul style="list-style-type: none"> <li>Used for asymptomatic screening only</li> </ul>	<ul style="list-style-type: none"> <li>Patients 50-74 years of age with positive FIT should be referred to <b>SCOPE Program</b> with the exception of the patients that meet the criteria list (link listed below) that then should be referred to <b>SHARPGI</b>:               <ul style="list-style-type: none"> <li>See link for complete list of exclusions: <a href="#">SCOPE Program screening criteria exclusions list</a>.</li> </ul> <p>For example:</p> <ul style="list-style-type: none"> <li>BMI &gt; 45</li> <li>Type 1 diabetic</li> <li>On Coumadin or other anticoagulation treatment for reasons other than atrial fibrillation that cannot come off for five (5) days prior to colonoscopy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.)</li> </ul> <p><b>&lt;2 Years</b></p> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine/GFR</li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>Height and weight/Body Mass Index (BMI)</li> </ul>	
<b>FAMILY HISTORY OF COLORECTAL CANCER</b> Includes: <ul style="list-style-type: none"> <li>High Risk Adenomatous Polyps</li> </ul>	<ul style="list-style-type: none"> <li>Based on the age of affected first degree family members:               <ol style="list-style-type: none"> <li>Family history of colorectal cancer or advanced adenoma in <b>one</b> first degree relative <b>less than or equal to</b> 60 years or <b>2 or more</b> affected first degree relatives, any age.                   <ul style="list-style-type: none"> <li>Screening begins at age 40 or 10 years earlier than the youngest diagnosis in the family, whichever comes first</li> <li>Refer to <b>SCOPE Program</b></li> <li><b>No</b> FIT testing required</li> </ul> </li> <li>Family history of colorectal cancer or advanced adenoma in a first degree relative <b>OVER</b> the age 60 years.                   <ul style="list-style-type: none"> <li>Screening begins at age 40</li> <li><b>Order FIT</b></li> <li>If FIT is positive, refer to <b>SCOPE Program</b></li> <li>If family history changes, please re-evaluate criteria</li> </ul> </li> </ol> </li> <li>If patient does not qualify under the above criteria, refer to <b>SHARPGI</b> for consideration.</li> </ul>	<ul style="list-style-type: none"> <li>Patient must be asymptomatic age 74 and younger</li> <li>Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.)</li> </ul> <p><b>&lt;2 Years</b></p> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine/GFR</li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>Height and weight/Body Mass Index (BMI)</li> </ul>	<b>If applicable:</b> <ul style="list-style-type: none"> <li>Copy of previous colonoscopy and pathology report</li> </ul>

# COLORECTAL CANCER SCREENING

Refer to [Toward Optimized Practice \(TOP\) Guidelines](#)  
for Colorectal Cancer Screening Guidelines

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>PERSONAL HISTORY OF COLORECTAL CANCER</b> Includes: <ul style="list-style-type: none"> <li>Colonic adenomas</li> </ul>	<ul style="list-style-type: none"> <li>Refer if patient is 40-74 years of age to <b>SCOPE Program</b>.               <ul style="list-style-type: none"> <li>Any patient outside of this range should be referred to <b>SHARPGI</b></li> <li>FIT testing is <b>NOT</b> recommended</li> </ul> </li> <li>If patient does not qualify under the above criteria, refer to <b>SHARPGI</b> for consideration.</li> </ul>	<ul style="list-style-type: none"> <li>Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.)</li> </ul> <p><b>&lt;2 Years</b></p> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine/GFR</li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>Height and weight/Body Mass Index (BMI)</li> </ul>	<p><b>If applicable:</b></p> <ul style="list-style-type: none"> <li>Copy of previous colonoscopy and pathology report</li> </ul>

# COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
<b>ABNORMAL IMAGING OF GASTROINTESTINAL TRACT</b>	<ul style="list-style-type: none"> <li>For cases with suspected cancer or acute obstruction, <b>call RAAPID North: 1-800-282-9911</b>.</li> <li>Other cases: Refer to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Description of symptoms and reason for requesting imaging</li> </ul> <p><b>&lt;3 Months</b></p> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine</li> <li>Unintended weight loss</li> </ul>	<ul style="list-style-type: none"> <li>Copy of abnormal imaging report</li> </ul>
<b>BARRETT ESOPHAGUS (SCREENING)</b>	<ul style="list-style-type: none"> <li>Refer to the <b>Gastroesophageal Reflux Disease (GERD) Primary Care Pathway</b> to help guide for screening parameters. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-gerd.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-gerd.pdf</a></li> <li>If you have any questions while using or after completing the GERD Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>GERD Primary Care Pathway</b></li> </ul>	<p><b>If applicable:</b></p> <ul style="list-style-type: none"> <li>Previous gastroscopy report and pathology report</li> </ul>
<b>BARRETT ESOPHAGUS (SURVEILLANCE OR KNOWN DIAGNOSIS)</b>	<ul style="list-style-type: none"> <li>Refer back to previous endoscopist.</li> <li>If patient has no prior endoscopist in the Zone, refer to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Previous gastroscopy report and pathology report</li> </ul>	

# COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
<b>CELIAC DISEASE</b>	<ul style="list-style-type: none"> <li>If you have any questions about follow-up symptoms or new symptoms, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li>Refer to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate if patient is following a gluten-free diet</li> </ul> <p><b>&lt;3 Months</b></p> <ul style="list-style-type: none"> <li>CBC, ferritin</li> </ul> <p><b>&lt;3 Years</b></p> <ul style="list-style-type: none"> <li>Celiac serology</li> </ul>	<ul style="list-style-type: none"> <li>Previous gastroscopy report and pathology report</li> </ul>
<b>CHRONIC ABDOMINAL PAIN</b>	<ul style="list-style-type: none"> <li>For severe <b>acute abdominal pain</b>, refer patient to the <b>emergency department or call RAAPID North: 1-800-282-9911.</b></li> <li>Refer to the <b>Chronic Abdominal Pain Primary Care Pathway</b>. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-chronic-abdominal-pain.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-chronic-abdominal-pain.pdf</a></li> <li>If you have any questions while using or after completing the Chronic Abdominal Pain Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li><b>In the presence of alarm features</b>, provide evidence and documentation for all <b>relevant</b> portions of the Chronic Abdominal Pain Primary Care Pathway with your referral to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed Chronic Abdominal Pain Primary Care Pathway.               <ul style="list-style-type: none"> <li>Location, frequency, severity, duration</li> </ul> </li> </ul> <p><b>&lt;3 Months</b></p> <ul style="list-style-type: none"> <li>CBC, sodium, potassium, chloride, calcium, magnesium, phosphorus, creatinine</li> <li>Liver enzymes: alkaline phosphatase (ALP), alanine aminotransferase (ALT), albumin, total bilirubin, lipase</li> <li>C-reactive protein (if suspecting inflammatory or infectious conditions)</li> <li>Ferritin and transferrin saturation</li> </ul>	<p><b>If applicable:</b></p> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>Clostridioides difficile, ova and parasites</li> <li>Celiac serology</li> <li>Thyroid stimulating hormone (TSH)</li> <li>H. pylori test (HpSAT [H. pylori Stool Antigen Test] or Urea Breath Test)</li> <li>Urinalysis</li> <li>Pregnancy test (<math>\beta</math>-hCG)</li> <li>Abdominopelvic ultrasound</li> </ul>
<b>CHRONIC CONSTIPATION</b>	<ul style="list-style-type: none"> <li>Refer to the <b>Chronic Constipation Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-chronic-constipation.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-chronic-constipation.pdf</a></li> <li>If symptoms persist after the Chronic Constipation Primary Care Pathway has been completed, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li><b>In the presence of alarm features</b>, provide evidence and documentation for all <b>relevant</b> portions of the Chronic Constipation Primary Care Pathway with your referral to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>Chronic Constipation Primary Care Pathway</b>.</li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>CBC, glucose, creatinine, calcium/albumin, thyroid stimulating hormone (TSH)</li> </ul> <p><b>&lt;3 Years</b></p> <ul style="list-style-type: none"> <li>Celiac serology</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal x-ray</li> </ul>

# COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
<b>CHRONIC DIARRHEA</b>	<ul style="list-style-type: none"> <li>Refer to the <b>Chronic Diarrhea Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-chronic-diarrhea.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-chronic-diarrhea.pdf</a></li> <li>If symptoms persist after the Chronic Diarrhea Primary Care Pathway has been completed, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li><b>In the presence of alarm features</b>, provide evidence and documentation for all <b>relevant</b> portions of the Chronic Diarrhea Primary Care Pathway with your referral to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include detailed documentation or medical summary of completed <b>Chronic Diarrhea Primary Care Pathway</b></li> <li><b>&lt;3 Months</b></li> <li>CBC, electrolytes, ferritin, C-reactive protein (CRP)</li> <li>Clostridioides difficile, ova and parasites</li> <li><b>&lt;3 Years</b></li> <li>Celiac serology</li> </ul>	<ul style="list-style-type: none"> <li>If high clinical suspicion of inflammatory bowel disease (IBD), do fecal calprotectin test</li> <li>Thyroid stimulating hormone (TSH)</li> </ul>
<b>DYSPEPSIA</b>	<ul style="list-style-type: none"> <li>Refer to the <b>Dyspepsia Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-dyspepsia.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-dyspepsia.pdf</a></li> <li>If you have any questions while using or after completing the Dyspepsia Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li><b>In the presence of alarm features</b>, provide evidence and documentation for all <b>relevant</b> portions of the Dyspepsia Primary Care Pathway with your referral to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>Dyspepsia Primary Care Pathway</b></li> <li><b>&lt;6 Months</b></li> <li>CBC, ferritin</li> <li>Negative H. pylori test (HpSAT [H. pylori Stool Antigen Test] or Urea Breath Test)</li> <li><b>&lt;3 Years</b></li> <li>Celiac serology</li> </ul>	
<b>DYSPHAGIA</b>	<ul style="list-style-type: none"> <li><b>Acute Cases:</b> <b>Call RAAPID North: 1-800-282-9911</b> <ul style="list-style-type: none"> <li><b>New, progressive, unintended weight loss greater than 5% within 6 months</b></li> </ul> </li> <li><b>Non Acute:</b> If you have any questions, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li>Refer to an <b>Adult Gastroenterologist</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include the following in a detailed medical summary:               <ul style="list-style-type: none"> <li>Duration and severity</li> <li>Able to swallow solids or liquids</li> <li>Onset: progressive, intermittent, with/and/or weight loss</li> </ul> </li> <li><b>&lt;3 Months</b></li> <li>CBC, electrolytes, creatinine</li> </ul>	<ul style="list-style-type: none"> <li>Upper GI series imaging report</li> <li>Esophageal barium fluoroscopy with marshmallow swallow</li> <li>Manometry results (if performed)</li> </ul>

# COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
<b>GASTROESOPHAGEAL REFLUX DISEASE (GERD)</b>	<ul style="list-style-type: none"> <li>Refer to the <b>GERD Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-gerd.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-gerd.pdf</a></li> <li>If you have any questions while using or after completing the GERD Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li><b>In the presence of alarm features</b>, provide evidence and documentation for all <b>relevant</b> portions of the GERD Primary Care Pathway with your referral to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>GERD Primary Care Pathway</b></li> </ul>	<ul style="list-style-type: none"> <li>Any related motility and diagnostic testing as appropriate</li> </ul>
<b>HELICOBACTER PYLORI (H. PYLORI)</b>	<ul style="list-style-type: none"> <li>Refer to the <b>Helicobacter Pylori (H. pylori) Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-hpylori.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-hpylori.pdf</a></li> <li>If you have any questions while using or after completing the H. pylori Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li><b>In the presence of alarm features</b>, provide evidence and documentation for all <b>relevant</b> portions of the H. pylori Primary Care Pathway with your referral to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>H. pylori Primary Care Pathway</b></li> <li>Indicate three (3) failed attempts of treatment</li> </ul> <p><b>&lt;3 Months</b></p> <ul style="list-style-type: none"> <li>HpSAT (H. pylori Stool Antigen Test) or Urea Breath Test</li> </ul>	<ul style="list-style-type: none"> <li>Any related diagnostic testing as appropriate</li> </ul>
<b>INFLAMMATORY BOWEL DISEASE</b>	<ul style="list-style-type: none"> <li>For severe flare up of Inflammatory Bowel Disease, refer patient to the <b>emergency department or call RAAPID North: 1-800-282-9911.</b></li> <li>For known Inflammatory Bowel Disease, consider referring back to the previous gastroenterologist.</li> <li>If the patient does not have a gastroenterologist in the Edmonton Zone, refer to an <b>Adult Gastroenterologist</b>.</li> </ul>	<p><b>&lt;6 Months (for known cases)</b></p> <ul style="list-style-type: none"> <li>CBC, creatinine, electrolytes, C-reactive protein (CRP)</li> <li>Fecal calprotectin (&gt; 200 mcg/g)</li> <li>Stool samples for: culture and sensitivity, Clostridioides difficile, ova and parasites</li> </ul>	<ul style="list-style-type: none"> <li>Endoscopy report and histologic findings</li> </ul>



# COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
<b>IRON DEFICIENCY ANEMIA (IDA)</b>	<ul style="list-style-type: none"> <li>For severe/symptomatic cases, refer patient to the emergency department or call RAAPID North: 1-800-282-9911.</li> <li>Refer to the <b>Iron Deficiency Anemia (IDA) Pathway for Colorectal Cancer Diagnosis</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-cancer-iron-deficiency-anemia-pathway.pdf">www.ahs.ca/assets/about/scn/ahs-scn-cancer-iron-deficiency-anemia-pathway.pdf</a></li> <li>If you have any questions while using or after completing the IDA Pathway for Colorectal Cancer Diagnosis, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li>Refer to <b>SHARPGI</b> as indicated in IDA Pathway:               <ul style="list-style-type: none"> <li><b>Urgent criteria for IDA:</b> <ul style="list-style-type: none"> <li>Men: Hemoglobin &lt; 110 g/L</li> <li>Women: Hemoglobin &lt; 100 g/L</li> <li>IDA with alarm symptoms</li> </ul> </li> <li><b>Semi-urgent criteria for IDA:</b> <ul style="list-style-type: none"> <li>Men: Hemoglobin between 110-130 g/L</li> <li>Women: Hemoglobin between 100-120 g/L</li> </ul> </li> </ul> </li> </ul>	<p><b>&lt;8 Weeks</b></p> <ul style="list-style-type: none"> <li>CBC, ferritin, serum iron, total iron-binding capacity (TIBC), transferrin saturation, creatinine, alkaline phosphatase (ALP), total bilirubin, alanine aminotransferase (ALT)</li> </ul> <p><b>&lt;3 Years</b></p> <ul style="list-style-type: none"> <li>Celiac serology</li> </ul>	<ul style="list-style-type: none"> <li>Previous gastroscopy report and pathology report</li> <li>C-reactive protein (CRP) (if indicated)</li> </ul>
<b>IRRITABLE BOWEL SYNDROME</b>	<ul style="list-style-type: none"> <li>Refer to the <b>Irritable Bowel Syndrome (IBS) Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-ibs.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-ibs.pdf</a></li> <li>If you have any questions while using or after completing the Irritable Bowel Syndrome (IBS) Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li><b>In the presence of alarm features and/or an elevated fecal calprotectin (&gt;200mcg/g),</b> please provide evidence and documentation for all <b>relevant</b> portions of the Irritable Bowel Syndrome (IBS) Primary Care Pathway with your referral to <b>SHARPGI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>IBS Primary Care Pathway</b></li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>CBC</li> <li>If applicable for Irritable Bowel Syndrome-Diarrhea (IBS-D):               <ul style="list-style-type: none"> <li>Fecal calprotectin (&gt;200mcg/g), C-reactive protein (CRP)</li> </ul> </li> </ul> <p><b>&lt;3 Years</b></p> <ul style="list-style-type: none"> <li>Celiac serology</li> </ul>	
<b>NAUSEA/VOMITING</b>	<ul style="list-style-type: none"> <li><b>Obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> </ul>	<ul style="list-style-type: none"> <li>Detailed medical summary</li> </ul>	

# COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
ODYNOPHAGIA	<ul style="list-style-type: none"> <li><b>Acute Cases:</b> Call RAAPID North: 1-800-282-9911.               <ul style="list-style-type: none"> <li>New, progressive, unintended weight loss greater than 5% within 6 months</li> </ul> </li> <li><b>Non Acute:</b> If you have any questions, obtain specialist advice through ConnectMD or eReferral Advice Request.</li> <li>Refer to an <b>Adult Gastroenterologist</b>.</li> </ul>		
RECTAL BLEEDING (BRIGHT RED BLOOD)	<ul style="list-style-type: none"> <li>Refer to the <b>High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-cancer-high-risk-rectal-bleeding-pathway.pdf">www.ahs.ca/assets/about/scn/ahs-scn-cancer-high-risk-rectal-bleeding-pathway.pdf</a></li> <li>If you have any questions while using or after completing the High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis, obtain specialist advice through ConnectMD or eReferral Advice Request.</li> <li>In the absence of alarm features, provide evidence and documentation for all <b>relevant</b> portions of the High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis with your referral to <b>Facilitated Access to Surgical Treatment Program (FAST)</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis</b></li> </ul>	
UPPER GI BLEED	<ul style="list-style-type: none"> <li><b>Acute Cases:</b> Call RAAPID North: 1-800-282-9911.</li> <li><b>Non Acute Cases:</b> Refer to an <b>Adult Gastroenterologist</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include the following in a detailed medical summary:               <ul style="list-style-type: none"> <li>Duration, frequency</li> <li>NSAID, anti-coagulants, anti-platelet agents use</li> </ul> </li> <li>&lt;6 Months</li> <li>CBC, creatinine, INR/PTT</li> </ul>	



# HEPATOLOGY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)	Extra Info (If available)
<b>ACUTE HEPATITIS</b>	<ul style="list-style-type: none"> <li><b>Exclusion:</b> Abnormal unexplained INR (&gt;1.5) or transaminase &gt;1000 should be treated as <b>URGENT, Call RAAPID North: 1-800-282-9911.</b></li> <li>If alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST) &gt;250 within one (1) month, refer to an <b>Adult Gastroenterologist.</b></li> </ul>	<ul style="list-style-type: none"> <li>Medication history including herbs/remedies/all over the counter drug use/illicit drugs</li> <li>Alcohol intake, symptoms (e.g. jaundice, abdominal pain, etc.)</li> <li>Systemic symptoms (i.e. sore throat, rash)</li> </ul> <p><b>&lt;1 Month</b></p> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine</li> <li>Liver enzymes: Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT), lactate dehydrogenase (LDH)</li> <li>Liver function: INR, total bilirubin, albumin</li> <li>Creatine kinase (CK)</li> <li>Etiological: Hep A IgM, Hep B surface Ag, Hep B core IgM, Hep C Ab</li> <li>If applicable: Toxin screen (acetaminophen, cocaine)</li> </ul>	<ul style="list-style-type: none"> <li>Ultrasound if available (indicate if ordered)</li> <li>Previous liver enzymes/bloodwork</li> </ul>
<b>ELEVATED LIVER ENZYMES OR SUSPECTED-NON ALCOHOLIC FATTY LIVER DISEASE (NAFLD)</b>	<ul style="list-style-type: none"> <li>Refer to the <b>NAFLD Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-nafld.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-nafld.pdf</a></li> <li>If you have any questions while using or after completing the NAFLD Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li>Alternative diagnosis (according to NAFLD Primary Care Pathway) refer to <b>SHARPGI.</b></li> <li>If suspected NAFLD (according to NAFLD Primary Care Pathway), refer to <b>SHARPGI.</b></li> </ul>	<ul style="list-style-type: none"> <li>Include medical summary and documentation of appropriate steps completed in <b>NAFLD Primary Care Pathway:</b> <ul style="list-style-type: none"> <li>Medical history</li> <li>Alcohol intake</li> <li>Completed labs and diagnostic imaging</li> </ul> </li> </ul> <p><b>&lt;3 Months</b></p> <ul style="list-style-type: none"> <li>If cirrhosis is suspected: Include INR, total bilirubin, albumin</li> </ul>	

# HEPATOLOGY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)	Extra Info (If available)
<b>CHRONIC LIVER DISEASE</b> Includes: <ul style="list-style-type: none"> <li>Decompensated Cirrhosis</li> </ul>	<ul style="list-style-type: none"> <li><b>Acute or Decompensated jaundice, encephalopathy:</b> Refer to emergency department or call RAAPID North: 1-800-282-9911.</li> <li><b>For Known Diagnosis:</b> Consider referring back to <b>previous Hepatologist</b> or <b>Adult Gastroenterologist</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Include detailed medical summary highlighting the following:               <ul style="list-style-type: none"> <li>Etiology</li> <li>Symptoms of decompensation (Jaundice, Ascites, Encephalopathy)</li> <li>Alcohol intake</li> </ul> </li> </ul> <p><b>&lt;3 Months</b></p> <ul style="list-style-type: none"> <li>Liver enzymes: Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP)</li> <li>Liver function: INR, bilirubin, albumin, CBC, electrolytes, creatinine</li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>Abdominal ultrasound (with hepatic/portal vein doppler where available)</li> </ul> <p><b>&lt;12 Months (if not previously done)</b></p> <ul style="list-style-type: none"> <li>Etiological: Hep B surface antigen, Hep C antibody</li> </ul>	
<b>HEPATITIS C</b>	<ul style="list-style-type: none"> <li>Primary care providers are fully authorized to treat Hepatitis C infection. Refer to the <b>Hepatitis C Virus Primary Care Pathway</b> to help guide the care of your patient. Go to: <a href="http://www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-hepatitisc.pdf">www.ahs.ca/assets/about/scn/ahs-scn-dh-pathway-hepatitisc.pdf</a></li> <li>If you have any questions before starting, while using, or after completing the Hepatitis C Virus Primary Care Pathway, <b>obtain specialist advice through ConnectMD or eReferral Advice Request.</b></li> <li>If the primary care provider prefers not to treat the patient or if the Primary Care Pathway indicates that specialist care is required, refer to <b>SHARPGI</b> or to the infectious disease physician of your choice <b>or Program Kaye Edmonton Clinic - Hepatitis Support Program (HSP)   Alberta Health Services</b></li> </ul>	<p><b>&gt;3 Months (after exposure)</b></p> <ul style="list-style-type: none"> <li>For patients with no history of Hepatitis C Virus (HCV) infection, complete antibody testing</li> <li>For patients with a known prior HCV infection, complete RNA (ribonucleic acid) testing</li> </ul> <p><b>&lt;6 Months</b></p> <ul style="list-style-type: none"> <li>Anti-Hep A IgG antibody, Hep B surface antigen, anti-Hbc antibody, anti-Hbs antibody, anti-HIV antibody</li> <li>Alanine aminotransferase (ALT), aspartate aminotransferase (AST), platelets, creatinine</li> <li>FIB-4 score</li> </ul>	<ul style="list-style-type: none"> <li>Include documentation or medical summary of completed <b>Hepatitis C Virus Primary Care Pathway</b></li> <li>Ultrasound if available (indicate if ordered)</li> <li>Previous liver enzymes</li> </ul>

## HEPATOLOGY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)	Extra Info (If available)
ISOLATED SOLID LIVER MASS	<ul style="list-style-type: none"> <li>Refer to Hepatology.</li> </ul>	<ul style="list-style-type: none"> <li>Weight and Body Mass Index (BMI)</li> <li>History of liver disease/cirrhosis</li> <li>Metastatic cancer to liver excluded (i.e. no colon cancer, breast cancer, etc.)</li> </ul> <p><b>&lt;1 Month</b></p> <ul style="list-style-type: none"> <li>CBC, electrolytes, creatinine</li> <li>Liver enzymes: Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP)</li> <li>Liver function: INR, total bilirubin, albumin</li> </ul> <p><b>&lt;1 Month (if not previously done)</b></p> <ul style="list-style-type: none"> <li>Etiological: Hep B surface antigen, Hep C antibody</li> </ul> <p><b>&lt;3 Months</b></p> <ul style="list-style-type: none"> <li>Alpha fetoprotein</li> <li>CT, MRI or Ultrasound</li> </ul>	

## PANCREATOBILIARY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)
ACUTE PANCREATITIS	<ul style="list-style-type: none"> <li>For ongoing severe symptoms of acute pancreatitis, <b>refer patient to the emergency department or call RAAPID North: 1-800-282-9911.</b></li> </ul>	
CHRONIC PANCREATITIS	<ul style="list-style-type: none"> <li>Chronic pancreatitis or pancreas imaging abnormalities, refer to an <b>Adult Gastroenterologist.</b></li> </ul>	<ul style="list-style-type: none"> <li>Include detailed medical history</li> <li>All relevant imaging (copy of report and findings for all)</li> </ul> <p><b>&lt;2 Months</b></p> <ul style="list-style-type: none"> <li>Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), bilirubin, lipase</li> <li>Creatinine</li> <li>Electrolytes, CBC, triglycerides, cholesterol, calcium</li> </ul>

Handy Resources	
<b>AHS DIGESTIVE HEALTH STRATEGIC CLINICAL NETWORK (DHSCN)</b>	Email: <a href="mailto:digestivehealth.scn@ahs.ca">digestivehealth.scn@ahs.ca</a> Website: <a href="http://www.ahs.ca/scns/page13224.aspx">www.ahs.ca/scns/page13224.aspx</a>   Access to Primary Care Pathways: <a href="http://www.ahs.ca/scns/Page13909.aspx">www.ahs.ca/scns/Page13909.aspx</a>
<b>SINGLE HUB ACCESS REFERRAL PROGRAM FOR GASTROENTEROLOGY (SHARPGI)</b>	Phone: 780-735-1624 Fax: 780-670-3607   Email: <a href="mailto:sharp@ahs.ca">sharp@ahs.ca</a> Website and access to Primary Care Pathways: <a href="http://www.ahs.ca/sharpqi">www.ahs.ca/sharpqi</a>   <a href="#">Alberta Referral Directory page</a>
<b>CONNECT MD (NON-URGENT TELEPHONE ADVICE FOR EDMONTON &amp; NORTH ZONES)</b>	<ul style="list-style-type: none"> <li>• Telephone: 1-844-633-2263   Monday–Thursday: 9:00 a.m. – 6:00 p.m.   <b>Friday:</b> 9:00 a.m. – 4:00 p.m.</li> <li>• Website: <a href="http://www.pcnconnectmd.com">www.pcnconnectmd.com</a></li> </ul>
<b>ALBERTA NETCARE EREFERRAL (NON-URGENT SPECIALTY ADVICE &amp; NON-URGENT REFERRALS FOR SHARPGI)</b>	<p><b>Want to connect with a specialist electronically and receive a response within five calendar days?</b> Use Alberta Netcare eReferral Advice Request and submit requests for: Adult Gastroenterology Issue, Colon Cancer Screening and Hepatology Issue.</p> <p><b>Single Hub Access Referral Program for Gastroenterology (SHARPGI)</b> is accepting referrals via eReferral Consult Request.</p> <p>To submit an eReferral Advice or Consult Request, go to <a href="http://www.albertanetcare.ca/eReferral.htm">www.albertanetcare.ca/eReferral.htm</a> for training information.</p>

© (2022) AHS. This material is intended for general information only and is provided on an “as is”, “where is” basis. AHS does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. AHS expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.