

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

- Urgent (< 2 weeks to colonoscopy)
- Semi-urgent (< 8 weeks to colonoscopy)

Is your patient aware of the referral?

- Yes
- 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 be triaged separately by the program using current guidelines