



Regional Endoscopy - Priority Mapping

Endoscopy Intake Referral Form mapped to SWIM priority targets

Target Days

| |
|---|
| <div style="background-color: #008080; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> <p>(14 days)</p> |
| <div style="background-color: #000080; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">2</div> <p>(28 days)</p> |
| <div style="background-color: #00B0F0; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">3</div> <p>(60 days)</p> |
| <div style="background-color: #00C080; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">4</div> <p>(100 days)</p> |
| <div style="background-color: #FFA500; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">5</div> <p>(180 days)</p> |

| <input type="checkbox"/> Urgent | |
|--|---|
| <p>1 Lower abdominal imaging suspicious for cancer Include(*) Imaging</p> <p>1 Upper abdominal imaging suspicious for cancer Include(*) Imaging</p> | <p>1 Palpable rectal or abdominal mass suspicious for cancer Include(*) Description</p> |
| <input type="checkbox"/> Semiurgent | |
| <p>2 Bloody Diarrhea/Features Suggestive of IBD Include(*) Albumin CBC Ferritin</p> <p>2 High Risk Rectal Bleeding with one or more of the following; <ul style="list-style-type: none"> • Changes in bowel habits • Weight loss • New anemia • Family history of CRC Include(*) CBC</p> <p>2 Positive FIT/FOBT Include(*) FIT/FOBT Result</p> | <p>2 Unexplained Iron Deficiency Anemia Include(*) CBC, Creatinine, Ferritin, Iron, TIBC</p> <p>2 Suspect Stable Upper GI Bleed Include(*) CBC, Description</p> <p>2 Severe or Progressive Odynophagia/Dysphagia Include(*) CBC</p> |
| Waitlist Indicators [* Must include all attachments, incomplete referrals will be returned] | |
| <input type="checkbox"/> Elective | |
| <p>General Elective Types</p> <p>3 Confirmation Celiac Disease Include(*) CBC, anti TTG and EM antibody</p> <p>3 Chronic or Non-progressive Dysphagia</p> <p>4 Screen/Manage for Known Varices Include(*) prior Endoscopy and Pathology reports</p> <p>3 Follow-Up/Management of Established IBD</p> | <p>5 Surveillance of Known Barrett's Include(*) prior Endoscopy and Pathology reports</p> <p>3 Unexplained Mild Rectal Bleeding</p> <p><input type="checkbox"/> Other (specify) _____ Include(*) Description</p> |
| <p>CRC Screening</p> <p>5 Screening Family History Risk – Increased (5–10 year interval) Include (*) Family History of CRC Note: ensure FIT option is discussed</p> | <p>5 Screening Family History Risk – High (5 year interval, see page 3 guide) Include (*) Family History of CRC</p> |
| <p>CRC Surveillance</p> <p>4 Surveillance of Prior Colorectal Cancer (see intervals on page 3 guide) Include(*) Diagnosis date, Previous scope dates</p> <p>4 Surveillance of Prior High Risk Adenomas (3 year interval) Include(*) Previous scope dates, Pathology reports and Histology information</p> | <p>4 Surveillance of Traditional or Sessile Serrated Adenomas (3–5 year interval)</p> <p>5 Surveillance of Prior Low Risk Adenomas (LRA) (7–10 year interval) Note: ensure FIT option is discussed Include(*) Previous scope dates, Pathology reports & Histology information</p> <p><input type="checkbox"/> Other Surveillance (e.g. Polyposis, incomplete procedure) _____ (specify)</p> |