Adult Lower GI Pathway

Key
Green text – test type
Blue box - test results
Orange box - referrals

Routes into Pathway

Patient presents with symptoms

Clinical Assessment - History

Symptoms – *present for how long?*

Change in Bowel Habit
Frequency
Consistency
Persisten/ intermittent
Noctural Symptoms

Blood
In or On
Colour – bright/ dark red

Abdominal Pain
Site
Persistent/ intermittent
Exacerbating Factors
Relieving Factors

Other
Weight Loss
Vomiting
Urine Output
Palpitations

Clinical Assessment - Examination

Symptoms – *present for how long?*

General
Pale
Jaundiced
Pulse/ BP/ Temp
Tremor

Abdomen
Mass
Site of tenderness
Peritoneal Signes
Organmegaly
Resonance/ BS

Rectal Examination
Presence of mass
Nature of mass
Stool present

Urgent Referral and Admission Guidance

Suspected Cancer Referral Pop Up
Rectal mass consistent with CRC
Abdominal Mass
Anal mass or ulceration consistent with SCC

Admission Pop Up
Very unwell with high fever low BP high Pulse
Peritoneal Signs
Signs of Obstruction
Thyrotoxic storm
Renal Failure

Investigations – *select all appropriate based on clinical assessment*

FBC CRP | UE TSH | Enteric PCR | Coeliac Screen | Ferritin

Additionally
Jaundiced – LFT/INR Weight Loss - LFT

All Ages
CIBH
Abdominal Mass
IDA
Rectal Bleeding

Age 16-40
Just Pain

FIT

Faecal Calprotectin
For Raised Faecal Calprotectin in age under 40 see separate FC flow chart

Positive

Negative

IDA

Mass

Persistent unexplained symptoms over 4-6 weeks

Rectal bleeding with or without other symptoms

Rectal Bleeding
CIBH
Weight Loss
IDA**
With or Without
Abdominal Pain
Thrombocytosis on FBC
Abdominal Mass

NSS Pathway Symptoms
Age > 40
Weight loss
Persistent Abdominal Pain
Consitutional Symptoms
Fatigue
Clinical Gestalt

If age >50 and CIBH and ovaries

ca125

Normal

Raised

Urgent Referral

Suspected Cancer Referral for Rapid Access CT-AP

NSS Pathway

Ca125 Pathway

Rapid Access Rectal Bleed Service or OPD

For those that do not fit the pathway please use A&G

Patients have the right to decline any test or investigation on this pathway. Patients should not be rejected (or more information requested) where the patient has declined, particularly where it is not relevant to the pathway.
Following full investigation, re-referral is not needed for the same symptoms in these timescales – IDA 2 years, scopes x years

Additional Info Pop Up
One inflammatory marker of CRP, ESR or Plasma Viscosity is required. CRP does not need doing if another is available

Additional Info Pop Up
Any un-investigated IDA
Age >40 in male or non-menstruating/where menstruation isn't heavy female with a low AND Ferritin <50

Urgent Referral Pop Up
List of referral pathways for providers with links to correct form

Additional Info Pop Up
FIT positive = >10ug Hb/g FIT
negative = < 3g Hb/g FIT

Additional Info Pop Up
If symptoms settle please safety net as appropriate