

Clinical Pathway Gastroenterology (for Adults): Diarrhea, Abnormal LFT's, Constipation, Dysphagia, Epigastric Pain
(Work-Up to Consider for Primary Care Providers Prior to Referring to GI)

*Note: If looking to Direct Book a Colonoscopy or Endoscopy, please ensure you send Gastroenterologist last PCP office visit note

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| <p>If considering referral to Gastroenterology for further evaluation of:</p> | <p>*GI recommends PCPs consider these tests prior to referral. Please send Gastroenterologist: testing performed, and PCP's progress note with primary reason for referral *please ensure it is listed clearly why the patient is being referred and consulting Specialist</p> |
| <p>Diarrhea</p> | <p>Diarrhea: Diarrhea that lasts less than 2 weeks is termed acute diarrhea. Persistent diarrhea lasts between 2 and 4 weeks. Chronic diarrhea lasts longer than 4 weeks (acg.org).</p> <ul style="list-style-type: none"> ○ <u>Bloodwork:</u> <ul style="list-style-type: none"> ▪ TSH ▪ Celiac screen: <ul style="list-style-type: none"> • Tissue Transglutaminase Antibody • Total IgA ○ <u>Stool Studies:</u> Stool Culture/C-diff PCR with reflex to EIA if acute diarrhea; Fecal Calprotectin, Fecal Elastase, Qualitative Fecal Fat |
| <p>Abnormal Liver Function Tests (LFT's)</p> | <ul style="list-style-type: none"> ○ <u>Testing:</u> <ul style="list-style-type: none"> ▪ Right Upper Quadrant Ultrasound ▪ Fibroscan (if able to order) ○ <u>Bloodwork:</u> <ul style="list-style-type: none"> ▪ LFTs including fractionated (direct) bilirubin ▪ CBC, INR ▪ Hep A IgG and IgM, Hep B Surface Antigen, Hep B Surface Antibody with reflex to PCR, Hep B Core Total Antibody, Hep C Antibody with reflex to PCR ▪ ANA, Anti-smooth muscle antibody, Anti-LKM, Total IgG ▪ Anti-Mitochondrial Antibody ▪ Alpha 1 Anti-Trypsin Antibody ▪ Ceruloplasmin ▪ Iron studies (Iron, Ferritin, TIBC, Transferrin Saturation) |

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| Refractory Constipation | <ul style="list-style-type: none"> • Confirm there are no alarm features such as bleeding, occult blood in stools, weight loss • Review Rx for anticholinergics • Start regimen of stool texture modification: Daily fiber supplementation or daily Miralax titrated until stools are soft/comfortable (e.g. try Senna or other mild laxatives every 2-3 days if not having spontaneous bowel movements) • If a patient remains constipated despite softer stool texture and use of laxatives, send to GI Specialist for further evaluation. • If patient is 45 years of age or older, and has not had a structural exam, refer for direct screening colonoscopy as well as office referral. • Bloodwork: TSH |
| Dysphagia | <ul style="list-style-type: none"> • Start daily Proton Pump Inhibitor (PPI) • Consider ordering Modified Barium Swallow with Speech-Language Pathologist (MBSS) • All patients with dysphagia should be sent to GI for evaluation |
| Epigastric Pain | <ul style="list-style-type: none"> • Epigastric pain that lasts at least a month and is accompanied by other upper abdominal symptoms is considered Dyspepsia. The ACG recommends several approaches to managing dyspepsia, including Testing for H. pylori: Test for H. pylori infection with a urea breath test or serology. If H. pylori is present, treat with antibacterial therapy. <ul style="list-style-type: none"> ○ Start with quadruple therapy as it is the most effective therapy followed by urease breath test 2-3 weeks off PPI or stool Ag for H pylori to document eradication. ○ If alarming signs or symptoms, then direct-book endoscopy. • If pain persists despite eradicating H. Pylori, or after empiric PPI treatment, or if pain recurs after stopping PPI, Refer for an EGD to GI specialist. <p>* For patients 60 years or older, an upper endoscopy is recommended.</p> |