



## 11.7 GASTROENTEROLOGY REFERRAL GUIDELINES Contracted Group: Southwest Medical

### For Appointments:

4750 W. Oakey Blvd., Suite 3B  
Las Vegas, NV 89102  
Phone: (702) 877-5199  
Fax: (702) 304-7426  
Referrals: (702) 877-5024 or (702) 877-5022  
Hours: 8 a.m. - 5 p.m., Monday through Friday.

The goal of the Gastroenterology Clinic is to address the needs of the patients who are referred to the clinic by their Primary Care Physicians. The patient will be cared for in an organized systematic manner to promote a positive health outcome through diagnostics and treatment of their gastrointestinal symptoms. The Southwest Medical Gastroenterology Clinic is eager to assist in the care of your patients.

**Appointments are by referral only. Please allow 5-7 business days for your referral to be processed. Expedited referrals require a physician-to-physician consult.**

All referrals should include a specific question to be answered by the Gastroenterology Department, recent labs related to the diagnosis, and information on any prior treatment attempts. Also required:

- All **Screening Colonoscopy** referrals must include documentation of cardiac & lung exam appropriate for H&P needed for surgery center.
- All testing must be ordered or completed prior to sending a referral to the Gastroenterology Department.
- Indicate in the note section of the referral the acuity status of the referral, i.e. **EXPEDITED, AT RISK or ROUTINE**. If other than ROUTINE, indicate the reason for the acuity.
- **Expedited referrals must be discussed provider to provider. Please call (702)-877-8314, state you have an EXPEDITED referral and ask to speak to a provider.**
- After approval of Expedited Referrals, patient will be contacted to schedule an appointment.
- Any patient receiving an **AT RISK or ROUTINE** referral should contact: (702) 877-5199 to schedule an appointment

Appropriate Referrals to Gastroenterology should include the following and/or answer the following questions:

### **Elevated Liver Enzymes/Hepatitis**

- Viral Hepatitis Panel (355) completed within last 12 months
- Hep C dx requires a Heptimax or HCV-RNA
- RUQ Abdominal ultrasound is encouraged
- Is the patient jaundice?

### **Anemia- Chronic**

- The following labs completed within the last 6 months to be attached with referral: CBC, Iron Profile, Folate, B12, Serum Ferritin

**Anemia-Iron Deficiency**

- The following labs are completed: CBC, Iron Profile

**Abnormal Weight Loss**

- Must specify amount of weight loss over a defined time period

**Routine Colorectal Screening - Do not use this Template if patient has any GI Symptoms (example: no blood in stool, no GERD)**

- Does patient have hx of colon polyps?
- Is pt. 50 years of age or older? If not, does pt. have a family member with cancer at an early age?
- Does pt. have family history of colon cancer?
- Does pt. have any other GI issues?
- Does pt. have sleep apnea?
- Does Pt. have any cardio-pulmonary issues?

**Dysphagia**

- Does patient have food-catching retrosternally?
- For oropharyngeal dysphagia/aspiration issues include a documented barium swallow and speech evaluation prior to referral

**GI Dyspepsia/GERD**

- Are patient's symptoms refractory to H-2 blockers or PPI?
- Does patient require long term (>2 months) with H2 blockers or PPI?
- For GERD – a documented trial of PPI x 6weeks is required.

**Persistent Nausea/ Vomiting**

- Negative pregnancy test for reproductive age females unless post-menopausal x 2 years or documented hysterectomy
- Duration of symptoms - must be greater than 2 weeks

**Abdominal Pain**

- CBC, Chem Panel, Liver Profile, Lipase within last 90 days be attached
- Specify whether rectal exam has been performed.

**GI Bleed/ Hem occult Positive Stool / Blood in Stool**

- CBC **within past 30 days-if HGB is equal to or <8, refer to Urgent Care**
- Indicate if pt. has melena, bright red blood rectally, hematemesis, hematochezia, heme + stools

**Constipation**

- Indicate if rectal exam performed
- Indicate which laxatives tried-none, bulk, softeners, non-stimulants, other

**Chronic Diarrhea**

- MUST have diarrhea for > 2 weeks duration