

⑥ Indication for '2-week wait' referral for OGD? *tick any applicable criteria*

- Patients aged 55 years or older with unexplained and persistent recent-onset dyspepsia
- Patients of any age with dyspepsia who present with one or more of the below:
 - Chronic gastrointestinal bleeding
 - Progressive dysphagia
 - Progressive unintentional weight loss
 - Persistent (excluding cyclical) vomiting
 - Iron deficiency anaemia
 - Epigastric mass
- Patients presenting with any of the following, even in the absence of dyspepsia:
 - Dysphagia
 - Unexplained upper abdominal pain and weight loss, with or without back pain
 - Upper abdominal mass

tick here if no indications identified

OGD is urgent; inform patient and complete a 2WW referral on ICE:

New referral > Service Referrals (from tabs at the top) > Endoscopy (from tabs at the left) > Tick Gastroscopy OP (from the Outpatients menu column) > Click OK in the dialog box > Select Urgent (within 2 weeks) in the next dialog box then click OK > Complete referral form (in the Aims of procedure section, select Diagnostic from the menu)

In your discharge letter (see box 8 below), use the 'Scenario 1' paragraph

⑦ Might outpatient OGD referral need to be considered by GP? *tick any applicable criteria*

- Iron deficiency anaemia
- Unexplained weight loss
- Persistent vomiting and weight loss in the absence of dyspepsia
- Worsening of their dyspepsia known to have any of the following risk factors:
 - Barrett's oesophagus
 - Dysplasia
 - Atrophic gastritis (pernicious anaemia)
 - Intestinal metaplasia
 - Peptic ulcer surgery more than 20 years ago

tick here if no indications identified

NB: Referral will be at GP's discretion; **DO NOT** mention it to pt in order not to raise false expectations. In your discharge letter (see box 8 below), use the 'Scenario 2' paragraph.

⑧ Nervecentre discharge letter template text

copy & paste the full text below into the 'GP Notes' box, then add / delete [including all of the help text shown in brackets] as required

Dear Doctor,

Your patient attended our ED with an episode of acute upper gastrointestinal bleeding.

Risk stratification according to the Glasgow Blatchford Score (GBS) found them to be at low risk of death from this event, and not requiring specialist intervention. Since no additional need for hospital admission could be identified, we were able to discharge the patient from the ED.

[Delete two of the following three paragraphs as consistent with boxes 6 and 7 above]

[Scenario 1] Your patient met the following criteria for urgent oesophago-gastro-duodenoscopy (OGD): *[copy and paste the specific criteria identified in box 6]*. We have therefore already completed a 2WW outpatient referral for the procedure.

[Scenario 2] We have identified the following issue that might, at your discretion, warrant further review and investigation: *[copy and paste the specific criteria identified in box 7]*. This can be arranged via the UHL Gastroenterology Advice & Guidance service.

[Scenario 3] A referral for outpatient oesophago-gastro-duodenoscopy (OGD) will not be needed.

[NB: You may add further actions that might be needed at the GP surgery here, but consider that our primary care colleagues' ability to act within 3 weeks will usually be very limited]