

Risk Assessment Tool: Guidance for all Colorectal Referrals

Constipation	Diarrhoea	Rectal bleeding	Loss of Weight	Abdominal pain	Abdominal tenderness	Abnormal rectal exam	Haemoglobin 10-13g/dl	Haemoglobin < 10 g/dl	
0.4	0.9	2.4	1.2	1.1	1.1	1.5	0.97	2.3	PPV as a single symptom
0.8	1.1	2.4	3.0	1.5	1.7	2.6	1.2	2.6	Constipation
	1.5	3.4	3.1	1.9	2.4	11	2.2	2.9	Diarrhoea
		6.8	4.7	3.1	4.5	8.5	3.6	3.2	Rectal bleeding
			1.4	3.4	6.4	7.4	1.3	4.7	Loss of Weight
				3.0	1.4	3.3	2.2	6.9	Abdominal pain
					1.7	5.8	2.7	>10	Abdominal tenderness

Primary Care Cancer Risk Assessment Tool

NICE guidance implies risks above 3% require urgent referral. These tools help you to decide which patients below this level may benefit from urgent investigation

To be used to supplement NICE guidance

•For patients aged 40 and over

•To calculate the risk value:

○For a single symptom, read the value from the top row

○For a single symptom presented more than once, read the value from the cell on the left hand diagonal

○For multiple symptoms, read the value from the cell combining the worst 2 symptoms

•Amber and red risk values suggests 2WW referral; yellow and white may well be best managed by review within primary care

NICE REFERRAL GUIDELINES, 2011

- In patients aged 40 years and older, reporting rectal bleeding with a change of bowel habit towards looser stools and/or increased stool frequency persisting for 6 weeks or more, an urgent referral should be made.
- In patients aged 60 years and older, with rectal bleeding persisting for 6 weeks or more without a change in bowel habit and without anal symptoms, an urgent referral should be made.
- In patients aged 60 years and older, with a change in bowel habit to looser stools and/or more frequent stools persisting for 6 weeks or more without rectal bleeding, an urgent referral should be made In patients presenting with a right lower abdominal mass consistent with involvement of the large bowel, an urgent referral should be made, irrespective of age.
- In patients presenting with a palpable rectal mass (intraluminal and not pelvic), an urgent referral should be made, irrespective of age. (A pelvic mass outside the bowel would warrant an urgent referral to a urologist or gynaecologist.)
- In men of any age with unexplained iron deficiency anaemia and a haemoglobin of 11 g/100 ml or below, an urgent referral should be made.
- In non-menstruating women with unexplained iron deficiency anaemia and a haemoglobin of 10 g/100 ml or below, an urgent referral should be made

If you wish to discuss the two week wait referral please contact:

Portsmouth Hospitals NHS Trust	Mr Daniel O'Leary: daniel.o'leary@porthosp.nhs.uk Via secretary: 023 92 286000 ext 5370/ ext 6710
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Western Sussex NHS Trust (SRH)	Mr Guy Harris: Guy.harris@wsht.nhs.uk Via Secretary or MDT Co-ordinator: 01243 788122 ext 2713/3255
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<http://guidance.nice.org.uk/CG27/NICEGuidance/pdf/English>