

## Direct Access Endoscopy (DAE)

The DAE Pathway is only suitable for patients requiring gastrointestinal endoscopy procedures within Metro South Health (MSH) facilities who meet the established criteria and do not require consultation with a specialist prior to the procedure.

If eligible, your patient will be brought in directly for a procedure based on the information provided on the referral form. Therefore, it is imperative that the information provided is complete and accurate. Any incomplete or ineligible referrals will be returned.

Suitable patients can be referred via DAE for suspected malignancy, positive FOBT, follow-up or surveillance procedures (<3 months from due date), strong family history of gastrointestinal cancers or confirmation of coeliac disease with positive serology (or strong suspicion despite negative serology).

### Criteria/Eligibility

DAE is only suitable for patients :

- » Under 75 years old (provide ECG for patients over 50 years old)
- » Have a BMI under 35
- » Not on anticoagulation/antiplatelet therapy (including but not limited to warfarin, clopidogrel)
- » No known condition with anaesthetic / procedural risk (including but not limited to IV access complications, sleep apnoea, implanted defibrillator)
- » No alcohol or drug dependency (including but not limited to the use of benzodiazepines and opiates)

- » No major comorbidities (including but not limited to cardiovascular, respiratory, renal dysfunction). Only eligible to ASA PS1 and some ASA PS2 (further assessment required), refer to American Society of Anesthesiologists classification: <https://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>

### Consent

Similar to other open access systems, patient undergoing the DAE pathway will not generally have the opportunity to discuss health care options, risks, complications and outcomes with the specialist/proceduralist. Patients must be provided healthcare information including that related to anaesthesia prior to their procedure to allow sufficient time for them to consider the information and make an informed decision.

The referring practitioner has a duty to fulfil this initial obligation, outlining possible risks and complications of both the procedure and any anaesthesia required.

Please provide a hardcopy of the corresponding procedural form(s) to your patient. Please go through the form with your patient and ensure that your patient brings the form when they present to the hospital for their appointment.

### Colonoscopy Info/Consent Form:

[https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0036/149976/shared\\_file\\_43.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0036/149976/shared_file_43.pdf)

### Upper Gastrointestinal Endoscopy Info/Consent Form:

[https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0022/146236/gastro\\_o8.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/146236/gastro_o8.pdf)



# Assessment Guidelines

The following information and assessments are required from the referring GP and is to be provided with the referral submission:

- » Provide ECG for patients over 50 years of age
- » Identify strong family history of gastrointestinal cancer with the following indications from the Cancer Council Guidelines:
  - One first-degree relative with colorectal cancer diagnosed under 55 years
  - Two first-degree relatives with colorectal cancer diagnosed at 55 years or older
  - One first-degree relative and at least two second-degree relative with colorectal cancer diagnosed at 55 years or older
  - A family or suspected family syndrome (i.e. Lynch)
- » Conduct and attach PR examination: blood results for PR bleed and visible blood on stool. Distinguish between dark blood / mixed with stool; or bright red blood passed after the motion or on the paper
- » Conduct and attach FBC and full iron studies for iron deficiency and anaemia
- » Check for abdominal and rectal masses and identify location in abdomen (quadrant/central etc.) for abdominal pain/discomfort
- » Conduct and provide coeliac serology for suspected coeliac disease
- » Identify if patient is experiencing persistent vomiting
- » Identify if patient is experiencing dysphagia or other relevant swallowing disorders
- » Identify weight loss: that accounts for >5% body weight in last six months
- » Provide report for any abnormal GIT imaging
- » Describe GI symptoms and timeframe: new onset for >6 weeks (e.g. not for self-limited infectious gastroenteritis) or long standing chronic
- » Attach previous endoscopy procedure reports, any previous bowel investigations and histology if conducted at an external facility
- » Highlight request for surveillance patients and attach previous endoscopy procedure reports and histology if conducted at an external facility
- » Describe relevant changes in health since previous endoscopies
- » Provide any other relevant medical history including but not limited to Barrett's oesophagus, inflammatory bowel disease, DVT in last year, previous malignancy
- » Identify any additional social needs/ considerations:
  - Interpreter
  - Lives alone, sole carer for another person in household, no fixed address or no carer to take patient home post procedure

# Frequently Asked Questions

## How is DAE different from a gastroenterology referral?

A patient who is referred via DAE will not have a consultation with a specialist prior to the procedure. Instead, eligible DAE patients are placed directly onto the procedure list. The aim of DAE is to provide suitable patients the most direct pathway to an endoscopy procedure where the need for endoscopy is clear and a prior specialist consult is not necessary.

## What should I do if my patient does not meet the DAE criteria?

The DAE criteria was established to identify suitable patients who can undergo an endoscopy procedure without a prior formal consultation with a specialist. If your patient does not meet the criteria, it is likely that he/she will require an initial consult with a specialist.

Please refer to the following link for more information on referring your patient to a gastroenterology service at a Metro South facility: <https://metrosouth.health.qld.gov.au/referrals/gastroenterology>

## Will my patient be seen sooner if referred via DAE as compared to the Gastroenterology pathway?

DAE's primary objective is to provide patients with the most direct pathway to an endoscopic procedure. DAE removes the need for a consultation with a specialist prior to the procedure. However, patients will still be triaged and categorised according to urgency.

## What other options are available for my patient to obtain an endoscopic procedure?

If your patient is able to afford private health care, there are numerous facilities across Brisbane that provide rapid access to routine gastrointestinal endoscopic procedures. These facilities are likely to provide your patients with a procedure date sooner than the public hospital system. Please contact the respective providers for more information on the costs associated.

## How do I provide supplementary information such as a medication list or investigation and pathology reports etc?

Should you have additional relevant information to provide that could not be included on the referral form itself, please fax a copy of the document along with the completed DAE referral form. Relevant documents include abnormal imaging, medication list and previous endoscopy/pathology reports that were conducted in an external facility.

## Should surveillance patients be referred back for their repeat endoscopy via DAE?

Yes. If there are no significant changes in your patient's health/condition and if they meet the DAE criteria, please refer the patient back via DAE. Do not send in the referral any earlier than three months from their due date. Please attach previous histopathology, endoscopy and pathology reports, as well as results of any recent investigation (including ELFT, FBC, ESR, CRP) if they were conducted in an external facility.

## Helpful Links

### DAE Referral Form:

[www.metrosouth.health.qld.gov.au/dae](http://www.metrosouth.health.qld.gov.au/dae)

### National Bowel Cancer Screening Program:

<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/bowel-screening-1>

# Checklist

Have you:

Ensured that your patient is **eligible** based on the set **DAE criteria**? .....

Completed **all** sections with 'yes', 'no' or 'NA' .....

Selected the required procedure by indicating '**Gastroscopy**', '**Colonoscopy**' or **both** .....

Provided **patient details** including **Age, BMI, Height and Weight**? (noting that **Age <75 and BMI <35**) .....

Explained and provided your patient with the **consent info**? .....

Identified if the referral is for **surveillance of a known condition** or **from a previous pathology**? .....

Attached all the required documents (where relevant): .....

- previous endoscopy and histopathology reports from private providers
- pathology ( ELFT, FBC, CRP, ESR, iron study) report(s) external to Queensland Health
- an ECG for your patient who is over 50 years old
- recent FBC and iron study for patients with PR bleed and visible blood on stool
- recent FBC and iron study for patients who are iron deficient and/or anaemic
- report for any abnormal GIT imaging
- coeliac screening for patients with suspected coeliac disease
- medication list

Have you included **any relevant past medical history** and **any additional clinical information**? .....

**Completed** and **signed** the **referring doctor details** section? .....

## Primary Contacts:

Central Referral Hub      1300 364 155

Redland:                      07 3488 3111

Logan/Beaudesert:        07 3299 8132

PAH:                            07 3176 6530

QEII:                            07 3182 4700

Please check that ALL sections on the DAE referral form have been completed before submitting.  
Fax completed form to Central Referral Hub, 1300 364 248.