

Please note the local reference for this work instruction is WISSP3.1

1. Introduction and Who Guideline applies to

This work instruction has been developed to assist the Specialist screening practitioner (SSP) with patient contact post procedure (24 hour /next day call). It will advise on courses of action to take dependent on the patient's response to questions asked.

“Contact patient at 24hours after colonoscopy for courtesy call and to confirm when they will expect results” *Bowel Cancer screening Service Specification No26*

2. Guideline Standards and Procedures

The 24 hour post procedure phone call is to be carried out for all patients who have a procedure in the Bowel Cancer Screening Programme

Prior to discharge on the day of the procedure:

1. Patients' correct contact details (including those going to temporary address) should be confirmed before discharge from endoscopy following their procedure.
2. Inform the patient before discharge that they will be contacted on the next working day usually between 8.30am – 9am. For patients having a procedure on a Friday; the call will take place on the next working day or a Monday or Tuesday if there is a bank holiday.

At 24 hour phone call:

1. The SSP is to check the patient's identity by asking for their name, date of birth and the first line of their address.
2. The patient should be questioned about how they feel, if they have any pain or bleeding, if they are eating and drinking normally and if they have any questions.
3. If the patient is well and has not had polyps removed or biopsies taken, they are advised that they will be returned to the BCSP for recall in 2 years or continue with the surveillance colonoscopy pathway as per British Society of Gastroenterology Guidelines.
4. For any patient with no post procedure complications/complaints but awaiting histology the SSP is to follow the normal pathway, ie complete episode/check histology as required.
5. All calls will be recorded in the patient's history notes and on BCSS.

6.

For patients who have the following complaints/comments the following steps are to be carried out:

- > Abdominal pain: elicit the following information
 - How severe? Have they had to take analgesia?
 - Area of pain (eg generalised abdominal/shoulder tip)
 - Have they passed wind or had their bowels open?
 - Associated nausea and/or vomiting.

- > PR Bleeding (check if patient has had a polypectomy)
 - How much? (eg tablespoon/cup)
 - Bright blood/old blood/clots
 - How often?
 - Do they feel dizzy or light headed?

- > Fever or fatigue
 - What is their temperature?
 - Are they shivering etc

For the above patients if you judge that their symptoms are not urgent:

- Offer to call them back same day to check on how they feel. Ensure patients have the appropriate contact telephone number should the patient need to discuss symptoms sooner.
- Give advice on methods to ease trapped wind/flatulence (peppermint tea, warm drinks, walking around) and suitable pain relief (paracetamol).
- Escalate if symptoms become more serious

If the patient's symptoms are serious the SSP should:

- Ask if they are alone and, if so, can they contact a significant other to provide assistance.
- Assess the medical need / urgency of review
- Either recommend that they see their GP that day / Go to their nearest Accident and Emergency unit and take their colonoscopy report with them / Call an Ambulance
- Inform the screening Colonoscopist who performed the procedure
- Contact the on-call Gastroenterology consultant via switchboard if patient calling ambulance or going to A&E
- Following these steps, the SSP should follow up the patient and ensure that they have received the appropriate treatment.
- Any patient admitted to hospital should be followed up and an Adverse Incidence Form/Datix should be completed as required (Protocol for Reporting Adverse Incidents).
- Ensure all attempts at contact are recorded and signed on the SSP patient contact sheet and relevant information documented on the reverse of the document.
- Add episode note to BCSS for all contacts with the patient to show a record of phone calls made.

3. Education and Training

Annual DOPS assessment. All screening staff made aware of SOPS and Work Instructions on induction and any changes/reviews are fed back to the team via email and at team meetings

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
BCS 30 day questionairre	Audit	A Bonner	On going	3 monthly team meetings
AVI / Datix	Audit	A Bonner	3 monthly	A/A SQAS

5. Supporting References (maximum of 3)

Bowel Cancer screening Service Specification No26

6. Key Words

BCS, post proceure, contact

CONTACT AND REVIEW DETAILS	
Guideline Lead Claire Almen and Amanda Smith, Lead Specialist Screening Practitioners, UHL Bowel Cancer Screening	Executive Lead Alex Bonner UHL Bowel Cancer Screening Manager
Details of Changes made during review: General update on process from local work instruction to Trust format	