N° dossier / Chart N° DDN/DOB Sexe/Sex Centre intégré universitaire de santé Nom / Name Prénom / First Name et de services sociaux de l'Ouest-de-l'Île-de-Montréal Québec 🛊 🛊 Nom de la mère / Name of mother Adresse / Address ☐ HLAS ☐ HGL ☐ CHSM ☐ HSA
☐ CHSLD DBV ☐ CHSLD DOR ☐ CHSLD LACH ☐ IUSMD
☐ CHSLD GD ☐ CHSLD NP ☐ CLSC LAS Tél. / Tel. PRE-PRINTED INDIVIDUAL ORDER TITLE: Referral to the Clinical Access service for N° assurance maladie / Medicare Card N° Expiration **Biliary Colic**

| Init. MD/IPS | Referral to the Clinical Access service for Biliary Colic | | | | |
|-----------------|--|--|----------|--|--|
| | Allergies: | Height: | Weight: | | |
| | Allergies: Breastfeeding Liver impairment | Kidney impairment | Others: | | |
| | | Clinical information and relevant personal and family medical history: | | | |
| | | | | | |
| | Presented symptoms (check) | | | | |
| | □ Intense pain or dull discomfort located in | | Irant | | |
| | □ Intense pain or dull discomfort located in | n the epigastrium | | | |
| | □ Pain radiates to the back | | | | |
| | . | ausea | | | |
| | | ostprandial pain | antina | | |
| | | odominal distention/bl urphy Sign positive | oating | | |
| | 11 | thers: | | | |
| | I have given to the patient the prescription for biliary colic (optional) I confirm that the person referred meets all general admission criteria for the Clinical Access service as well as the specific inclusion criteria of the condition. I also confirm that the person does not have general exclusion criteria for the Clinical Access service or specific exclusion criteria of the condition. I confirm that the person referred has received the instruction sheet and has been instructed to wait for the nurse from the Clinical Access service to call them. I have read the description of the roles of the referring MD/NP and of the nurse of the Clinical Access service in the Cadre de référence and I agree to the interventions mentioned in the algorithm. | | | | |
| | ⇒ Fax this form and the prescription for Biliary Colic to 514-630-2870 | | | | |
| | Name of clinic: | Fax | #: | | |
| | Phone # for the next 24 hours: | | | | |
| | If unavailable, MD/NP who will do the follow | v-up: | Phone #: | | |

| Physician or Nurse Practitioner | | | | |
|---------------------------------|-----------|------------|---------------------|------|
| Name (in block letters) | Signature | License N° | Date (YY – MM – DD) | Hour |

| | N° dossier / Chart N° | DDN/DOB | Sexe/Sex |
|---|--|---------------------|------------|
| Centre intégré universitaire de santé et de services sociaux de l'Ouest-de- l'Île-de-Montréal Québec * * * Caccueil clinique | Nom / Name Nom de la mère / Name of mot | Prénom/Firsi her | t Name |
| ☐ HLAS ☐ HGL ☐ CHSM ☐ HSA☐ CHSLD DBV ☐ CHSLD DOR ☐ CHSLD LACH ☐ IUSMD☐ CHSLD GD ☐ CHSLD NP ☐ CLSC LAS | Adresse / Address Tél. / Tel. | | |
| Ordonnance pour colique biliaire | | | |
| Prescription for Biliary Colic | Nº assurance maladie / Medicar | e Card N° | Expiration |

| Init. MD/IPS/ <i>NP</i> | Ordonnance pour colique biliaire / Prescription for Biliary Colic |
|----------------------------|---|
| | ANALGÉSIE / ANALGESIA |
| | Acétaminophène/Acetaminophen 1000 mg PO TID x 7 jours/days |
| | Choisir maximum 1 / Choose 1 maximum Oxycodone 2.5 mg PO q4h PRN x 7 jours/days. Qté/Qty = 15 NR OU / OR |
| | Oxycodone 5 mg PO q4h PRN x 7 jours/days. Qté/Qty = 15 NR ⇒ contre-indiqué pour les femmes qui allaitent et/ou patients avec asthme sévère et/ou en période d'alcoolisme aigu et/ou traités avec des IMAO et/ou avec une insuffisance hépatique sévère / contraindicated for breasfeeding women and/or patients with severe asthma, and/or during acute alcoholism period and/or with concomitant use of MAO inhibitors and/or with severe liver failure |
| | ANTIACIDE (CHOISIR 1) / ANTIACID (CHOOSE 1) ⇒ contre-indiqué pour les femmes qui allaitent / contraindicated for breasfeeding women |
| | Pantoprazole 40 mg PO DIE x 28 jours/days NR OU / OR |
| | Pantoprazole 20 mg PO DIE x 28 jours/days NR ⇒ pour patients avec insuffisance hépatique sévère / for patients with severe liver failure OU / OR |
| | Lansoprazole 30 mg PO DIE x 28 jours/days NR ⇒ contre-indiqué si prise concomitante de méthotrexate et/ou inhibiteurs de la protéase du VIH / contra-indicated in concomitant use with methotrexate and/or HIV protease inhibitors |
| | ANTI-INFLAMMATOIRE / ANTI-INFLAMMATORY |
| | Naproxène/Naproxen 500mg PO TID x 7 jours/days NR ⇒ contre-indiqué pour les femmes qui allaitent, les patients avec un saignement gastro-intestinal actif, une coagulopathie et/ou une insuffisance rénale ou hépatique sévère / contraindicated for breasfeeding women, patients with active GI bleeding, coagulation disorder and/or severe kidney or liver failure |

| Médecin ou infirmière praticienne spécialisée / Physician or Nurse Practitioner | | | | | |
|---|-----------|---------------------------|--------------------------|--------------|--|
| Nom (en lettres moulées) / Name (in block letters) | Signature | N° de permis / License N° | Date (AA/YY – M/M – J/D) | Heure / Hour | |
| | | | | | |
| | | | | | |
| | | | | | |





Document to Give to Patients

What is the Clinical Access Service? Your doctor or specialized nurse practitioner (SNP) has referred you to the Clinical Access Service because your condition is considered semi-urgent. This service will give you tailored access to diagnostic tests and specialists as quickly as possible.

<u>Here is the procedure:</u> The Clinical Access Service nurse will be available throughout the diagnostic period to answer your questions. You can call them at **514-630-2225**, **ext. 1719** during opening hours (Monday to Friday from 8:00 a.m. to 4:00 p.m., except on holidays).

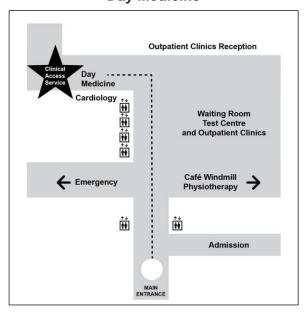
- The physician or SNP will give you documents when you leave their office:
 - A referral to the Clinical Access service
 - A prescription for the pharmacy (in certain cases)
- **3.** You must bring to your appointment:
 - Your hospital card (if you do not have one, go to the Admissions office BEFORE coming to Clinical Access Service)
 - Your health insurance card
 - A list of all your medications
 - The documents your physician/SNP gave you
- 5. Parking:
 - Parking on the streets surrounding the hospital is restricted to residents only at certain times of the day.
 - Hospital Parking Rates:
 - Under 2 hours......free
 - 2 hours to under 4 hours..\$6
 - More than 4 hours......\$10

2. As soon as they receive the referral, the Clinical Access Service nurse will call you by phone to schedule an appointment with you.

*Make sure you are easily reachable

Appointment at Clinical Access Service
 <u>Lakeshore General Hospital</u>

 160 Stillview Avenue, Pointe-Claire,
 Ambulatory Centre, 1st Floor,
 Day Medicine





How can you prevent gallbladder attacks?

When it comes to your everyday diet:

- Reduce your intake of animal fats such as butter, cheese, deli meats, fatty meats, sauces and fast food;
- Choose foods that are unprocessed and low in trans fats;
- · Eat three meals a day to avoid prolonged periods without eating;
- Avoid rapid weight-loss diets.

If necessary, request a consultation with a nutritionist who can advise you on what to eat.

Remember that exercising, smoking less or quitting altogether, drinking water and eating healthy will only serve to benefit your health, speed up your recovery and reduce your risk of complications.

Questions?

- The nurse at the Clinical Access Service, Monday through Friday, from 8 am to 4 pm (except statutory holidays) at 514-630-2225 extension 1719;
- Info-Santé nurse by dialing 811. This service is available 24/7;
- Your pharmacist can also advise you when it comes to your medication.

Other available resources

Both resources are available at your CLSC or online at www.osezlasanté.ca:

- Health Education Centre to review your lifestyle habits;
- Smoking Cessation Centre to help you stop smoking.



Biliary Colic

Centre intégré universitaire de santé et de services sociaux de l'Ouest-del'Île-de-Montréal



What is biliary colic?

When we digest, the gallbladder, which is located under the liver, contracts to release the bile it produces. Bile is needed to digest fats. Cholesterol crystals that vary in size can develop in the gallbladder. These are commonly known as gallstones.

Biliary colic, commonly referred to as a "gallbladder attack", occurs when one or more of these stones partially or completely block the gallbladder from releasing bile. The gallbladder becomes inflamed, causing it to contract intensely, triggering painful spasms that can last from 30 minutes to 4 hours.

Why consult at the Clinical Access Service?

The nurse at the Clinical Access Service will perform an assessment with the help of a health questionnaire to confirm biliary colic. The nurse will also request blood tests and, depending on the results, may ask that you undergo an imaging test known as a transabdominal ultrasound. Sometimes, several appointments are needed to monitor your progress.

The nurse at the Clinical Access Service will keep your doctor or nurse practitioner specializing in primary care informed. Your healthcare provider will receive a copy of all your laboratory and diagnostic test results.

What are the symptoms of biliary colic?

People are usually unaware that they have gallstones, so the first attack tends to catch them off guard. During a gallbladder attack, intense pain is felt in the upper abdomen, often on the right side below the ribs, and can radiate into the back or the tip of the shoulder blade. It can last from 30 minutes to 4 hours and can be accompanied by nausea (feeling sick to your stomach) and vomiting. Symptoms disappear once the stone passes spontaneously, allowing bile to be released normally.



What are the risk factors for gallstones?

Some factors can increase your risk of developing gallstones:

- Age: 40 or over;
- Family history;
- Concurrent diseases: poorly managed diabetes, inflammatory bowel diseases;
- Gender: more common in women;
- Being overweight;
- Prior gallbladder attack → high risk of recurrence

WHETHER YOU ARE AT RISK OR NOT, HAVING HEALTHY LIFESTYLE HABITS AND BEING PHYSICALLY ACTIVE CAN REDUCE THESE RISKS WITHOUT COMPLETELY ELIMINATING THEM.

Are there any risks of complications?

The onset of one or more of the following symptoms may indicate that your health is deteriorating (e.g., acute cholecystitis, pancreatitis or cholangitis), so watch out for:

- Chills or fever (T ≥ 38.5 °C);
- Intense pain not eased by pain relievers or lasting more than 4 hours;
- Icterus (jaundice);
- Persistent vomiting.

If you experience one or more of these symptoms, do not wait for your appointment at the Clinical Access Service. Go to the Emergency as soon as possible. When you report to the Emergency Department, tell the triage nurse that you are currently being assessed and are followed at the Clinical Access Service and that you may be experiencing a possible complication since your last medical appointment.

How is biliary colic treated?

During an attack, the first step involves managing the pain and symptoms with pain relievers prescribed by the doctor or the nurse practitioner specializing in primary care. Then blood tests and a radiological examination (transabdominal ultrasound) will be carried out to confirm the diagnosis. If gallstones are confirmed, you will have a consultation with a surgeon.

For those who have repeated attacks, large gallstones or complications, surgery is often the best option. The doctor will be able to advise you and together, you will determine what is best for you. The operation, called laparoscopic cholecystectomy, involves the removal of the gallbladder and the gallstones and is carried out under general anaesthetic. The surgery is usually non-urgent or semi-urgent and is performed in the Day Surgery Department. The removal of the gallbladder does not cause any digestive problems as the bile will be released directly into the digestive system. If you have any questions, talk to your doctor or to the nurse at the Clinical Access Service.