

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

Québec



Hôpital général du Lakeshore

AC accueil
clinique

N° dossier / Chart N°

DDN/DOB

Sexe/Sex

Nom / Name
Name

Prénom / First
Name

Nom de la mère / Name of mother

Adresse / Address

Tél. / Tel.

N° assurance maladie / Medicare Card N°

Expiration

- HLAS HGL CHSM HSA
 CHSLD DBV CHSLD DOR CHSLD LACH IUSMD
 CHSLD GD CHSLD NP CLSC LAS

PRE-PRINTED INDIVIDUAL ORDER TITLE :
Referral to the Clinical Access service for
Hematuria

Init. MD/ NP	Referral to the Clinical Access service for Hematuria
_____	Allergies : _____ Height : _____ Weight : _____ <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver impairment <input type="checkbox"/> Kidney impairment <input type="checkbox"/> Others: _____ Clinical information and relevant personal and family medical history : _____ _____ _____
_____	Presented symptoms (check) <input type="checkbox"/> Intermittent hematuria <input type="checkbox"/> Persistent hematuria <input type="checkbox"/> Pain/discomfort episodes lasting from 20-60 minutes Specify: _____ <input type="checkbox"/> Fever: _____°C <input type="checkbox"/> Chills <input type="checkbox"/> Flank pain/tenderness <input type="checkbox"/> Dysuria <input type="checkbox"/> Nausea <input type="checkbox"/> Urinary urgency <input type="checkbox"/> Vomiting <input type="checkbox"/> Urinary retention <input type="checkbox"/> Other : _____ <input type="checkbox"/> Urinary incontinence
_____	Date of urinalysis which confirms hematuria: _____ I have given to the patient the prescription for Hematuria
_____	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 Hematuria to 514-630-2870 Name of clinic : _____ Fax # : _____ Phone # for the next 24 hours : _____ If unavailable, MD/NP who will do the follow-up : _____ Phone # : _____

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



HLAS HGL CHSM HSA
 CHSLD DBV CHSLD DOR CHSLD LACH IUSMD
 CHSLD GD CHSLD NP CLSC LAS

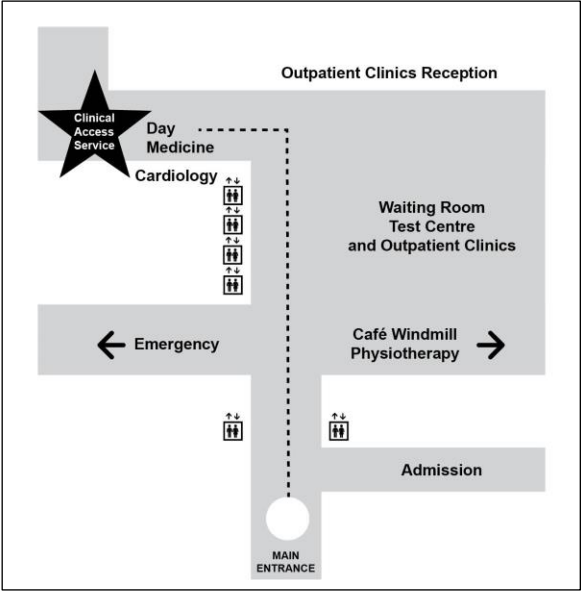
PRE-PRINTED INDIVIDUAL ORDER TITLE :
Referral to the Clinical Access service for
Hematuria

Init. MD/IPS/ NP	Ordonnance pour hématurie / Prescription for Hematuria			
	<p><u>ANALGÉSIE / ANALGESIA</u> Acétaminophène/Acetaminophen 1000 mg PO TID x 7 jours/days Faire 1 choix seulement d'opioïdes/ Choose only 1 option of opioids ⇒ Oxycodone contre-indiquée chez les femmes qui allaitent et/ou patient avec asthme sévère et/ou en période d'alcoolisme aigu et/ou traités avec des IMAO et/ou avec une insuffisance hépatique sévère / Oxycodone contra-indicated for breastfeeding women and/or patients with severe asthma and/or during acute alcoholism period and/or in concomitant use with MAO inhibitors and/or with severe liver failure 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 <u>LAXATIFS/ LAXATIVES:</u> Lax-a-day 17g. PO DIE PRN x 7 jours si constipation/if constipated ⇒ Contre-indiqué en cas d'occlusion intestinale ou de diarrhées / contra-indicated if intestinal occlusion or diarrhea Faire 1 choix seulement d'AINS/ Choose only 1 option of NSAIDs ⇒ AINS contre-indiqués pour les femmes qui allaitent, les patients avec un saignement gastro-intestinal ou autre actif, risque de saignement accru, coagulopathie et/ou insuffisants rénaux ou hépatiques sévères/ NSAIDs contra-indicated for breastfeeding women, patients with active GI bleeding, acute risk of bleed, coagulation disorder and/or severe kidney or liver failure Ketorolac 10 mg PO q4-6h PRN x 5 jours, max 40 mg par jour/per day. Qté/Qty = 20 NR <u>ET/AND</u> Pantoprazole 40mg PO DIE x 5 jours/days Qté/Qty = 5 NR ⇒ Contre-indiqué si DFG < 30 ou prise concomitante d'anticoagulant, AAS ou AINS / contra-indicated if GFR < 30 or concomitant use with anticoagulant, ASA or NSAIDs OU/OR Naproxen 500 mg PO BID x 5 jours/days. Qté/Qty = 10 NR <u>ET/AND</u> Pantoprazole 40mg PO DIE x 5 jours/days Qté/Qty = 5 NR <u>ANTIBIOTIQUE (CHOISIR 1 qui sera débuté si analyse/culture d'urine positive) / ANTIBIOTIC (CHOOSE 1 which will be started if urinalysis/culture is positive)</u> Ciprofloxacine/Ciprofloxacin 500 mg PO BID x 10 jours/days Contre-indiqué chez les patients atteints de myasthénie gravis, précautions pour les patients diabétiques ou sous antiarythmiques, clozapine, théophylline, duloxetine. Les quinolones peuvent accentuer le prolongement de l'intervalle QT chez les patients à risque ce qui peut accroître le risque d'arythmies. ⇒ / contra-indicated for patients suffering from myasthenia gravis, caution for diabetics and in concomitant use with antiarrhythmics, clozapine, theophylline and duloxetine. Quinolones may enhance the prolongation of the QT interval in at-risk patients, which may increase the risk of arrhythmias. OU/OR Ciprofloxacine/Ciprofloxacin 250 mg PO BID x 10 jours/days ⇒ Dose recommandée si CICr ≤ 30 mL/min / recommended dose if CrCl ≤ 30 mL/min OU/OR Sepra DS (triméthoprim-sulfaméthoxazole/ trimetoprim-sulfamethoxazole) 160-800 mg 1co./1 tab BID x 10 jours/days ⇒ Contre-indiqué pour patients avec troubles hématologiques sévères / contra-indicated for patients with severe hematologic disorder OU/OR Sepra (triméthoprim-sulfaméthoxazole/ trimetoprim-sulfamethoxazole) 80-400 mg 1co./1 tab BID x 10 jours/days ⇒ Dose recommandée pour patients insuffisants hépatiques et/ou si CICr 15-30 mL/min et/ou asthmatiques sévères/ recommended dose for patients with liver failure and/or CrCl 15-30 mL/min and/or severe asthma OU/OR Nitrofurantoïne 100 mg PO BID x 10 jours/days ⇒ Contre-indiqué si CICr < 30mL/min / contra-indicated if CrCl < 30mL/min</p>			
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.

Here is the procedure: 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).

<p>1. The physician or SNP will give you documents when you leave their office:</p> <ul style="list-style-type: none"> • A referral to the Clinical Access service • A prescription for the pharmacy (in certain cases) 	<p>2. As soon as they receive the referral, the Clinical Access Service nurse <u>will call you</u> by phone to schedule an appointment with you.</p> <p><u>*Make sure you are easily reachable</u></p>
<p>3. You must bring to your appointment:</p> <ul style="list-style-type: none"> • 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 	<p>4. Appointment at Clinical Access Service <u>Lakeshore General Hospital</u> 160 Stillview Avenue, Pointe-Claire, Ambulatory Centre, 1st Floor, Day Medicine</p>
<p>5. Parking:</p> <ul style="list-style-type: none"> • Parking on the streets surrounding the hospital is restricted to residents only at certain times of the day. • Hospital Parking Rates: <ul style="list-style-type: none"> - Under 2 hours.....free - 2 hours to under 4 hours..\$6 - More than 4 hours.....\$10 	

LAKESHORE
GENERAL HOSPITAL

CLINICAL ACCESS SERVICE

 PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY



Questions?

- The nurse at the Clinical Access Service Monday through Friday, from 8 am to 4 pm, except statutory holidays, at 514-630-2225 ext. 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:
- The Kidney Foundation of Canada. Visit their site at: <https://kidney.ca/>
 - Health Education Centre to review your lifestyle habits;
 - [Smoking Cessation Centre](#) to help you stop smoking.

Hématuria

YOUR APPOINTMENTS:

- **Blood tests, urinalysis and urine culture:**
Date and time: _____
Location: Ambulatory Centre – Day Medicine, Room 1900
- **CT scan of the abdomen and pelvis or CT urography:**
Date and time: _____
Location: Medical Imaging Department – Ground Floor
- **Urine cytology:**
Date and time: _____
Location: Ambulatory Centre
- **Urology consultation (if necessary):**
Date and time: _____
Location: Urology Clinic - FMG Stillview
- **Infectious disease consultation (if necessary):**
Date and time: _____
Location: Ambulatory Centre

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What is hematuria?

Hematuria is the presence of blood in the urine. There are two types of hematuria: macroscopic and microscopic.

Macroscopic hematuria: when there is visible blood in the urine causing it to be pink, red or brownish in colour. Blood clots may also be seen in the urine.

Microscopic hematuria: when the amount of blood is too small to discolour the urine. It is detectable under a microscope or by analysing the urine.



Why use the Clinical Access Service?

The nurse at the Clinical Access Service will perform a health assessment with the help of a questionnaire. This will be followed by blood and urine tests. Depending on the results, she may schedule an abdominal and pelvic ultrasound or a CT scan of the abdomen and pelvis or a CT urography and, if required, a urine cytology to determine the cause of the hematuria.

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



What are the causes of hematuria?

Hematuria may be caused by:

- A urinary tract infection (UTI)
- Urinary tract stones
- A kidney problem
- Cancer (bladder, prostate, kidneys)
- Certain medications (e.g., anticoagulants)
- Certain foods (e.g., beets, rhubarb and food colouring)
- A recent trauma (urinary catheter, accident, strenuous exercise, etc.)
- It should be noted that sometimes, no cause is found.

Living a healthy, active lifestyle can help reduce your risk.



What are the symptoms of hematuria?

Those with hematuria may experience:

- Pain in the side or back (flank) or in the lower abdomen
- Difficulty urinating or an urgent need to urinate
- If a blood clot forms, it can completely block the flow of urine, causing sudden and extreme pain and an inability to urinate



What are the signs and symptoms to watch out for?

- Chills or fever ($T^{\circ} \geq 38.5^{\circ}C$)
- Pain not relieved with analgesics
- A significant amount of blood and/or blood clots in the urine
- An inability to urinate



If you experience one or more of these symptoms, do not wait until 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.



Can I continue to be physically active?

This usually depends on the severity of your symptoms. Continuing to be physically active and doing light-to-moderate activities is possible.



What is the treatment for hematuria?

Treatment focuses on the cause of the bleeding. If you have a urinary tract infection, your doctor will prescribe antibiotics.

Your doctor may prescribe painkillers. The pharmacist or the nurse at the Clinical Access Service will give you more detailed information about the prescribed treatment.

Important: Before taking over-the-counter pain medication or natural products, please consult your pharmacist.