

- 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 Suspicion of Diverticulitis

Init. MD/ NP	Referral to the Clinical Access service for Suspicion of Diverticulitis														
	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: _____ _____														
	<p>Symptoms (must include at least 3)</p> <table border="0"> <tr> <td><input type="checkbox"/> Abdominal pain LLQ</td> <td><input type="checkbox"/> Suprapubic abdominal pain</td> </tr> <tr> <td><input type="checkbox"/> Abdominal tenderness upon palpation</td> <td><input type="checkbox"/> Abdominal distension</td> </tr> <tr> <td><input type="checkbox"/> Constant abdominal pain</td> <td><input type="checkbox"/> Intermittent abdominal pain</td> </tr> <tr> <td><input type="checkbox"/> Nausea</td> <td><input type="checkbox"/> Vomiting</td> </tr> <tr> <td><input type="checkbox"/> Diarrhea</td> <td><input type="checkbox"/> Constipation</td> </tr> <tr> <td><input type="checkbox"/> Rectal bleeding</td> <td><input type="checkbox"/> Hematochezia</td> </tr> <tr> <td><input type="checkbox"/> Urinary symptoms: _____</td> <td><input type="checkbox"/> Fever >37,5°C</td> </tr> </table>	<input type="checkbox"/> Abdominal pain LLQ	<input type="checkbox"/> Suprapubic abdominal pain	<input type="checkbox"/> Abdominal tenderness upon palpation	<input type="checkbox"/> Abdominal distension	<input type="checkbox"/> Constant abdominal pain	<input type="checkbox"/> Intermittent abdominal pain	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Rectal bleeding	<input type="checkbox"/> Hematochezia	<input type="checkbox"/> Urinary symptoms: _____	<input type="checkbox"/> Fever >37,5°C
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<input type="checkbox"/> Urinary symptoms: _____	<input type="checkbox"/> Fever >37,5°C														
	Date of start of antibiotics (if done): _____														
	I have given to the patient the prescription for suspicion of diverticulitis														
	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 suspicion of diverticulitis 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)														
	Time														



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Ordonnance pour suspicion de diverticulite

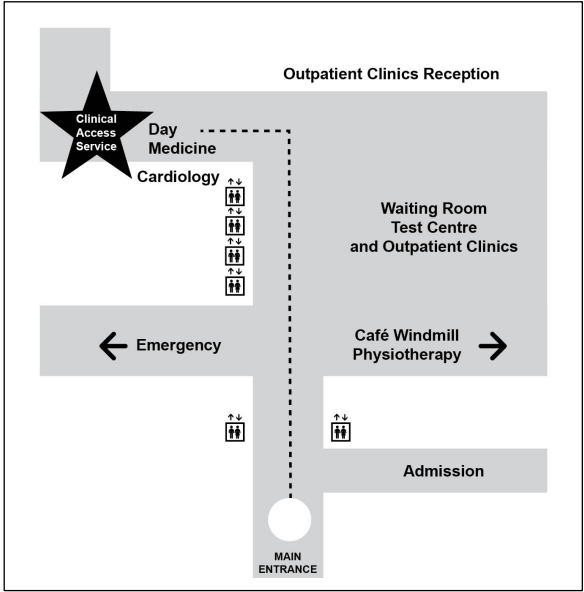
Prescription for Suspicion of Diverticulitis

Init. MD/IPS/NP	Ordonnance pour suspicion de diverticulite / Prescription for Suspicion of Diverticulitis			
	<p><u>ANTIBIOTIQUES / ANTIBIOTICS</u></p> <p>Ciprofloxacine 500mg PO BID ET/AND Métronidazole 500mg PO TID x 10 jours/days ⇒ Ciprofloxacine : contre-indiqué chez les patients atteints de myasthénie gravis, précautions pour les patients diabétiques ou sous antiarythmiques, clozapine, théophylline, duloxetine / <i>contra-indicated for patients suffering from myasthenia gravis, caution for diabetics or if concomitant use of antiarrhythmics, clozapine, theophylline, duloxetine</i> ⇒ Métronidazole : contre-indiqué chez les patients souffrant d'insuffisance hépatique sévère ou déficits neurologiques actifs / <i>contra-indicated for patients with severe liver failure or active neurological disorders</i> OU / OR</p> <p>Amoxicillin-clavulanate (875-125) 1co./tab TID x 10 jours/days ⇒ contre-indiqué pour patients avec mononucléose, utiliser avec précaution si altération de la fonction hépatique / <i>contra-indicated for patients with mononucleosis, use with caution if alteration of liver function.</i> OU / OR</p> <p>Moxifloxacine 400mg DIE x 10 jours/days ⇒ recommandé pour patients intolérants au metronidazole et antibiotiques bêta-lactames / <i>recommended for patients intolerant to metronidazole and beta-lactam antibiotics</i> ⇒ contre-indiqué chez les patients atteints de myasthénie gravis, précautions pour les patients diabétiques ou sous antiarythmiques, clozapine, théophylline, duloxetine / <i>contra-indicated for patients suffering from myasthenia gravis, caution for diabetics or if concomitant use of antiarrhythmics, clozapine, theophylline, duloxetine</i></p> <p><u>ANALGÉSIQUE / ANALGESIA:</u></p> <p>Acétaminophène/Acetaminophen 325 mg + Codéine/Codeine 30 mg 1-2 co/tab q 6h PRN Qté/Qty = _____ NR OU / OR</p> <p>Acétaminophène/Acetaminophen 650 mg PO q 4h PRN Qté/Qty = _____ NR ET / AND Choisir maximum 1 / <i>Choose 1 maximum</i></p> <p>Oxycodone 2.5 mg PO q4h PRN x 7 jours/days. Qté/Qty = _____ NR OU / OR</p> <p>Oxycodone 5 mg PO q4h PRN x 7 jours/days. Qté/Qty = _____ NR</p> <p><u>HYDRATATION INTRAVEINEUSE/ INTRAVENOUS HYDRATATION</u></p> <p>NaCl 0,9% 500mL IV x 20-30min NR</p> <p><u>LAXATIFS / LAXATIVES:</u></p> <p>Lax-a-day 17g PO DIE PRN x 4 jours si constipation/ 4 days if constipated ⇒ contre-indiqué en cas d'occlusion intestinale ou de diarrhée / <i>contra-indicated if intestinal occlusion or diarrhea</i></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 / Time

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 	

Are there nutritional recommendations to help prevent a recurrence of diverticulitis?

One third of patients who have a bout of diverticulitis will go on to have another one.

Once the acute symptoms have resolved or are on their way to being resolved, making the following lifestyle changes is important:

- Gradually shift to a high-fiber diet with a target of 25 to 30 g of fiber/day (diet rich in fruits, vegetables and whole grains), as tolerated. This will add bulk to your stool, thereby reducing spasms and decreasing the pressure on the walls of the large intestine;
- Have a routine (schedule time for a bowel movement, avoid the excessive use of laxatives...);
- Unless contraindicated, drink at least 1.5 to 2 litres of fluids daily;
- Exercise regularly;
- Seeing a nutritionist (CLSC, private clinic) who can help you improve your eating habits is strongly encouraged.

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

- Dietitians of Canada: www.dietitians.ca
- How to find a nutritionist: <https://odnq.org/>

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.

WRITTEN BY: Laetitia Olone Konzabi, Advanced Practice Nursing Advisor-Ambulatory sector (interim)
COLLABORATORS: Andréa-Stéphanie Labrecque, Dt.P, Chef Nutrition, Orthophonie, Audiologie
Marie-Hélène Cyr, Dt.P, Agente de planification, de programmation et de recherche, volet nutrition
Dr. Christian V. Zalaj, MDCM, MSc, FRCSC, FACS, FASCRS, Colorectal Surgeon

LAKESHORE
GENERAL HOSPITAL

CLINICAL ACCESS SERVICE

 PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY



Suspected diverticulitis

YOUR APPOINTMENTS:



- **Blood tests (no fasting required):**

Date and time: _____

Location: Ambulatory Centre - Day Medicine, Room 1900

- **CT scan of the abdomen and pelvis:**

Date and time: _____

Location: Medical Imaging Department, Ground floor

- **Consultation with a colorectal surgeon (if necessary):**

Date and time: _____

Location: Ambulatory Centre

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

Québec 



What is diverticulitis?

Diverticulitis is an inflammation and/or infection of one or more diverticula in the large intestine.

Diverticula are small balloon-like pouches or bulges, often the size of a pea, that form in the wall of the intestine, mainly in the large intestine (colon). The presence of one or more diverticula is known as **diverticulosis**.

Diverticula are thought to be caused by spasms in the muscular layer of the intestine. It is not known what causes these contractions, but it may be related to not eating enough fiber.

You can have diverticula and not have any symptoms. In fact, in most cases, they do not cause symptoms or pose any health risk.



Why use the Clinical Access Service?

The nurse at the Clinical Access Service will perform a health assessment with the help of a questionnaire to determine what may have contributed to you developing diverticulitis. This will be followed by blood tests and the scheduling of a CT scan of the abdomen and pelvis, which is an imaging test that uses x-rays.

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 is a CT scan of the abdomen and pelvis?

It is an imaging method that uses x-rays. It takes no more than a few seconds to a few minutes depending on the area being examined. It is used to precisely locate organs and abnormalities through the use of highly detailed images that provide greater detail about tissue density not visible on traditional x-rays. A CT scan of the abdomen and pelvis is used to identify and provide information on the presence of diverticulitis in the intestine or other abnormalities.



What are the symptoms of diverticulitis?

- Pain and/or tenderness usually in the lower left side of the abdomen
- Fever
- Nausea and/or vomiting
- Bloating and gas are quite common

- A change in bowel habits (constipation or diarrhea)
- Some may experience bleeding from the rectum



What are the risk factors for diverticulitis?

Age >40 years, but it can also occur in younger individuals (20 years and older), obesity, family history, a diet that is low in fiber and a sedentary lifestyle.



What are the complications associated with diverticulitis?

Potential complications include:

- Peritonitis: an infection of the abdominal cavity that can occur when the wall of a diverticulum ruptures.
- Fistula: an abnormal channel connecting one organ with another or with the skin
- Bowel obstruction (a blockage in the intestine)
- Abscess: occurs when pus collects in the pouch



If you have: fever >38.5°C despite treatment, severe abdominal pain not relieved with medication, severe diarrhea or a large amount of blood in your stool, 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.



How is diverticulitis treated?

Uncomplicated diverticulitis can be treated with rest, proper hydration, a change in diet and sometimes oral antibiotics (*). Those with severe symptoms or complications are hospitalized and treated with intravenous (IV) antibiotics. Sometimes, hospitalization is required to drain the pus with a needle or to surgically remove the affected part of the intestine.

*Liquid diet followed by a low-fiber diet while taking the antibiotics.