

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

Québec



AC **accueil**
clinique

N° dossier / Chart N°

DDN/DOB

Sexe/Sex

Nom / Name

Prénom / First Name

Nom de la mère / Name of mother

Adresse / Address

Tél. / Tel.

N° assurance maladie / Medicare Card N°

Expiration

- HGL HLAS 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
Biliary Colic**

Init. MD/IPS	Referral to the Clinical Access service for Biliary Colic
	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"/> Intense pain or dull discomfort located in the right upper quadrant <input type="checkbox"/> Intense pain or dull discomfort located in the epigastrium <input type="checkbox"/> Pain radiates to the back <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Postprandial pain <input type="checkbox"/> Nocturnal pain <input type="checkbox"/> Abdominal distention/bloating <input type="checkbox"/> Murphy Sign negative <input type="checkbox"/> Murphy Sign positive <input type="checkbox"/> Regurgitation <input type="checkbox"/> Others: _____ 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 514-367-8651 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

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

Québec



AC **accueil**
clinique

N° dossier / Chart N°

DDN/DOB

Sexe/Sex

Nom / Name

Prénom / First Name

Nom de la mère / Name of mother

Adresse / Address

Tél. / Tel.

N° assurance maladie / Medicare Card N°

Expiration

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

Ordonnance pour colique biliaire

Prescription for Biliary Colic

Init. MD/IPS/NP	Ordonnance pour colique biliaire / Prescription for Biliary Colic
	<p><u>ANALGÉSIE / ANALGESIA</u></p> <p>_____ Acétaminophène/Acetaminophen 1000 mg PO TID x 7 jours/days</p> <p>Choisir maximum 1 / Choose 1 maximum</p> <p>_____ Oxycodone 2.5 mg PO q4h PRN x 7 jours/days. Qté/Qty = 15 NR OU / OR</p> <p>_____ 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 / <i>contraindicated for breastfeeding 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</i></p> <p><u>ANTIACIDE (CHOISIR 1) / ANTIACID (CHOOSE 1)</u></p> <p>⇒ contre-indiqué pour les femmes qui allaitent / <i>contraindicated for breastfeeding women</i></p> <p>_____ Pantoprazole 40 mg PO DIE x 28 jours/days NR OU / OR</p> <p>_____ Pantoprazole 20 mg PO DIE x 28 jours/days NR ⇒ pour patients avec insuffisance hépatique sévère / <i>for patients with severe liver failure</i> OU / OR</p> <p>_____ 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 / <i>contra-indicated in concomitant use with methotrexate and/or HIV protease inhibitors</i></p> <p><u>ANTI-INFLAMMATOIRE / ANTI-INFLAMMATORY</u></p> <p>_____ 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 / <i>contraindicated for breastfeeding women, patients with active GI bleeding, coagulation disorder and/or severe kidney or liver failure</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 / Hour

**HANDOUT TO BE GIVEN TO PATIENT REFERRED TO
THE CLINICAL ACCESS SERVICE**

Hello,



Your physician or frontline specialized nurse practitioner has referred you to the **Clinical Access Service at LaSalle Hospital (*Accueil clinique de l'Hôpital de LaSalle*)** for exams or a consultation with a specialist.

The nurse clinician from the Clinical Access Service will contact you to schedule an appointment as soon as the consultation request is received. She will be in charge of organizing the care trajectory for the services you may require.

Please make sure that you are easily reachable, **Monday to Friday** (except holidays), **from 8 am to 4 pm**.

Once you get to the hospital, go to the Outpatient Clinic reception (***secrétariat des cliniques externes***) located at the main entrance to check-in. You will then be directed to the Clinical Access waiting area, located on the Ground Floor, Wing C, Room RC-009.

The day of your visit, please have the following items with you:

-  Your valid health insurance card (RAMQ)
-  An up-to-date list of all your medications

If you have any questions or require additional information, please contact the nurse clinician at the Clinical Access Service by calling **514 362-8000 extension 32816**.

TO GET THERE:



LaSalle Hospital is located at the corner of Dollard Avenue and Champlain Boulevard.
The parking lot is accessible via Champlain Boulevard.

Public transportation:



Metro: green line – Angrignon station – 110 or 495 bus



Bus: 110, 112, 123, 495



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 514 362-8000 extension 32816;
- **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.

WRITTEN BY: Sylvie Aubin, Nurse Clinician. IN COLLABORATION WITH: Dr. Tony Assouline, MD, speciality: Family Medicine and Dr. Catherine Duong, MD, speciality: Family Medicine. REVISED BY: Laetitia Olone Konzabi, RN, BSc, MSc(c), Nursing Advisor.

HÔPITAL DE LASALLE

CLINICAL ACCESS SERVICE



PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY



Biliary Colic

YOUR APPOINTMENTS:



- **Blood tests** (no fasting required)
Date and time: _____
Location: Clinical Access Service, Ground Floor, Wing C, Room RC-009
- **Transabdominal ultrasound**
Date and time: _____
Location: Family Birthing Unit, Ground Floor, Wing G
- **General surgery consultation** (if needed)
Date and time: _____
Location: Clinical Access Service, Ground Floor, Wing C, Room RC-009

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

Québec



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.