

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



ACaccueil
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

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 Access Clinic for Suspicion of Diverticulitis**

Init. MD/ NP	Referral to the Access Clinic for Suspicion of Diverticulitis														
	<p>Allergies: _____ Height: _____ Weight: _____</p> <p><input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver impairment <input type="checkbox"/> Kidney impairment <input type="checkbox"/> Others: _____</p> <p>Clinical information and relevant personal and family medical history: _____</p> <hr/> <p>Symptoms (must include at least 3)</p> <table style="width: 100%;"> <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> <p>Date of start of antibiotics (if done): _____</p> <p>I have given to the patient the prescription for suspicion of diverticulitis.</p> <p>I confirm that the person referred meets all general admission criteria for the Access Clinic as well as the specific inclusion criteria of the condition. I also confirm that the person does not have general exclusion criteria for the Access Clinic or specific exclusion criteria of the condition.</p> <p>I confirm that the person referred has received the instruction sheet and has been instructed to wait for the nurse from the Access Clinic to call them.</p> <p>I have read the description of the roles of the referring MD/NP and of the nurse of the Access Clinic in the Cadre de référence and I agree to the interventions mentioned in the algorithm.</p> <hr/> <p>⇒ Fax this form and the prescription for suspicion of diverticulitis to 514-367-8651</p> <p>Name of clinic: _____ Fax # : _____</p> <p>Phone # for the next 24 hours: _____</p> <p>If unavailable, MD/NP who will do the follow-up: _____ Phone # : _____</p>	<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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Physician or Nurse Practitioner															
Name (in block letters)	Signature	License N°	Date (YY – MM – DD)	Time											

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Québec



AC **accueil**
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Ordonnance pour suspicion de diverticulite

Prescription for Suspicion of Diverticulitis

Nom / Name

Prénom / First Name

Nom de la mère / Name of mother

Adresse / Address

Tél. / Tel.

N° assurance maladie / Medicare Card N°

Expiration

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 <u>ET/AND</u> 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, duloxétine / <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, duloxétine / <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 <u>Choisir maximum 1 / Choose 1 maximum</u></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> 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

**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

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 514-362-8000 ext. 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

- 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.

HÔPITAL
DE LASALLE

CLINICAL ACCESS SERVICE

 PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY

Suspected diverticulitis

YOUR APPOINTMENTS:

- **Blood tests (no fasting required):**
Date and time: _____
Location: Clinical Access Service, Ground Floor, Wing C, Room RC-009
- **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: Clinical Access Service, Ground Floor, Wing C, Room RC-009





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.