

# Altered Bowel Habit

## Acute (<6weeks)

Frequency&Consistency of stools

Associated symptoms: abdo pain/ fever/ blood or mucus PR/ vomiting/ joint pain/ rashes.

Travel&Sexual History

Drug History

**Exclude gastroenteritis- do not refer if symptoms resolve and no alarm symptoms.**

## Chronic (>6weeks)

Frequency&Consistency of stools

Associated symptoms: abdo pain/ fever/ blood or mucus PR/ vomiting/ joint pain/ rashes.

Drug History

Family History of IBD

Travel&Sexual&Alcohol History



Investigations in chronically altered bowel habit:

CBC, U&E, ESR/CRP, LFT, TFT, Coeliac screen

albumin, calcium, ferritin, B12, folate

Stool MC&S x3

Faecal calprotectin (stools- pink form)

## Refer if:

Persistent diarrhea but initial screen normal

Coeliac screen positive

Raised faecal calprotectin/ high suspicion of IBD

Age >55 and new-onset diarrhea/ constipation

FH of colorectal Ca in first degree relatives

Iron deficiency anaemia

\*For urgent referrals, discuss with Gastroenterology on-call

\*Rectal bleeding only- refer to colorectal rapid access

\*Tumour markers are not indicated for diagnosis of malignancy

## References:

- 1.) 2011. *REFERRAL GUIDELINES: GASTROENTEROLOGY II*. 1st ed. NHS Oxfordshire Clinical Commissioning Group, p.3. <https://www.oxfordshireccg.nhs.uk/professional-resources/documents/clinical-guidelines/gastroenterology/gastroenterology-referral-guidelines-article.pdf>