OIA: **OIA2021122202**

11 February 2022

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Tēnā koe Andrew

Official Information Act request OIA2021122202

Thank you for your request transferred from the Ministry of Health and received by Hutt Valley (HVDHB) and Capital & Coast (CCDHB) District Health Boards on 22 December 2021, regarding *Guidelines for Treatment Protocols***.** You requested:

1. ***"What are the official Guidelines/procedures for urgent X-rays (24 hour)?"***
2. ***"What are the Guidelines/procedures for patients repeatedly admitted to Emergency Department with severe epigastric pain/ and upper right and left quadrant pain"***
3. ***"Guidelines/procedure for investigating possible Colonic Motility Dysfunction/Defecatory Disorders/Anorectal Dysfunction"***

Due to our two DHBs sharing information, staff, many services, and a single Chief Executive, you are receiving a joint Hutt Valley and Capital & Coast DHB (2DHB) response.

Our joint 2DHB response to your request is outlined below**.**

Response

1. *What are the official Guidelines/procedures for urgent X-rays (24 hour)*

Hutt Valley District Health Board
Urgent x-ray requests (<24hours) are performed within the designated time frame and are then reported on by a radiologist on as soon as possible basis. Urgent X-rays performed on weekends and after-hours are reported on the following working day. Any urgent x-rays performed after-hours via ED or ward staff are reviewed by the requesting doctor who will then review radiologist report findings when signed off the next working day.

Capital & Coast District Health Board
Urgent x-ray requests (<24hours) are performed within the requested time frame and are then reported on by a radiologist on as soon as possible basis. Images are immediately available for referring clinicians through the hospital system and we have 24/7 on-call Radiologist support if the referring clinician requires an immediate formal Radiologist review. We aim to have all urgent X-rays performed on weekends and after-hours formally reported the following working day and the formal result is then available for review and signoff by the referring clinician.

2. *What are the Guidelines/procedures for patients repeatedly admitted to Emergency Department with severe epigastric pain/ and upper right and left quadrant pain*

Hutt Valley District Health Board and Capital & Coast District Health Board

There are no ED guidelines/procedures for this specific complaint. Clinical practice would dictate that with each re-presentation, especially if presentations are close in time (e.g. within 48 hours), more investigations would be ordered. If the pain is ongoing, despite the normal findings/exams, these patients are ultimately referred for general surgery to review/disposition.

This is a clinical scenario with many different aetiologies and like any other is managed on a case-by-case basis.

In general, they would have here on top of the clinical assessment (history and examination)

1. Upper abdo blood panel (plus other bloods if a cardiac cause is suspected)
2. POC USS for gall bladder pathology
3. CT abdomen if there is clinical peritonism and/or significant pathology needing emergent care identified
4. Referral to inpatient teams if inpatient care is needed
5. With recurrent pain there is a spectrum of causes such as recurrent cholecystitis to chronic pain with no aetiology identified
6. If no in-patient care is needed we always recommend GP review with co-ordination of any outpatient referrals and or tests that may be needed

The most common causes we see are recurrent biliary colic, chronic/acute on chronic cholecystitis, acute on chronic pancreatitis, non-specific abdominal pain and chronic pain. We do pick up a number of upper GI cancers particularly pancreatic.

Aortic dissection can present like this and we have a pathway if this is suspected.

Patients who are recurrent presenters may have a management plan specific to them devised.

3. *Guidelines/procedure for investigating possible Colonic Motility Dysfunction/Defecatory Disorders/Anorectal Dysfunction*

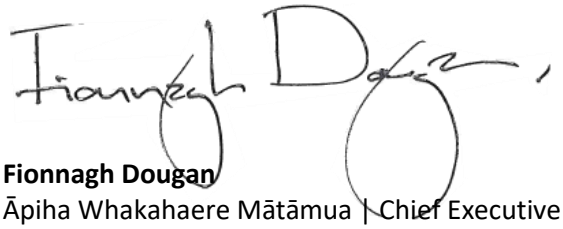
Hutt Valley District Health Board
There are no specific guidelines for *investigating possible Colonic Motility Dysfunction/Defecatory Disorders/Anorectal Dysfunction.* HVDHB usual practice is for this group of patients to be triaged as semi urgent for outpatient clinic review (within four months), unless they met the criteria for urgent. Patients with more complex clinical situations may be referred to CCDHB.

Capital & Coast District Health Board
There are community Health Pathways available to GPs that cover some symptoms that may be relevant, for example, constipation or colorectal symptoms, and patients would usually be referred with symptoms rather than with a diagnosis of such a disorder. A referral to secondary or tertiary care would be expected to contain appropriate information to allow appropriate triage to colorectal surgery, gastroenterology, or to permit advice to the GP to be provided by one of these specialities.

I trust this information fulfils your request.

You have the right, under section 28 of the OIA, to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or you can free phone 0800 802 602.

Nāku ite noa, nā



Fionnagh Dougan
Āpiha Whakahaere Mātāmua | Chief Executive
Ūpoko ki te uru Hauora | Capital & Coast and Hutt Valley District Health Boards

Encl: Appendix 1 Thoracic Dissection Guideline