

Health Care for the Homeless Baltimore Cancer Screening Improvement Toolkit

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Preventive Health Tracker

A form in our EMR that consolidates health information r/t preventive health measures onto one page for easier tracking by our medical team members.

	Last Result	Date	Due	Status	Resources	
Colorectal	Colon	incomplete/poor bowel prep	08/23/2016	08/23/2017	DUE NOW	<input type="radio"/> Declined <input type="radio"/> Deferred <input type="button" value="Deferred on 04/01/2019"/>
	FIT				DUE NOW	<input type="radio"/> Declined <input type="radio"/> Deferred <input type="button" value="Deferred on 04/01/2019"/>
Breast	2-Benign	06/12/2018	06/12/2019	Current	<input type="radio"/> Declined <input type="radio"/> Deferred <input type="button" value=""/>	
Cervical	Pap	NIL^Cervical	12/14/2018	no additional	NOT REQUIRED	<input type="button" value="Deferred on 11/16/2018"/>
	HPV	Negative^Cervical				

Flu	Given 10/25/2018
Tdap	Given 06/27/2013
Td	
Hep A	
Hep AAB IgM	-
Hep AAB	Positive - 04/09/2019
Hep B	Given 08/01/2014 Given 09/02/2014 Given 03/26/2015
HBV Surface AB	Reactive - 04/09/2019
HBV Surface AG	Negative - 04/09/2019
PCV 13	Given 02/13/2018
PPSV 23	Given 02/15/2013

Lipid Panel	
Chol, Tot	156 - 04/09/2019
Triglycerides, Random	89 - 04/09/2019
HDL	41 - 04/09/2019
VLDL, Calculated	18 - 04/09/2019
LDL, Calculated	97 - 04/09/2019
A1C	6.9 - 04/09/2019
Quantiferon	Negative - 04/13/2018
PPD Result	-
HIV	AB Non Reactive - 04/13/2018
	Rapid -
HCV	AB <0.1 - 04/13/2018
	Rapid -

Referrals: In Process/Admin Hold	Tests: In Process/Admin Hold
Podiatry Ordering Provider: ██████████ Order Date: 05/29/2018 Status: In Process	
Gastroenterology Ordering Provider: ██████████ Order Date: 03/14/2019 Status: In Process	

<input type="button" value="Qvera Immun Recon"/>
<input type="button" value="Immunization Mngt"/>

Key

- 1 – Type of cancer screening/last result/date last completed/date due/status/whether client declined screening or deferred to a later date
- 2 – Vaccinations and associated dates
- 3 – Relevant lab tests
- 4 – Referrals that have already been ordered and are incomplete
- 5 – tests/labs that have already been ordered and are incomplete
- 6 – Link to agency policy for RN/CMA standing orders for CRC screening

Colorectal Cancer Screenings

CMA and RN Training at Health Care for the Homeless



Last updated: 11/19/18



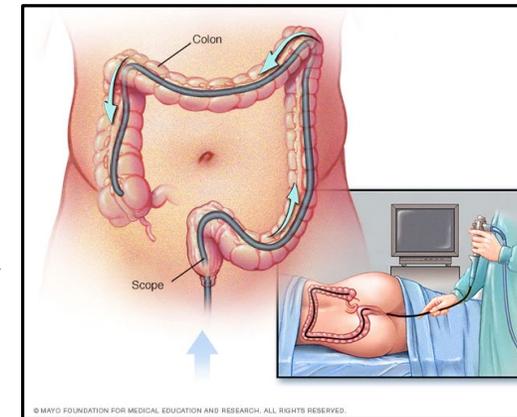
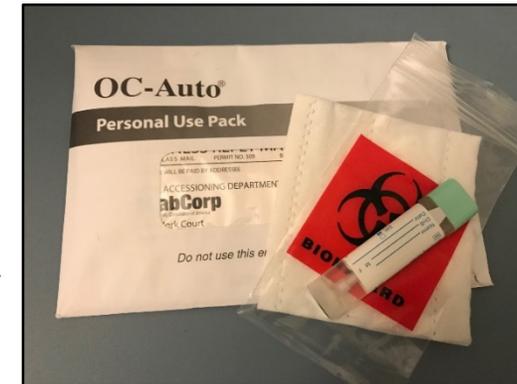
Objectives

- Describe the importance of preventive cancer screenings
- Identify who is eligible for colorectal cancer screening
- Describe the types of colorectal cancer screenings HCH offers
- Demonstrate performing a colorectal cancer screening per standing order guidelines
- Describe the importance of timely follow-up of abnormal cancer screenings



Why Colorectal Cancer (CRC) Screenings?

- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer.
- Screening tests can also find colorectal cancer early, when treatment works best.
- There are **two types** of CRC screenings offered at HCH:
Fecal Immunochemical Test (aka FIT) → a take-home stool test
Colonoscopy → Outpatient procedure where doctor inserts a scope through the rectum to check the entire colon for abnormalities

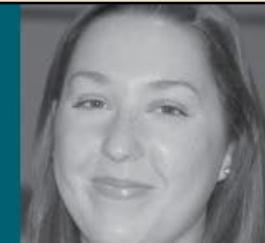


FIT vs. Colonoscopy

	FIT	Screening Colonoscopy
What are the steps needed to complete the test/procedure?	<ul style="list-style-type: none"> • Client given the kit • Client collects small sample from bowel movement • Client mails the kit to Labcorp OR returns the kit to any HCH lab 	<ul style="list-style-type: none"> • Client is ordered a GI referral • Client has a consult visit with GI specialist. • If cleared for a colonoscopy, the client performs bowel prep the day before and day of procedure • Client attends colonoscopy
Who can order test	CMA, RN, or medical provider	RN or medical provider
Is there an incentive for completion?	YES – subway gift card	YES – subway gift card
Frequency	Annually	Every 10 years
Should client be offered the choice between a FIT or Colonoscopy?	<p><u>Yes!</u> Unless the client has risk factors or GI symptoms, always offer both! Encourage the colonoscopy if possible (the benefits include being able to remove precancerous polyps before they become cancerous, and getting tested much less frequently). However, either is a good option.</p>	



Polyp removal during a colonoscopy.



Who is eligible for Colorectal Cancer Screening?

- **All men and women aged 50-75** (without risk factors).
 - 90% of CRC occurs among people >50.
 - According to the U.S. Preventive Services Task Force and CDC
- New guidelines: The American Cancer Society (ACS) now recommends the screening age be 45-75,
 - HCH as an agency is not following ACS guidelines, especially as the screening is not covered for clients aged 45-49 by most insurance companies.



Risk Factors for Colorectal Cancer

Clients with **risk factors** for colorectal cancer should be **referred to the PCP**. The client may need a **diagnostic colonoscopy**, which can only be ordered by a medical provider. The diagnostic colonoscopy will determine whether a client has CRC or not.

Ask every client who is due for CRC screening about the following RISK FACTORS:

Do you have a personal or family history of colorectal cancer or polyps?

Do you have Irritable Bowel Disease (ex: Crohn's Disease or Ulcerative Colitis)?

Do you have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome)?

Are you having abdominal pain, bloody stools, or unexplained weight loss?



Preventive Health Tracker Form

Use this EMR form to easily identify if a client is due or not for their CRC screening

The screenshot displays a Preventive Health Tracker Form with the following sections and callouts:

- Colorectal Section:** Includes fields for Last Result (Colon: incomplete/poor bowel prep, FIT: [blank]), Date (08/23/2016), Due (08/23/2017), Status (DUE NOW), and Resources (CRC). A red box highlights the 'DUE NOW' status and the 'CRC' resource button.
- Breast Section:** Includes a field for 2-Benign with a Current status indicator.
- Cervical Section:** Includes fields for Pap (NIL^Cervical) and HPV (Negative^Cervical) with Current status indicators.
- Immunization Section:** Lists various vaccines and their dates: Flu (Given 10/25/2018), Tdap (Given 06/27/2013), Hep A, Hep B (Given 08/01/2014, 09/02/2014, 03/26/2015), PCV 13 (Given 02/13/2018), and PPSV 23 (Given 02/15/2013). Buttons for 'Qvera Immun Recon' and 'Immunization Mngt' are present.
- Lipid Panel Section:** Lists cholesterol and triglyceride levels: Chol, Tot (152 - 05/29/2018), Triglycerides, Random (85 - 05/29/2018), HDL (40 - 05/29/2018), VLDL, Calculated (17 - 05/29/2018), and LDL, Calculated (95 - 05/29/2018).
- A1C Section:** Shows a value of 8.5 - 10/11/2018.
- Quantiferon Section:** Shows a result of Negative - 04/13/2018.
- PPD Result Section:** Shows a result of Non Reactive - 04/13/2018.
- HIV Section:** Shows a result of Non Reactive - 04/13/2018.
- HCV Section:** Shows a result of <0.1 - 04/13/2018.
- Hep B Section:** Shows results for Surface AB (Non Reactive - 07/26/2014) and Surface AG (Negative - 07/26/2014).

Callouts provide additional information:

- Buttons will be RED if client is DUE FOR CRC screening!** (Points to the 'DUE NOW' status)
- You can access the standing orders here. The risk factors/contraindications for the FIT are listed here for your reference.** (Points to the 'CRC' resource button)
- You can check if a client declined or says he/she wants to get it done later.** (Points to the 'Declined' and 'Deferred' radio buttons)

Navigation buttons at the bottom: **Prev Form (Ctrl+PgUp)** and **Next Form (Ctrl+PgDn)**

How to screen a client due for CRC screening

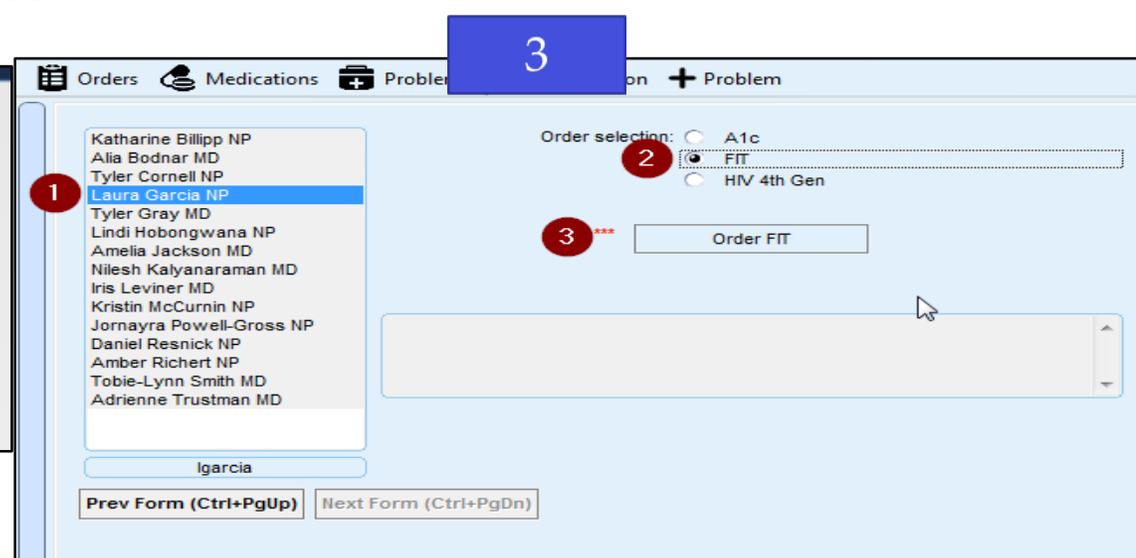
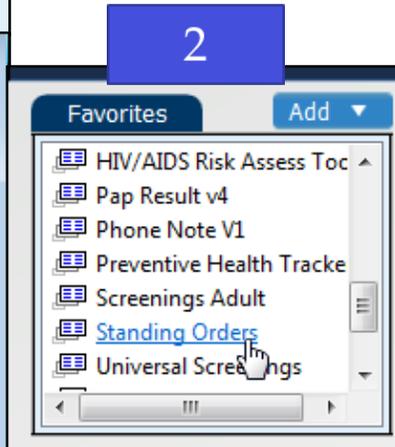
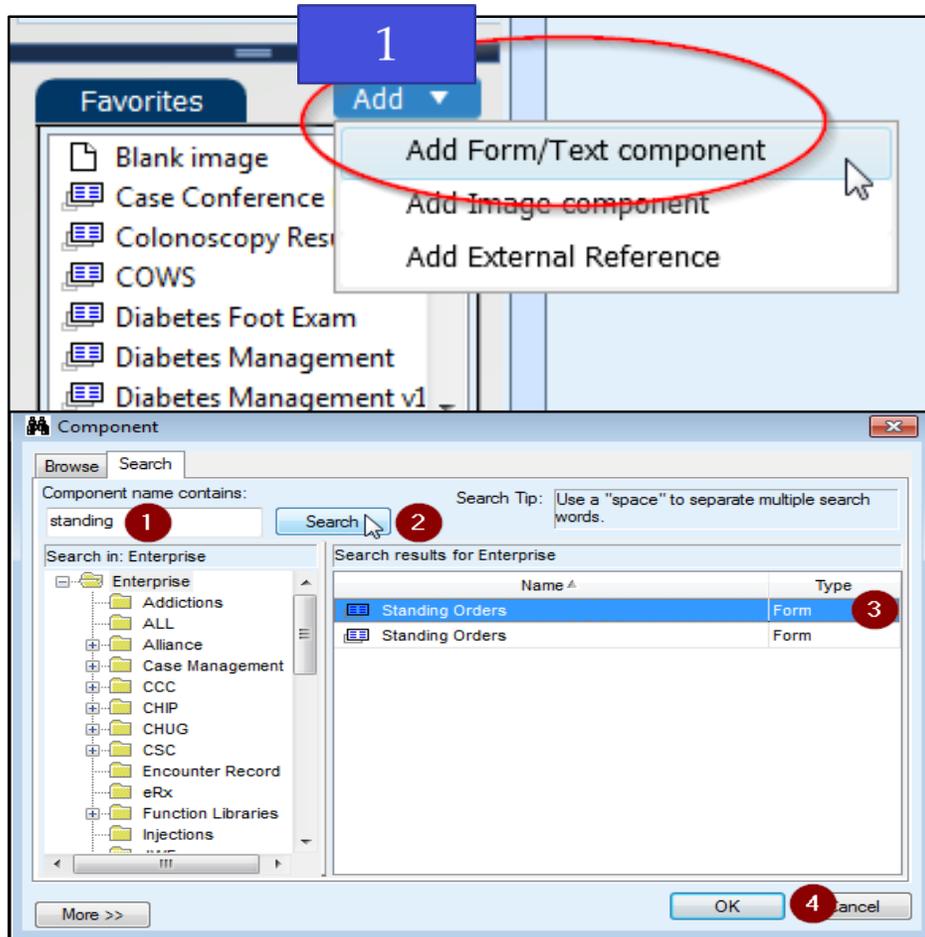
- 1. Make the client aware that they are due for their screening:**
 - “Based on your age, you are due for your routine colorectal cancer screening.”
 - 2. Alert the client that you’ll be asking about their risk factors:**
 - “To get started, I’ll need to ask you a few standard questions to see which test you’ll be needing...”
 - 3. If the client answers “no” to all questions, offer them the two options for screening:**
 - “We offer two types of screening: the FIT, which is a take-home stool test done annually, or a colonoscopy, which is a procedure that is done in the hospital every ten years...”
 - 4. Answer any questions the client has.**
 - 5. Order the FIT or colonoscopy (or refer to someone who can) and let them know the next steps.**
- If the client answers “yes” to any of the above, refer client to PCP; the client may need a diagnostic colonoscopy (not a FIT).*



Standing Order: FIT

CMAs and Nurses have a standing order for a FIT if the client opts for the FIT over the screening colonoscopy:

1. Add Standing Orders form to your favorites list if you haven't already added it
2. Add the Standing Order form to your note when appropriate
3. Once in the form, (1) select the medical provider, (2) Select FIT, and (3) hit the "Order FIT" button.
4. Provide the client with a FIT kit and explain how to use



Standing Order: Screening Colonoscopy

Nurses can order a screening (not diagnostic) colonoscopy:

1. Click “Orders”
2. Select the “Adult Medical Provider List”
3. Under Potential Diagnoses, select “Preventive Health Care”
4. Select “Gastroenterology” (under referrals)
5. Select the authorizing provider
6. Under instructions, write “Client due for routine screening colonoscopy.”
7. Click “OK”
8. Sign note and route to provider to co-sign

Positive results: What's Next?

POSITIVE FIT

- A positive FIT result **does not mean** that a client definitely has colorectal cancer.
- If a client has a positive FIT, the medical provider should **quickly** notify the client of their result and order a diagnostic colonoscopy. If the client needs any assistance with the colonoscopy, they should also be scheduled with the nurse in one week.
- If the client has colorectal cancer, the sooner they can get their colonoscopy completed and start treatment, the better their odds of cure!

COLONIC POLYPS

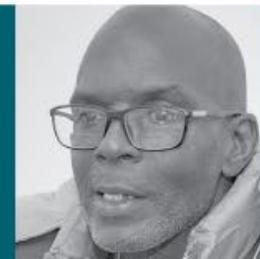
- Finding polyps during a colonoscopy **does not mean** that a client definitely has colorectal cancer.
- If a client has polyps, the GI specialist will remove them during the colonoscopy, preventing further development into CRC. The specialist will also send a biopsy to the lab to see if the tissue is benign or malignant to rule out CRC.



Questions?

If you have any questions please feel free to ask or email Tracy or Catherine.

Thank you!!



CRC Screening CMA/RN Competency

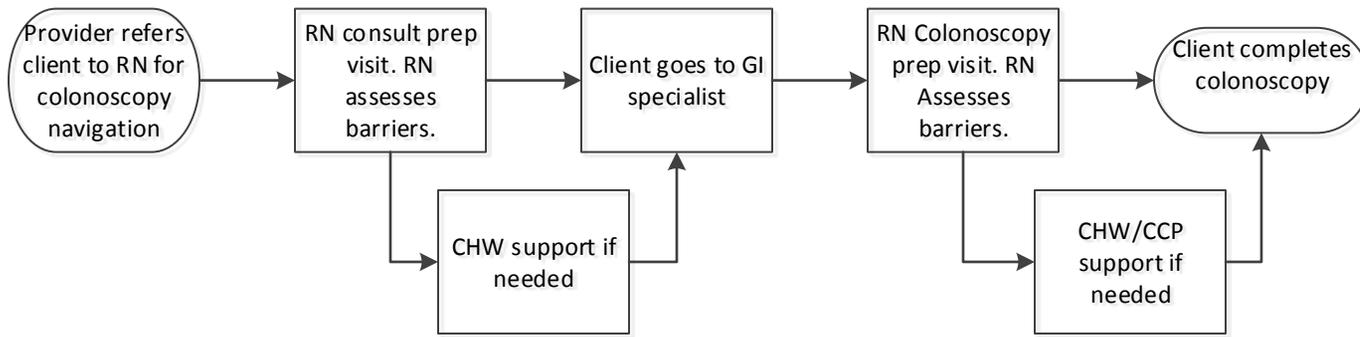
1) Why is CRC screening important? (2)	
2) Who is eligible for CRC screening (per HCH guidelines)? (1)	
3) Briefly describe the two types of CRC screening HCH offers. Please include: steps to complete the test/procedure; incentives; frequency; and advantages of one over the other, if there are any. (4)	
4) How can you identify a client who is due for CRC screening in the EMR? (1)	
5) What are the risk factors for colorectal cancer which make someone ineligible for a FIT test? (4)	
6) Which CRC screening test(s) can a CMA order at HCH? (1)	
7) Which CRC screening test(s) can an RN order at HCH? (1)	
8) Does a positive FIT test or finding polyps during a colonoscopy mean that a client has colorectal cancer? (1)	
9) Demonstrate a conversation with a client about their options for CRC screening. (6)	
10) Demonstrate how to place a FIT (CMAs) or Screening colonoscopy order (RN) in the EMR. (4)	

CRC Screening CMA/RN Competency – Answer Key

<p>11) Why is CRC screening important? (2)</p>	<p>Screening tests can find colorectal cancer early, when treatment works best.</p> <p>Certain screening tests can find precancerous polyps, so they can be removed before they turn into cancer.</p>																		
<p>12) Who is eligible for CRC screening (per HCH guidelines)? (1)</p>	<p>All men and women aged 50-75 (without risk factors).</p>																		
<p>13) Briefly describe the two types of CRC screening HCH offers. Please include: steps to complete the test/procedure; incentives; frequency; and advantages of one over the other, if there are any. (4)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f4a460;"> <th style="width: 30%;"></th> <th style="width: 35%;">FIT</th> <th style="width: 35%;">Screening Colonoscopy</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffff00;">What are the steps needed to complete the test/procedure?</td> <td> <ul style="list-style-type: none"> Client given the kit Client collects small sample from bowel movement Client mails the kit to Labcorp OR returns the kit to any HCH lab </td> <td> <ul style="list-style-type: none"> Client is ordered a GI referral Client has a consult visit with GI specialist. If cleared for a colonoscopy, the client performs bowel prep the day before and day of procedure Client attends colonoscopy </td> </tr> <tr> <td style="background-color: #ffff00;">Who can order test</td> <td>CMA, RN, or medical provider</td> <td>RN or medical provider</td> </tr> <tr> <td style="background-color: #ffff00;">Is there an incentive for completion?</td> <td>YES – subway gift card</td> <td>YES – subway gift card</td> </tr> <tr> <td style="background-color: #ffff00;">Frequency</td> <td>Annually</td> <td>Every 10 years</td> </tr> <tr> <td style="background-color: #ffff00;">Should client be offered the choice between a FIT or Colonoscopy?</td> <td colspan="2"> <p>Yes! Unless the client has risk factors or GI symptoms, always offer both! Encourage the colonoscopy if possible (the benefits include being able to remove precancerous polyps before they become cancerous, and getting tested much less frequently). However, either is a good option.</p> </td> </tr> </tbody> </table>		FIT	Screening Colonoscopy	What are the steps needed to complete the test/procedure?	<ul style="list-style-type: none"> Client given the kit Client collects small sample from bowel movement Client mails the kit to Labcorp OR returns the kit to any HCH lab 	<ul style="list-style-type: none"> Client is ordered a GI referral Client has a consult visit with GI specialist. If cleared for a colonoscopy, the client performs bowel prep the day before and day of procedure Client attends colonoscopy 	Who can order test	CMA, RN, or medical provider	RN or medical provider	Is there an incentive for completion?	YES – subway gift card	YES – subway gift card	Frequency	Annually	Every 10 years	Should client be offered the choice between a FIT or Colonoscopy?	<p>Yes! Unless the client has risk factors or GI symptoms, always offer both! Encourage the colonoscopy if possible (the benefits include being able to remove precancerous polyps before they become cancerous, and getting tested much less frequently). However, either is a good option.</p>	
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<p>15) How can you identify a client who is due for CRC screening in the EMR? (1)</p>	<p>The Preventive Health Tracker form is an easy way to tell (buttons by CRC screening will be red if due, green if up-to-date)</p>																		

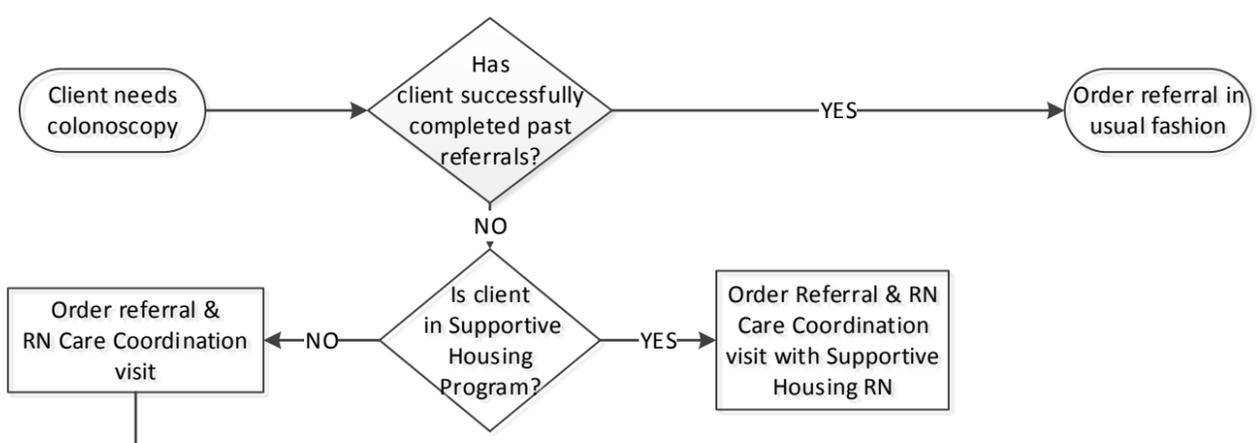
<p>16) What are the risk factors for colorectal cancer which make someone ineligible for a FIT test? (4)</p>	<p style="text-align: center;">Ask every client who is due for CRC screening about the following RISK FACTORS:</p> <p>Do you have a personal or family history of colorectal cancer or polyps?</p> <p>Do you have Irritable Bowel Disease (ex: Crohn’s Disease or Ulcerative Colitis)?</p> <p>Do you have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome)?</p> <p>Are you having abdominal pain, bloody stools, or unexplained weight loss?</p>
<p>17) Which CRC screening test(s) can a CMA order at HCH? (1)</p>	<p>The FIT.</p>
<p>18) Which CRC screening test(s) can an RN order at HCH? (1)</p>	<p>The FIT and the screening colonoscopy.</p>
<p>19) Does a positive FIT test or finding polyps during a colonoscopy mean that a client has colorectal cancer? (1)</p>	<p>No, it just means that further follow-up (diagnostic colo or sending biopsy) is required to determine whether a client may have colorectal cancer.</p>
<p>20) Demonstrate how to place a FIT order (CMAs) or a FIT order and Screening colonoscopy order (RN) in the EMR. (4)</p>	<p><u>FIT:</u></p> <ol style="list-style-type: none"> 1. Add Standing Orders form to your favorites list if you haven’t already added it 2. Add the Standing Order form to your note when appropriate 3. Once in the form, (1) select the medical provider, (2) Select FIT, and (3) hit the “Order FIT” button. 4. Provide the client with a FIT kit and explain how to use <p><u>Screening Colonoscopy:</u></p> <ol style="list-style-type: none"> 1. Click “Orders” 2. Select the “Adult Medical Provider List” 3. Under Potential Diagnoses, select “Preventive Health Care” 4. Select “Gastroenterology” (under referrals) 5. Select the authorizing provider 6. Under instructions, write “Client due for routine screening colonoscopy.” 7. Click “OK” 8. Sign note and route to provider to co-sign

HCH Colonoscopy Navigation Process

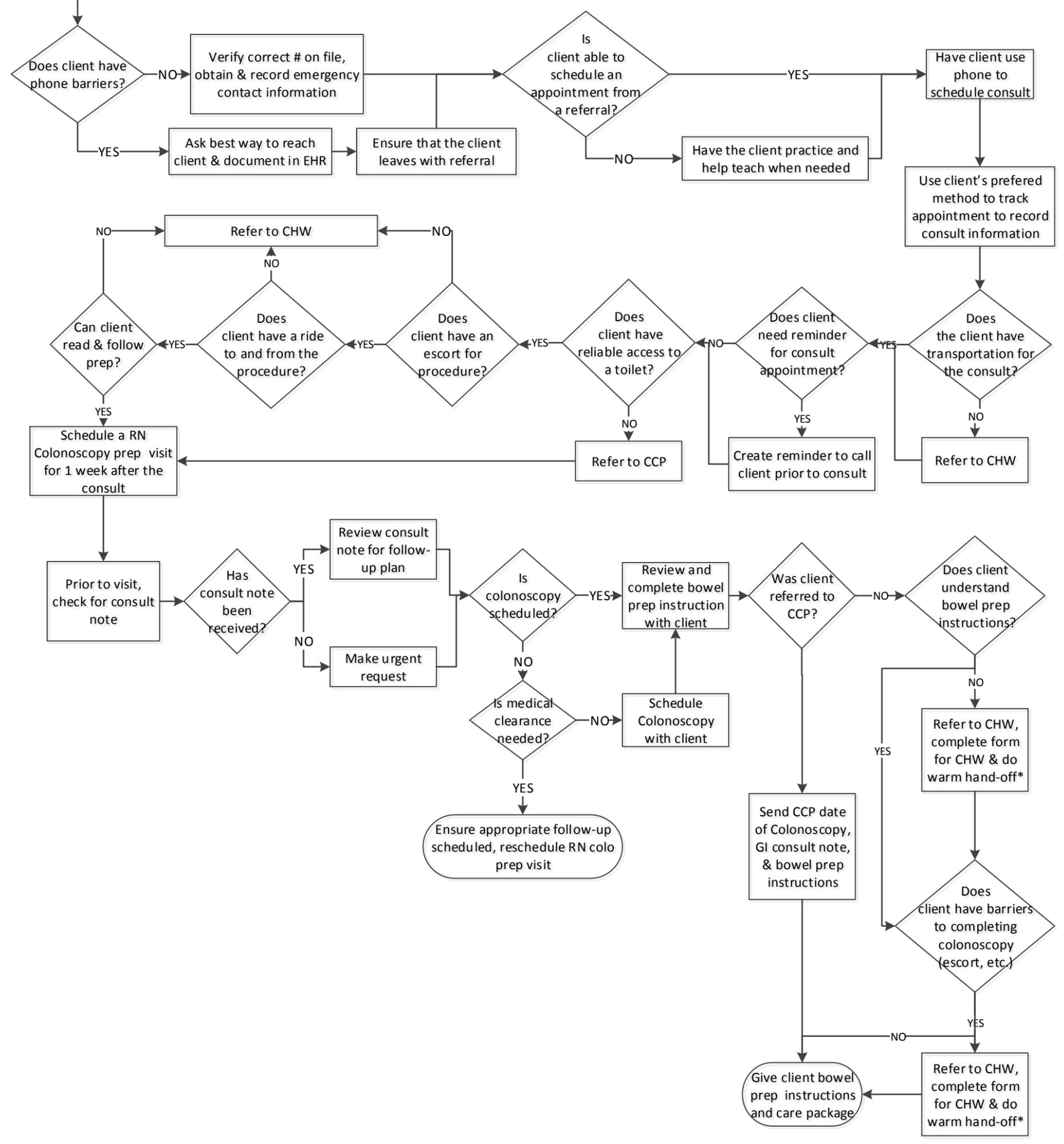


Colonoscopy Navigation Workflow

Provider



RN



CRC Screening Tool

Client Name: _____

Client HCH # or DOB: _____

Prep:

1. Does the client have consistent access to a toilet?
 - Yes: Provide education and ensure client understands need for toilet for bowel prep. With understanding, no further action.
 - No: Refer to CCP for prep and procedures. CCP will also provide transportation and escort to the procedure along with help with bowel prep.

2. Can the client read and follow prep instructions?

Have client read **highlighted** section on last page and explain what it means.

 - Yes
 - No: Connect with CHW or refer to CCP.

Transportation:

3. How will the client get to the consult appointment?
 - Method of transportation: _____
 - If the client does not know or is unsure, connect client with CHW*

4. Is client able to go to appointments at Mercy/other hospitals independently?
 - Yes
 - No: Connect client with CHW*

Skip Questions 5 and 6 if client was referred to CCP.

5. Does the client have a ride to and from the procedure?
 - Yes
 - No: Connect client with CHW*

6. Does the client have someone that can go with them to the appointment?
 - Yes
 - No: Connect client with CHW*

*If client is connected with Supportive Housing, then connect client with their TCM instead of with CHW

Scheduling:

7. Is the client consistently reachable by phone?

Yes

- Ensure the correct phone number is listed in EMR
- Obtain emergency contact information in the event the client cannot be reached

No

- Ask and document in EMR if there is another method of reaching the client
Method: _____
- Ensure that client leaves appointment with referral in hand

8. Schedule consult appointment with client present. *RN can assist the client at any point during the process or schedule on behalf of the client as needed.*

The client will need **help to schedule procedure** if they are unable to:

- Find the number on the referral
- Accurately dial the number
- Use the answering system
- Give accurate information to schedule the appointment

The client will need **reminders** for the appointment if they are unable to:

- Give accurate information to schedule the appointment
- Report the scheduling information to you correctly

The client will need **escort** for the appointments if they are unable to:

- Report the scheduling information to you correctly
- Identify location of appointment

→ Use the client's preferred method to write down scheduled appointments.

9. Does the client need reminders for their appointment?

- Yes: RN or CHW* to give reminder call to client
- No: No further action

All clients should be scheduled for follow-up with RN one week after consult appointment and bring bowel prep instructions to appointment.

*If client is connected with Supportive Housing, then connect client with their TCM instead of with CHW

Community Health Worker Referral

Client Name: _____

Client HCH # or DOB: _____

Client Phone #: _____

HCH Staff Member Referring the client: _____

A warm hand-off to the CHW is ideal. If this is not possible, then the CHW can follow-up with a phone call to the client.

Client requires CHW help with:

- Reminder calls for upcoming appointments (see below for dates/times)

- Transportation to GI consult
Date and Time: _____

- Transportation to Colonoscopy procedure
Date and Time: _____

- Escort at Colonoscopy procedure
Date and Time: _____

- Assistance with Bowel Prep Instructions (see back of page)

Instructions for Suprep Bowel Prep

Your colonoscopy is scheduled, and it is time to get ready for the big day! This quick guide will take you through the steps to clean out your bowels so the doctor can see everything clearly.

Countdown to your colonoscopy:

5 days before your visit

- Make sure you have a ride and someone to come with you the day of your colonoscopy
- Expect to be at the GI center for 2-3 hours total. Arrive 30 minutes before your procedure.
- Make sure you speak with the GI doctor if you are on Coumadin, Plavix, aspirin, or other medications that can thin your blood. These are usually stopped 5 days before your visit.

1 day before your visit

- Take your usual medications except iron, aspirin, and blood thinners (if you have diabetes: take your diabetes medications like usual)
- Drink at least 8 glasses (2 quarts) of fluids total today
- **Before 11 AM:** you can have a snack-size breakfast but no meat. (If you have diabetes: have your usual breakfast)
- **After 11 AM:** Stop all solids. Stay on a **clear liquid diet but avoid any red or purple liquids!**
You can have:
 - Soups: clear broth
 - Drinks: water, apple juice, lemonade, tea or coffee (you can add sugar but NOT cream or milk), Kool Aid, Gatorade, sodas, seltzers
 - Desserts: jello, popsicles, Italian ice, hard candy
- **At 5 PM:** Drink half of the prep (one 6-ounce bottle of Suprep). Prepare the prep by pouring into the mixing container that comes with the kit. Then add cool water to the 16-ounce line on the container and mix. Drink all the liquid in the container.
- **After drinking the prep:** Drink two more 16-ounce containers (or 4 glasses) of water over the next hour
- **Midnight:** Stop fluids until it is time for tomorrow's Suprep.

0 days before your visit

- **Morning** (at least 3.5 hours before your colonoscopy): Do not eat breakfast! Drink the second half of the Suprep (take the 6-ounce bottle and prepare same way you did yesterday).
- **After drinking the prep:** Drink two more 16-ounce containers (or 4 glasses) of water over the next hour.
- **2 hours before colonoscopy:** STOP drinking. Take nothing by mouth.
- **Medications:** Take blood pressure or any heart medications this morning with a sip of water. Hold all other medications until after your procedure. If you have diabetes, do NOT take your diabetes pills or insulin today but bring a dose with you to take after your colonoscopy.

(Adapted from Drs. Schreiber and Kelsey, LLC)

Instructions for Golytely Bowel Prep

Your colonoscopy is scheduled, and it is time to get ready for the big day! This quick guide will take you through the steps to clean out your bowels so the doctor can see everything clearly.

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1 day before your visit

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 - Soups: clear broth
 - Drinks: water, apple juice, lemonade, tea or coffee (you can add sugar but NOT cream or milk), Kool Aid, Gatorade, sodas, seltzers
 - Desserts: jello, popsicles, Italian ice, hard candy
- **At 4 PM:** Mix the Golytely as directed on the package. Drink a half gallon of Golytely over 2 hours. Finish Golytely by 6 pm.
- **Midnight:** Stop fluids until it is time for tomorrow's dose of Golytely.

0 days before your visit

- **Early Morning** (4-5 hours before your colonoscopy): Do not eat breakfast! Drink the second half gallon of the Golytely. Be sure to finish taking it at least 2.5 hours before your colonoscopy.
- **2.5 hours before colonoscopy:** STOP drinking. **Take nothing by mouth.**
- **Medications:** Take blood pressure or any heart medications this morning with a sip of water. Hold all other medications until after your procedure. If you have diabetes, do NOT take your diabetes pills or insulin today but bring a dose with you to take after your colonoscopy.

RN Pre GI Consult Appointment Quick text/Guide:

.crcginurse

Is client consistently reachable by phone?

Date/time of GI consult:

Does client have transportation to consult?

Does client need reminder call?

Does client have access to a toilet?

Is client able to read, understand and follow instructions for colonoscopy?

Does client have referral and chart summary?

Does GI have referral and chart summary?

Quick text ques	Possible responses	RN responsibility/follow-up
Is client consistently reachable by phone?	Yes or No	Yes- ensure the correct phone number is in EMR and obtain emergency contact information. No- ensure that there is another method of reaching the client in the EMR. Ensure that client leaves appointment with referral in-hand.
Is GI consult scheduled?	Yes, date/time of GI consult No	If not scheduled, assess client's ability to schedule independently. If not able, call and schedule with client, document in EMR.
Does client have transportation for the consult (and colonoscopy, when scheduled)?	Yes, No, Unsure	If client says no or is unsure connect with CHW using CHW referral form.
Does client need reminder call?	Yes or No	Yes- future flag self to call client
Does the client have access to a toilet?	Yes or No	No- refer to CCP for 1-2 nights before colonoscopy
Can client read and follow prep instructions?	Yes or No	No- schedule RN colonoscopy prep appointment one week after GI consult
Does client have referral and chart summary?	Yes or No	If no, print or flag Referrals.
Does GI have referral and chart summary?	Yes or No	If no, print and fax or flag Referrals

RN Pre-Colonoscopy Appointment Quick text and Guide:

.crccolonurse

Has GI consult note been received?

Is colonoscopy scheduled?

Date/time of colonoscopy:

If not, what is needed/plan:

Is client able to read, understand and follow instructions for bowel prep?

Complete bowel prep instructions with client.

Was client referred to CCP?

Does client have escort for colonoscopy?

Are there any other barriers to them completing colonoscopy?

Give client bowel prep kit.

Does client have referral and chart summary?

Quick text ques	Possible responses	RN responsibility/follow-up
Has GI consult note been received?	Yes, No	Check EMR, check with med records, re-request from GI
Is colonoscopy scheduled?	Yes, No	Review GI consult note, note in chart
Date/time of colonoscopy:		
If not, what is needed/plan:	Medical clearance	Schedule with provider at HCH or request referral for specialist clearance. Make appt with clt for RN pre-colonoscopy appt.
Is client able to read, understand and follow instructions for bowel prep?	Yes, No, unsure	Yes: Complete form No, Unsure: Complete form, refer to CHW with warm-handoff.
Complete bowel prep instructions with client.		
Was client referred to CCP?	Yes, No	Yes- Contact CCP to confirm date of arrival, arrange to get them bowel prep kit, consult note (if not in chart).
Does client have escort for colonoscopy?	Yes, No	No- Refer to CHW, complete CHW form and do warm-handoff
Are there any other barriers to them completing colonoscopy?	Yes, No	Yes- refer to CHW or other support services as needed
Give client bowel prep kit.		Give to CCP or give to client if going to CCP.
Does client have referral and chart summary?	Yes, No	Print, flag referrals if not in chart.

Colonoscopy Prep Bags

Light Breakfast options (for the morning of the day before the procedure):

- Breakfast bars (belvita, nutrigrain)
- Pop tart
- Oatmeal packet/cup
- Breakfast shake

Clear liquids options:

- Tea bags
- Instant coffee (to be drunk black)
- Lemonade
- Apple juice
- Seltzer
- Crystal Light packets (not red)
- Gatorade (not red)
- Soda (not red)
- Box of broth
- Pre-made Jello (non-red)
- Hard candies (i.e. mints)

Other:

- Provide the above materials in a reusable backpack
- Supply a 16 oz. reusable water bottle
- Bonus: Include a roll of toilet paper and wet wipes

Strategies for Teaching Prep Instructions - SUPREP

Preparing the Suprep:

- Have the client practice following the measurement instructions (you can use a “practice” bottle)
- Label the bottles of Suprep for the day they will be used
- Assist the client in preparing the Suprep the day before and the day of
- Circle or mark in color the 16 ounce line on the mixing container

Food and Drink:

- Review the foods and drinks the client CAN have each day
- Label or set-out the food and drinks the client can have
- Label the foods and drinks for the day and time they can be consumed
- Go with the client to purchase food and drink, or give the client a “care package prep kit”

Medications:

- Have the client tell you which medications they can and can’t take to prepare for the colonoscopy
- Help the client sort the medications out ahead of time:

Some suggestions are:

- Take the medications that cannot be taken out of the pillbox
- Put the medications that can be taken into a Ziploc or small bag where the client normally keeps their medications
- Make a simplified list of medications that can be taken

Other Suggested Strategies:

- Give the client a timeline of tasks modified for their date and time of colonoscopy (see attached for example). Include the day of the week and the date to complete each of the instructions. For the day of the colonoscopy, write in the times based on the clients’ appointment.
 - You could also write the days/dates on the instructions received with the prep from the pharmacy
- Set alarms in the client’s phone at the times needed to take medicine, eat, or take prep as a reminder.
- Give client reminder calls (as possible) to remind them of instructions.
- Put reminders for yourself in Outlook to call clients to remind them of their appointments

The day before your colonoscopy:

Date: _____

8:00 a.m.

- Take morning medications. Do NOT take iron, aspirin or blood thinners _____
- Eat a small snack.
I plan to eat _____.

11:00 a.m.

- Drink only clear liquids. Do not eat any more food.

5:00 p.m.

- Drink one 6 ounce bottle of Suprep.
 - Put the Suprep in the mixing container from your kit.
 - Add cool water to the container until it reaches the line that says **16**.
 - Mix well
 - Drink **all** of the liquid in the container.

- Drink another 4 glasses of water by 6:00 p.m.



Midnight:

Do not drink anything after this time.

The day of your colonoscopy:

Date: _____

_____ a.m. Start this 3 ½ hours before your appointment.

- Do not eat any food or drink anything except for what's below.
- Take your medicine with a sip of water.
Take _____.
- Drink one 6 ounce bottle of Suprep.
 - Put the Suprep in the mixing container from your kit.
 - Add cool water to the container until it reaches the line that says **16**.
 - Mix well
 - Drink **all** of the liquid in the container.

- Drink another 4 glasses of water **by** _____ a.m. (2 hours before your appointment).



- Stop drinking after _____.

Transport:

_____ will come at _____ to pick you up for your appointment.

Remember to bring your insurance card, identification, referral and any other

Call _____ if you need help.

Their phone number is: _____.

Strategies for Teaching Prep Instructions - GOLYTELY

Preparing the Golytely:

- Have the client practice following the mixing and measurement instructions (you can use a “practice” bottle)
- Circle or mark the half gallon line of the Golytely container
- Assist the client in preparing the Golytely the day before the colonoscopy

Food and Drink:

- Review the foods and drinks the client CAN have each day
- Label or set-out the food and drinks the client can have
- Label the foods and drinks for the day and time they can be consumed
- Go with the client to purchase food and drink, or give the client a “care package prep kit”

Medications:

- Have the client tell you which medications they can and can't take to prepare for the colonoscopy
- Help the client sort the medications out ahead of time:
 - Some suggestions are:
 - Take the medications that cannot be taken out of the pillbox
 - Put the medications that can be taken into a Ziploc or small bag where the client normally keeps their medications
 - Make a simplified list of medications that can be taken

Other Suggested Strategies:

- Give the client a timeline of tasks modified for their date and time of colonoscopy (see attached for example). Include the day of the week and the date to complete each of the instructions. For the day of the colonoscopy, write in the times based on the clients' appointment.
 - You could also write the days/dates on the instructions received with the prep from the pharmacy
- Set alarms in the client's phone at the times needed to take medicine, eat, or take prep as a reminder.
- Give client reminder calls (as possible) to remind them of instructions.
- Put reminders for yourself in Outlook to call clients to remind them of their appointments

Colonoscopy Prep Timeline

The day before your colonoscopy:

Date: _____

8:00 a.m.

- Take morning medications. Do NOT take iron, aspirin or blood thinners _____

- Eat a small snack.

I plan to eat _____.

Drink at least 8 glasses of water or clear liquid during the day.



11:00 a.m.

- Drink only clear liquids. Do not eat any more food.

4:00 p.m.

- Mix the Golytely prep with lukewarm water.
- Drink half of the Golytely prep by 6 p.m.
 - You can drink it a glass at a time.
- Keep the mixed bottle of Golytely in the refrigerator.

Midnight:

Do not drink anything after this time.

The day of your colonoscopy:

Date: _____

_____ a.m. Start this 4-5 hours before your appointment.

- Do not eat any food or drink anything except for what's below.

- Take your medicine with a sip of water.

Take _____.

- Drink the second half of the Golytely.
 - You can drink it a glass at a time.
 - Finish the Golytely mix by _____.

- Stop drinking after _____.

Transport:

_____ will come at _____ to pick you up for your appointment.

Remember to bring your insurance card, identification, referral and any other paperwork!

Call _____ if you need help.

Their phone number is: _____.