

REFERRAL FORM FOR QUFORA PATIENT TRAINING

Referrers Details

| | |
|--------------------------------------|--------------------------|
| Name: | Contact No: |
| Referring Hospital/Community: | Date of Referral: |

The Patient has been informed and has consented to sharing of their relevant Personal and Medical Information with Ceannaire Medical Nurses. They are aware this information will be stored on our Internal Nursing Database.

Signature of person obtaining Consent: _____

Date Consent Obtained: _____

Patient Details

| | | | |
|--------------------------|--|-----------------------------|--|
| Patient Name | | Date of Birth | |
| Address | | GP Details | |
| Contact Number | | Consultant | |
| Emergency Contact | | Emergency Contact No | |

Medical Details:

Medical/Surgery/Trauma History :

SUMMARY OF BOWEL DYSFUNCTION:

Inadequate response to conservative treatment and/or lifestyle changes OR is unable to initiate these due to medical condition:

Diagnosis of:

- Constipation (slow transit, opioid, IBS-C, idiopathic)
- Faecal incontinence (urge/urgency, passive, post defaecation)
- Low anterior resection syndrome (LARS)
- Evacuation difficulties (obstructed defaecation)
- Neurological (SCI, MS, Parkinson's, spina bifida, cauda equina)

Patient Information

| | |
|---|--|
| Has a Bowel Assessment Form been completed: Comments: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the patient had a DRE: Date of Last DRE: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Endoscopic or PR investigation performed (Required for Surgical History) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the patient had bowel/rectal surgery in the last 3 months: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Diagnosis of bowel malignancy: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is Rectal Bleeding Present? Is it caused by a known Haemorrhoid or Fissure? | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If No Do Not Use</i> |
| Does the patient suffer from Inflammatory Bowel Disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Impacted/Heavily constipated (Requirement to clear bowels prior to Education commencing) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does patient have any of the absolute contraindication conditions (see below)? | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes Do Not Use</i> |
| Does patient have any of the relative contraindications (see below)? | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes please include letter from Consultant outlining consent.</i> |

CONTRAINDICATIONS

Irrigation should not be used under the following circumstances (absolute contraindications):

- Known anal or colorectal stenosis
- Colorectal cancer/pelvic malignancy pre surgical removal
- Acute inflammatory bowel disease
- Acute diverticulitis
- Within 3 months of anal or colorectal surgery
- Within 4 weeks of endoscopic polypectomy
- Ischaemic colitis

RELATIVE CONTRAINDICATIONS

Rectal irrigation is not recommended for:

- Children below 3 years of age
- Pregnancy or planned pregnancy or breast feeding
- Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis)
- Active perianal sepsis (fistula or abscess, third or fourth degree haemorrhoids)
- Previous rectal or colonic surgery
- Diarrhoea of unknown aetiology
- Faecal impaction/rectal constipation
- Severe autonomic dysreflexia
- Severe diverticulosis or diverticular abscess
- Abdominal or pelvic irradiation
- Long term steroid therapy
- Anti-coagulant therapy
- Low blood sodium
- Previous severe pelvic surgery
- Colonic biopsy within the past 3 months
- Use of rectal medications for other diseases which may be diluted by irrigation
- Congestive cardiac failure

Please send to: Email: quforareferral@ceannairemedical.com

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GENERAL ENQUIRIES:
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