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BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

Colon Screening Program

Pre/Post Colonoscopy Unplanned

INSTRUCTIONS: Fax a copy to the GP, the colonoscopist, and the Colon Screening Program

PATIENT NAME _____

DATE OF BIRTH (dd/mm/yy) _____

PHN _____

GP _____

COLONOSCOPIST _____

COLONOSCOPY DATE (dd/mm/yy) _____

DATE OF ONSET OF SYMPTOMS
(dd/mm/yy) _____

Symptoms Ongoing? No Yes

DATE OF RESOLUTION OF SYMPTOMS
(dd/mm/yy) _____

The day prior to, or within 14 days after undergoing a colonoscopy, this patient had these unplanned event(s):

- Bowel prep complication
- Rectal Bleeding → Anticoagulation: No Yes
- Infection
- Death: Date of death: _____ Cause of death: _____
- Other (specify): _____
- Perforation
- Respiratory
- Cardiac

Comments: _____

Patient first obtained medical attention: _____ (dd/mm/yy)

- Family Physician
- Emergency Room
- Other _____

Patient required the following interventions: (check all that apply)

- Blood transfusion
- Antibiotics
- Surgery: _____ (dd/mm/yy)
- Additional Colonoscopy: _____ (dd/mm/yy)
- Other: _____
- Hospital admission _____ (dd/mm/yy) to _____ (dd/mm/yy)

Comments: _____

Patient Coordinator Name _____

Patient Coordinator Contact Number _____

Patient Coordinator Signature _____

Follow-up Date _____

COLON SCREENING PROGRAM ADMINISTRATIVE USE ONLY:

SAE: No Yes Related to Scope: Probably Possibly Unlikely QM Review Date: _____

Comments: _____

