**Example Clinic**

**Colorectal Cancer Screening Standing Order**

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| **Purpose** |

To improve colorectal cancer screening and surveillance at Click or tap here to enter text.. The main purpose of colorectal cancer screening is to detect occult or hidden blood that may be present in the stool. Research shows that a recommendation from a healthcare provider is the most powerful single factor in a patient’s decision about whether to obtain cancer screening.

Therefore, let this policy demonstrate that the healthcare providers serving this clinic believe so strongly in colorectal cancer screening that we assure, through a standing order, each and every patient between the ages of 45 and 75 are offered this screening.

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| **Definitions** |

* LPN: Licensed Practical Nurse
* RN: Registered Nurse
* iFOBT: Immunochemical fecal occult blood test
* FIT: Fecal immunochemical test
* mts-DNA: Multi-target Stool DNA or Cologuard®
* EHR: Electronic Health Record
* Screening Colonoscopy: performed on patients who have no symptoms and no personal history of colon polyps or colon cancer, recommended every 10 years.
* Follow-on Colonoscopy: performed for a patient who has a positive stool (or other non-invasive) test, as a second step of screening.
* Surveillance Colonoscopy (also known as Follow-up Colonoscopy): performed on patients who have a prior personal history of colon polyps or colon cancer, at an interval determined by their provider.
* Diagnostic Colonoscopy: performed when the patient has signs or symptoms in the lower gastrointestinal tract noted in the medical record before the procedure, such as abdominal pain that doesn’t improve, anemia, change in bowel habits, rectal bleeding or blood in the stool.
* Therapeutic Colonoscopy: a procedure that has lessened the need or extent of traditional open surgical procedures. The common uses of therapeutic colonoscopy are hemostasis, resection and ablation of benign and malignant disease, decompression and recanalization of obstructed or dilated bowel.

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| **Policy** |

Under the standing order and policy, LPNs and RNs with proper training may order an iFOBT (FIT) hemoccult test or mts-DNA to screen for colorectal cancer for patients who meet the criteria for average risk patients. For patients found to be high risk, the provider will provide additional assessment and referral for colonoscopy.

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| **Procedures** |

1. Healthcare provider or nurse identifies patients ages 45-75 meeting screening eligibility for colorectal cancer using the screening algorithm. *See attached algorithm*.
2. Average risk patients: Perform FIT test annually; if positive, a follow-on colonoscopy is required; or a mts-DNA every 3 years, if positive, a follow-on colonoscopy is required.
3. High risk patients: Refer to provider for closer evaluation and screening colonoscopy
4. Screen for contraindications such as hemorrhoid bleeding, menstrual bleeding, symptoms suggesting colorectal cancer or patients on Warfarin
5. For patients refusing testing, provide education and document
6. Order iFOBT (FIT) hemoccult test.
7. Explain procedure to patient to return completed test kit and document the kit was given to patient in EHR.
8. Clinic staff will document all colorectal cancer screening test in the EHR as a procedure code appropriate to the testing method used.
9. [The nurse] will communicate with patients regarding test results. All positive tests require additional follow-up by provider.

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| **References** |

* National Association of Community Health Centers
* Colorectal Cancer Society

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| **Attachment** |

* CRC Screening Algorithm Ages 45-75

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Timeline

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