RED ALERT: Emergency endoscopy triage recommendation for DHB ALERT: RED 1/9/21

New Zealand Society of Gastroenterology

Go: Needs to continue	**Maybe:** Case by Case team decision	**Stop and Defer:** Re-book when capacity allows
• **Severe Upper GI bleeding** • **Acute oesophageal obstruction** – foreign bodies, food bolus, essential stent (cancer, stricture). • **Acute cholangitis/jaundice** secondary to malignant/benign biliary obstruction • **Acute biliary pancreatitis and/or cholangitis** with stone and jaundice • **Infected pancreatic collections/WON** • **Urgent inpatient nutrition support –** PEG/NJ tube • **Endoscopic vacuum therapy** for perforations/leaks	• **Urgent "likely cancer" referrals**. We recommend a group of consultants reviews and triage these referrals, reserving endoscopic procedures for those judged to be highest priority • **Planned EMR/ESD** for complex polyps/ high risk lesions • **New suspected IBD** – acute colitis • **Cancer staging EUS – biopsy and/or staging** • **SB endoscopy/capsule -** ongoing transfusion dependent bleeding / suspected SB cancer on radiology	• **Elective therapy/intervention** –PEG, stricture dilatation, APC for GAVE, RFA, pneumatic dilatation, ampullectomy etc • **Surveillance** - polyp FU, IBD, Barrett's (unless clinically high risk of neoplasia), Lynch syndrome, other polyposis syndromes and high risk conditions (eg IBD with PSC) normally requiring annual surveillance • **EUS for 'benign' indications** – biliary dilatation, possible stones, submucosal lesions, pancreatic cysts without high-risk features • **Other ERCP cases** – stones with no recent cholangitis and stent in place; therapy for chronic pancreatitis; metal stent removal/change; ampullectomy follow up. • **Planned POEM, pneumatic dilatation for achalasia** • **Low-risk follow-up** and repeat scopes – oesophagitis healing, gastric ulcer healing, 'poor views', check post therapy e.g. EMR/RFA/polypectomy (unless felt to be clinically high risk neoplasia still present) etc • **Routine/ non urgent Small bowel endoscopy** • **FIT+ bowel screening colonoscopy** • **Clinical trial** endoscopy • **Bariatric endoscopy**

What continues: Manaaki tangata, Tiriti focus, equity, partnership with Maori/Pasifika

*** GI Endoscopy is an aerosol producing procedure. For every procedure, particularly in DHB: CODE RED, careful consideration must be made regarding the risk: benefit ratio for each case. Check local and NZSG guidance on PPE and theatre environment recommendations**