University Hospitals of Derby and Burton
NHS Foundation Trust

ERCP requesting – Summary S.O.P

Ref. No: SOP-CLIN/4204/23

Requesting ERCPs.

1. A ERCP request form is required for all patients undergoing ERCP. A Requesting Consultant should identify that a patient requires an ERCP. RDH requests will be made using Lorenzo (ERCP.). QHB requests are made using V6 for out-patients or paper request for in-patients (paper requests will be scanned into V6). **For clinically urgent cases the Requesting Consultant should undertake direct discussion with an ERCP endoscopist as lists may need to be re-prioritised.**
2. **Note - for patients requiring transfer from QHB to RDH a separate process is required- see below.**
3. Requesting doctors / ACP must provide as much information as possible in terms of clinical details, blood results (within 72 hours of request including if requiring an urgent in-patient procedure) and imaging findings. In addition, details of antiplatelets and anticoagulants must be supplied. Incomplete forms will be returned.
4. Patients should have an INR <1.5 and platelet count ≥ 70 within 72 hours of the procedure before a sphincterotomy can be performed. ERCP and sphincterotomy is considered a high-risk endoscopic procedure and anticoagulation / antiplatelets will need to be withheld prior to the procedure +/- bridging therapy depending on indication for anticoagulation. Please see **Endoscopy Anticoagulation – Full clinical guidelines (CG-T2014/206).**
5. Please indicate for in-patients if the patient is to remain as an in-patient or be discharged before the ERCP is to be scheduled.
6. RDH Out-patient ERCP requires an overnight stay on the Elective procedure unit (EPU – ward 202) in all cases. Therefore, for out-patients, please complete the EPU request form and prescribe pre-procedural medications (see below) on paper drug chart and supply to the endoscopy booking team.
7. E-mailed requests via uhdb.ercpendo@nhs.net will be accessed and printed off 3 times a day and placed in the tray in the sister's office for vetting.
8. On weekdays ERCP requests will be vetted daily by the endoscopist undertaking the list that day (RDH) or by Dr Dor and Dr Palejwala (QHB).
9. The vetting consultant may need to speak with the requesting consultant if further information is required or an ERCP is not felt to be appropriate; hence a mobile telephone number is required.
10. Patients will be allocated slots on ERCP lists depending on clinical priority and availability of lists. The Wednesday morning QHB list with be utilised as available.
11. If a subsequent decision is made to **discharge an in-patient awaiting ERCP then the requesting team must inform the endoscopy unit of this change ASAP and** complete the EPU request form and prescribe the pre-procedural medications on paper drug chart (RDH). Communication of discharges to endoscopy is essential in order to ensure patients access the correct patient pathway, failure to do this can leads to late cancellation, leading to frustration for patients and loss of capacity.

12. In the event of any queries, clinical deterioration or delays phone RDH Endoscopy unit, senior nursing staff (01332 788743). The nursing staff will put you in contact with the endoscopist undertaking the next ERCP list.
13. Alternatively, if an ERCP endoscopists is not available then advice can be sought using the UHDB ERCP group WhatsApp (Dr Palejwala and Dr Dor have access). In the event of a concern about delays the requesting consultant should telephone either Dr Taylor or Dr Austin to bring the delay to the ACDs to resolve.

QHB patients requiring ERCP at RDH.

If a QHB patient (inpatient or outpatient) requires an ERCP procedure to be undertaken at RDH the required procedure is as follows.

- QBH to RDH ERCP request form (see Full Clinical Guideline) is completed by the requesting consultant and e-mailed to uhdb.ercpendo@nhs.net with automatic e-mail response.

- Endoscopy Sisters print off the e-mailed request and place in the vetting tray in the sister's office.

- Requests will be vetted by the ERCP endoscopist undertaking the list that day and booked as directed. For cases that have been vetted by Dr Palejwala or Dr Dor then this vetting step is not required. However, for urgent cases it will still need to be discuss with the endoscopist undertaking the next ERCP list as cases may need to be re-prioritised or moved to facilitate urgent cases.

- The vetting ERCP endoscopist will contact the requesting consultant if further information is required or an ERCP is not felt to be appropriate.

- If the requesting consultant needs to speak to an ERCP endoscopist either to clarify matters or because of the urgency of the request, they should telephone the endoscopy dept Sisters' Office (01332-788743) who will provide the name of the ERCP endoscopist next undertaking a list.

- If in-patients are to be discharged pending ERCP then please indicate this on the request form. If the situation changes and an in-patient recover, such that they can be discharged from QHB then please inform the sisters office at RDH endoscopy so that details can be updated.

- If a QHB patient who is awaiting ERCP at RDH deteriorates clinically clinical such that an ERCP needs to be expedited, then the QHB consultant responsible for the patient must contact the ERCP endoscopist undertaking the next list to re-prioritise the case. The Sister's office (01332-788743) at RDH can provide the contact details.

- All patients not currently in-patients at RDH will need to have a bed booked on the EPU. This includes QHB in-patients. Transport delays mean that it is not safe to have in-patients attend as day-case procedures to the endoscopy unit. Considerable delays have been experienced with unwell patients who are left in endoscopy recovery into the evening without a doctor readily available. The RDH booking team will request the EPU bed as required.

- **For patients requiring transfer to RDH for urgent ERCP, who are under respiratory isolation (e.g., Covid or influenza), will need transfer to a side room on ward 304 which will need to be arranged with the RDH service week consultant.**