

Hull University Teaching Hospitals Faecal Calprotectin Pathway Flowchart

Relevant patients:

1. New onset lower gastrointestinal symptoms in keeping with IBS or IBD
2. Patients aged 18-60 years
3. Negative primary investigations (FBC, U+E, CRP, TFT, calcium, coeliac screen)
4. Cancer not suspected

Patients **symptoms** meet criteria for 2WW referral to colorectal

Send FIT test **before** 2WW referral to colorectal. *Please note a FIT test should only be considered for individuals with a suspicion of cancer and, in isolation, a positive result cannot differentiate between IBD and cancer.*

Faecal calprotectin (FC)

<100µg/g

100-250µg/g

>250µg/g

Manage as IBS using local and NICE guidelines or consider non-enteric disease

Repeat FC after 2 weeks

Urgent referral to HUTH IBD clinic

FC <100

Ongoing symptoms?

FC remains 100-250

FC now >250µg/g

If >50 years old + FC > 50µg/g

If <50 years old + FC > 50µg/g

Please note: Individuals with severe bloody diarrhoea and high stool frequency may need urgent referral (see HUTH pathway overview)

FC <50µg/g or if above right step applies
Seek input from HUTH Gastroenterology Advice and Guidance

Routine referral to HUTH General Gastroenterology clinic