

## STANDING ORDER FOR COLORECTAL CANCER SCREENING

### POLICY:

Under this standing order medical assistants and RNs with proper training may order a fecal occult blood test (FOBT), fecal immunochemical test (FIT), or hemoccult to screen for colorectal cancer for clients who meet these criteria.

### PURPOSE:

Colorectal cancer (cancer of the colon or rectum) often begins as polyps, which are small growths inside the lining of the colon. While most polyps are harmless, some may turn into cancer. Colorectal cancer is the third most common cancer found in men and women in the United States. The lifetime risk for developing colorectal cancer is roughly 1 in 20.

The main purpose of colorectal cancer screening is to detect occult or hidden blood that may be present in the stool. The presence of blood may or may not be a sign of cancer. If blood is found, a colonoscopy is needed to detect the cause of bleeding. 9 out of 10 colorectal cancer deaths can be prevented through regular screening.

### PROCEDURE:

1. Identify adults in need of regular colorectal cancer screening:
  - a. Average risk clients (medical assistant may perform screening): no family history of colorectal cancer or adenomatous polyps
    - i. Age 50-75, FOBT/FIT/ hemoccult test every year OR Colonoscopy every 10 years (SFHP members: colonoscopy only approved if high risk or positive screening test)
  - b. High risk clients (review with provider): have family history of colorectal cancer or adenomatous polyps
    - i. Client with one 1<sup>st</sup> degree relative with colon cancer or adenomatous polyps diagnosed at age 60 or younger , screening colonoscopy starting at age 40 or 10 years younger than the earliest diagnosis in family. Repeat screening colonoscopy every 5 years
    - ii. Clients with two 2<sup>nd</sup> degree relatives diagnosed with colorectal cancer at any age 60 or younger, screening colonoscopy starting at age 40 or 10 years younger than the earliest diagnosis in family. Repeat screening colonoscopy every 5 years
    - iii. Client with one 1<sup>st</sup> degree relative with colon cancer or adenomatous polyps diagnosed at age 61 or older or two 2<sup>nd</sup> degree relatives with colorectal cancer, start annual screening at age 40.
2. Screen for contraindications
  - a. Active hemorrhoid bleeding, wait until bleeding has stopped to perform test

- b. Menstrual bleeding, wait until bleeding has stopped to perform test
  - c. Short life expectancy or too frail to do colonoscopy, check with clinician before screening
  - d. Symptoms suggesting colorectal cancer, refer to clinician
3. Record the reason(s) for non-receipt of the test. If clients refuse testing, provide education and then document.
4. Administer FOBT/FIT/ hemoccult test:
- a. Provide client with test kit and written instructions in client's preferred language
  - b. Review instructions on how to complete test with client
  - c. Explain diet or medication restrictions if necessary:
    - a. FIT test: no diet or medication restrictions
    - b. FOBT test: avoid for 3 days before the test: broccoli, turnips, red meat, horseradish, vitamin C supplements and pain relievers, such as aspirin, ibuprofen (Advil, Motrin, others)
  - d. Explain procedure to return completed test kit to clinic or laboratory
  - e. Close the loop: have client tell back the information, correct misinformation
5. Document that kit was given to client and date given in client chart or LCR or electronic health record.

Medical Director \_\_\_\_\_  
Printed Name Signature

Effective date \_\_\_\_\_

Date reviewed \_\_\_\_\_ Date revised \_\_\_\_\_