|  |  |
| --- | --- |
| **A.** | **Radiation proctitis diagnosis is confirmed in the medical record by documentation of history of radiation and at least one of the following:** *(check all that apply)* |
|  | [ ]  | Urgency | [ ]  | Rectal pain |
|  | [ ]  | Mucosal loss | [ ]  | Rectal bleeding |
|  | [ ]  | Loss of sphincter control | [ ]  | Ulceration |
|  | [ ]  | Increased stool frequency | [ ]  | Stricture |
| **B.** | **Documentation includes all of the below related oncology history and referral details** |
|  | [ ]  | Date cancer first diagnosed |
|  | [ ]  | Tumor type and anatomical location |
|  | [ ]  | Dates radiation treatments started and completed |
|  | [ ]  | Radiation dose and number of treatments provided |
|  | [ ]  | Name(s) of person(s) who provided previous care: |
|  |  | [ ]   | Radiation oncologist | Dr. |  |
|  |  | [ ]  | Gastroenterologist | Dr. |  |
|  |  | [ ]  | Other | Specialty |  | Dr. |  |
|  | [ ]  | Dates and types of all previous treatment |
|  | [ ]  | Date radiation proctitis first diagnosed *(generally at least 6 months after end of radiation treatments)* |
| **C.** | **Documentation of current cancer status:** *(must have one of the following checked)* |
|  | [ ]  | Disease free (includes date last checked) |
|  | [ ]  | Residual/recurrent tumor |
| **D.** | **Documentation of previous radiation proctitis management** *(check all that apply)* |
|  | [ ]  | Pain control | [ ]  | Stool frequency/tenesmus |
|  |  | [ ]  | Surgical intervention |  | [ ]  | Surgical intervention |
|  |  | [ ]  | Regular narcotic |  | [ ]  | Multiple (>2) daily anti-diarrheals |
|  |  | [ ]  | Regular non-narcotic |  | [ ]  | Regular (>2) weekly anti-diarrheals |
|  |  | [ ]  | Occasional non-narcotic |  | [ ]  | Occasional (≤2) weekly anti-diarrheals |
|  | [ ]  | Bleeding | [ ]  | Ulceration |
|  |  | [ ]  | Surgical intervention |  | [ ]  | Surgical intervention |
|  |  | [ ]  | Frequent transfusions |  | [ ]  | Steroids, per enema |
|  |  | [ ]  | Occasional transfusions |  | [ ]  | Occasional steroids |
|  |  | [ ]  | Stool softener |  | [ ]  | Diet Modification |
|  |  | [ ]  | Iron therapy |  | [ ]  | Stool softener |
|  | [ ]  | Stricture | [ ]  | Sphincter control |
|  |  | [ ]  | Surgical intervention |  | [ ]  | Surgical intervention |
|  |  | [ ]  | Regular dilation |  | [ ]  | Persistent use of incontinence pads |
|  |  | [ ]  | Occasional dilation  |  | [ ]  | Intermittent use of incontinence pads |
|  |  | [ ]  | Diet modification |  | [ ]  | Occasional use of incontinence pads |
| **Additional Guidance** |
| **1.** | Essentially all of the above noted management options are directed at relief of symptoms. It is common, therefore, for these patients to experience a remitting, relapsing clinical course prior to institution of HBO therapy. |
| **2.** | HBO therapy is disease modifying. Once started, a measure of its therapeutic success will be a gradual reduction in the level of listed intervention(s), which are listed from the most to the least aggressive. |
| **3.** | A common reason for failure to respond to HBO therapy is recurrent or residual tumor. It is important, therefore, to closely monitor each patient’s clinical course. Failure to demonstrate some degree of improvement over four weeks (initial 20 treatments) should be viewed with a high index of suspicion.  |
| **4.** | Increasingly, HBO therapy is being adopted as first line therapy. It is possible, therefore, that some or all of the interventions listed in “D” above may not have been incorporated prior to referral. |