### When to use Faecal Calprotectin in Primary Care:

Suspected Inflammatory Bowel Disease (IBD) in a patient aged 45 or below.
- If you suspect a patient age ≤45 might have IBD then perform FC as part of your usual work-up/investigations.
  - Positive: FC > 100 µg/g faeces, referral to Gastroenterology recommended.
  - Negative: FC < 50 µg/g faeces, IBD unlikely—consider primary care IBS management.
  - Indeterminate: FC 50-99 µg/g faeces, if symptoms persist re-test FC. If on re-test FC > 50 µg/g faeces referral to Gastroenterology is recommended.

If FC is normal, but CRP raised without another obvious explanation, then consider referral for suspected IBD.

If you remain clinically concerned about a patient despite a negative FC then there is no need to repeat the test. You may refer in the normal way but please state in your referral letter what features are concerning you and prompting the referral.

### Secondary care referral:
- Please title your referral letter “SUSPECTED IBD” and send to RD&E gastroenterology only. All patients will be seen in gastroenterology outpatients within 3 weeks.
- For more urgent opinions please Fax 01392 402810 or call one of the gastroenterologists.

**IMPORTANT - STOOL SAMPLES MUST ARRIVE IN THE LABORATORY WITHIN 24 HOURS OF COLLECTION**

### Criteria for Sample Analysis:

**Please note, samples will only be processed when the following questions are marked "Yes"**

- Do you confirm it has been >6 weeks since any NSAID, including aspirin? [ ] Yes [ ] No
- Is patient age ≤45 years? [ ] Yes [ ] No
- Is IBD suspected or possible? [ ] Yes [ ] No
- Is there a low suspicion of colorectal cancer? [ ] Yes [ ] No

### Clinical Information

- Duration of Symptoms (months):
- Abdominal Pain: [ ] Yes [ ] No
- Pain improves with defecation: [ ] Yes [ ] No
- Change in stool frequency: [ ] Yes [ ] No
- 24 hour stool frequency (number of times):
- Change in stool appearance/consistency: [ ] Yes [ ] No
- Stool consistency (see Bristol Stool Chart on reverse): [ ]
- Rectal bleeding: [ ] Yes [ ] No
- Unintentional weight loss: [ ] Yes [ ] No
- Nocturnal symptoms: [ ] Yes [ ] No
- Family history of IBD: [ ] Yes [ ] No
- Family history of bowel or ovarian cancer: [ ] Yes [ ] No
- Alcohol (units per week):

### Impact of FC in Primary Care:

- If FC was not available would you have referred this patient to secondary care? [ ] Yes [ ] No [ ] Unsure
- Are you planning to refer this patient to secondary care even if FC is normal? [ ] Yes [ ] No [ ] Unsure

### Please also request:

- a) FBC, Ferritin, CRP if not done in the past 6 weeks
- b) TTG if not previously done

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