



NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW
(2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

☒ Hospitals ☒ Community Health Centers ☒ Public Health Units ☒ Doctors' Offices ☐ Social Services Offices ☐ Other: _____

The information contained in this document is a Departmental:

☐ Policy ☐ Standard ☒ Protocol ☐ Procedure ☒ Guidelines

Title: NWT Guidelines for the Diagnosis and Treatment of Helicobacter Pylori Associated Peptic Ulcer Disease in Adults.

Effective Date: May 10, 2005

Statement of approved clinical practice: The NWT Laboratory Advisory Committee in consultation with Internal Medicine Specialists at Stanton Territorial Health Authority recommends that all NWT healthcare practitioners follow the attached guidelines as a best practices for the diagnosing and treatment of H. pylori infection. This includes the use of the C¹³ Urease breath test (UBT) as the preferred non-invasive test.

Please file the attached Guidelines in the **Laboratory Manual** in use within your facility/region.

Those who do not have a laboratory manual should retain the attached information for reference in their own filing system.

Attachment:

- Clinical Practice Guidelines for the Diagnosis and Treatment of H. Pylori

Reference: Alberta Medical Association and Canadian Medical Association

This clinical practice is approved.

(signature)

Assistant Deputy Minister ☐ Chief Medical Officer of Health ☒ Director, Child & Family Services ☐ Director, Adoptions ☐