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| **URGENT REFERRAL FOR PATIENTS WITH SUSPECTED UPPER GI CANCER** |
| **Box A**  **Note: Please refer patients with the following symptoms for**  **GP Direct Access 2WW Abdominal Imaging**  **2WW USS abdomen:**  Any age with abdominal mass consistent with enlarged gall-bladder or liver but NOT jaundiced  **2WW CT abdomen & pelvis**  Aged 60 years and over with unexplained weight loss  PLUS any of the following: diarrhoea, constipation, back pain or new onset diabetes mellitus  2WW abdominal Imaging studies which suggest malignancy will be notified to:-  the referring GP advising that an urgent referral to the relevant cancer MDT is required  and to the relevant cancer MDT lead |

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| **Patient Details** | | | |
| Surname: | | Date of Birth: | |
| Forename(s): | | Gender: | |
| Address (inc postcode): | | NHS Number: | |
| Hospital Number: | |
| Telephone Numbers  **Please check tel no's with patient** | Tel No (Home): | Tel No (work): | Tel No (Mobile): |
| **GP Details** | | | |
| Referring GP: | | GP Tel No: | |
| Practice Name: | | Practice Email Address: | |
| Practice Address: | | Date of decision to refer: | |

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| **Patient Information** | | | |
| Does your patient have a learning disability? | | | YesNo |
| Is your patient able to give informed consent? | | | YesNo |
| Is your patient fit for day case investigation? | | | YesNo |
| If a translator is required, please specify language: | | | |
| Is patient on any of the following medications? | | | |
| Aspirin | YesNo | Indication for therapy: | |
| Clopidogrel /Prasugrel etc . | YesNo | Indication for therapy: | |
| Warfarin | YesNo | Indication for therapy: | |
| NOAC (Rivaroxaban etc.) | Yes No | Indication for therapy: | |
| Insulin | Yes No |  | |

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| Please confirm that the patient is aware that this is a suspected cancer referral:  Yes No |
| Date(s) that patient is unable to attend within the next two weeks:    *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |
| ***The above details are required before we can begin booking appointments*** |

HOSPITAL USE ONLY. OUTCOME OF CONSULTANT TRIAGE:

 2WW OGD  ANYONE  2WW CT – RESULT TO CONS

 4WW OGD  CONSULTANT  2WW USS – RESULT TO CONS

 ROUTINE OGD  STOP PPI  2WW CLINIC  OTHER

COMMENTS: INITIALS & DATE:

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| It would be helpful if you could provide performance status information (please tick as appropriate)  Fully active  Able to carry out light work  Up & about 50% of waking time  Limited to self-care, confined to bed/chair 50%  No self-care, confined to bed/chair 100% |

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| **Level of Cancer Concern** |
| **Level of concern** *“I’m pretty sure my patient has cancer”*  (optional)*“I’m unsure, it might well be cancer but there are other equally plausible explanations.”*  *“I don’t think my patient has cancer but I would like to rule it out.”*  *“Doesn’t meet criteria but I have a cancer concern”*  **Reasons for referring**  *Please detail patient and relevant family history, examination and investigation findings, your conclusions and what needs excluding or attach referral letter.* |

**PLEASE TICK ALL BOXES THAT APPLY BELOW**

**ENSURE THAT RECENT FBC AND LFTS AVAILABLE**

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| **Referral Criteria** |
| **BOX B**  **4WW GASTROSCOPY PATHWAY:**  **(Risk of UGI cancer approximately 1%, ensure patient available for OGD within 4 weeks)**    Aged 55 or over with ANY OF THE FOLLOWING:  nausea/vomiting PLUS involuntary weight loss  nausea/vomiting PLUS reflux symptoms  nausea/vomiting PLUS raised platelet count  involuntary weight loss PLUS raised platelet count  reflux symptoms PLUS raised platelet count  treatment resistant dyspepsia  upper abdominal pain PLUS low haemoglobin OR raised platelet count  Small volume haematemesis AT ANY AGE |

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| **BOX C**  **2WW GASTROSCOPY PATHWAY:**  **(Risk of UGI cancer approximately 3%, ensure patient available for OGD within 2 weeks)**  Dysphagia at any age  Aged 55 or over with involuntary weight loss PLUS upper abdominal pain  Aged 55 or over with involuntary weight loss PLUS reflux symptoms  Aged 55 or over with involuntary weight loss PLUS dyspepsia (abdominal discomfort) |

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| **BOX D**  **2WW JAUNDICE CLINIC PATHWAY:**  **(Risk of HPB cancer >15%, ensure patient available for Specialist Clinic Within 2 Weeks)**  Aged 40 or over with recent onset jaundice: Bilirubin =       ALP =       AST = |

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| **BOX E**  **PATIENTS WHO DO NOT MEET THE ABOVE CRITERIA :**  Patient does not meet the above criteria but I wish to refer (details in clinical summary below) |

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| **Clinical Summary** |
| **Clinical History (significant past and current medical history):** |
| **Current medication:** |
| **Blood Tests (if available – last 3 months):** |
| **Allergies***l* |
| **Smoking***:* |
| **BMI** (if available): |
| **Alcohol** (if available)**:** |

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| **ALL REFERRALS ARE REVIEWED BY A CONSULTANT**  **GASTROENTEROLOGIST WITHIN ONE WORKING DAY** |

In the event that the e-referral service is not available – please email to [sdhct.gastroenterology@nhs.net](mailto:sdhct.gastroenterology@nhs.net) and title as “2ww urgent referral”