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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 mellitus2WW abdominal Imaging studies which suggest malignancy will be notified to:- the referring GP advising that an urgent referral to the relevant cancer MDT is requiredand 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?  | [ ] Yes**[ ]** No  |
| Is your patient able to give informed consent?  | [ ] Yes**[ ]** No  |
| Is your patient fit for day case investigation?  | [ ] Yes**[ ]** No  |
| If a translator is required, please specify language:        |
| Is patient on any of the following medications?  |
| Aspirin  | [ ] Yes**[ ]** No  | Indication for therapy: |
| Clopidogrel /Prasugrel etc .  | [ ] Yes**[ ]** No  | Indication for therapy: |
| Warfarin  | [ ] Yes**[ ]** No  | 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 and title as “2ww urgent referral”