

APPOINTMENT:

URGENT REFERRAL FOR SUSPECTED LOWER GI CANCER (South Cumbria)

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

* Users **MUST** complete

PATIENT DETAILS:		REFERRAL DATE: Short date letter merged
SURNAME: Surname	DOB: Date of Birth	PRACTICE: Organisation Name Organisation Full Address (stacked) Organisation Telephone Number Practice code: Organisation National Practice Code
FIRST NAME: Given Name	AGE: Age	
NHS NUMBER: NHS Number	GENDER: Gender	
ADDRESS: Home Full Address (stacked)		
PHONE: Home: Patient Home Telephone Mobile: Patient Mobile Telephone Work: Patient Work Telephone		REFERRING GP: Referring User
		UK RESIDENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CATEGORY: NHS <input checked="" type="checkbox"/> PP <input type="checkbox"/>
		INFECTION RISK? (if yes, state MRSA, etc.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		CONSENT: Patient has given verbal consent for Consultant to access GP records: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

* Has the patient been informed that they are being referred for the suspicion of cancer under the two-week rule, that they will be seen within two weeks and that there will be limited flexibility of clinic appointments due to the short time target?	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Has the patient been given a 2 week referral information leaflet explaining the risk of cancer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Has the patient been informed they may require a flexible sigmoidoscopy or colonoscopy at their 1 st hospital appt and may therefore require bowel preparation beforehand?	YES <input type="checkbox"/> NO <input type="checkbox"/>
* Is this patient fit for invasive investigations?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LOWER GI CANCER REFERRAL CRITERIA:

Refer patients:

- aged 40-75 with unexplained weight loss and abdominal pain
- aged 76+ with unexplained weight loss and abdominal pain
- aged 50-75 with unexplained rectal bleeding
- aged 76+ with unexplained rectal bleeding
- aged 60-75 with iron deficiency anaemia (haemoglobin <110g/l – men; 100g/l - women)
- aged 76+ with iron deficiency anaemia (haemoglobin <110g/l – men; 100g/l - women)
- aged 60-75 with unexplained change in bowel habit
- aged 76+ with unexplained change in bowel habit
- any age, with a positive FOB test , taking account of the circumstances detailed below

Consider referral for patients:

- aged under 50 with rectal bleeding and any of the following symptoms or findings:
 - Abdominal pain
 - Change in bowel habit
 - Weight loss
 - Iron deficiency anaemia (haemoglobin <110g/l – men; 100g/l - women)
- any age, with rectal or abdominal mass
- any age, with unexplained anal mass or unexplained anal ulceration

Offer testing for occult blood in faeces in patients without rectal bleeding:

- aged 50+ with unexplained abdominal pain and/or unexplained weight loss
- aged <60 with changes in their bowel habit and/or iron deficiency anaemia
- aged 60+ with anaemia in the absence of iron deficiency

N.B. Patients with the following symptoms and no abdominal or rectal mass are at low risk of cancer:

- Rectal bleeding with anal symptoms (pain, prolapse, pruritis)
- Change in bowel habit to decreased frequency of defecation and harder stools
- Abdominal pain without clear evidence of intestinal obstruction

SYMPTOMS / EXAMINATION FINDINGS :

Other clinical information and any additional needs, including relevant investigative results not shown below:

Blood Pressure

HAEMOGLOBIN ESTIMATION (last 2 recorded):: Haemoglobin estimation

Single Code Entry: Serum ferritin

Single Code Entry: Mean corpuscular volume (MCV)

Single Code Entry: Body mass index

Single Code Entry: Serum creatinine

GFR:: Glomerular filtration rate...

ASA SCORE:

- Normal healthy patient
 Patient with mild systemic disease
 Patient with severe systemic disease
 Patient with severe systemic disease that is a constant threat to life

ADDITIONAL INFORMATION:

- Does the patient have **severe** renal or cardiac failure? Yes No
- Has the patient had a previous significant problem after taking bowel prep? Yes No
- Does the patient have a prosthetic heart valve? Yes No
- Is the patient taking Warfarin, Clopidogrel or Aspirin? **WARFARIN** - INR result: Yes No
- Is the patient an insulin dependent diabetic? Yes No
- Is the patient able to climb a flight of stairs unaided? Yes No

CHECKLIST:

- Unintentional weight loss
 - Results of gastrointestinal investigations in the last 12 months
 - Any recent change in medication e.g. statins, PPIs
- Please consider the above when making your referral (weight history and GI investigations should auto-populate below)

SEND REQUEST TO:	Email:	Tel:
University Hospitals of Morecambe Bay Trust	Mbh-tr.cancer2wk@nhs.net	CHECK CONTACT DETAILS

DELETE WHERE APPROPRIATE:

Problems

GASTROINTESTINAL INVESTIGATIONS (in the last 12 months):: Diagnostic endoscopic examination on colon...

Medication

Allergies

Family History

Weight

OTHER RELEVANT INFORMATION:

Latest Alcohol Consumption:	Single Code Entry: Alcohol consumption
Latest Smoking Status:	Single Code Entry: Tobacco consumption
Latest BMI:	Single Code Entry: Body mass index