

Haematological Urgent Suspected Cancer e-Referral Form Kent and Medway Cancer Alliance

For children & adolescent suspected haematological cancers please use paediatric urgent suspected cancer e-Referral form

| PATIENT DETAILS | | | | GP DETAILS | |
|-----------------------|------------------------------|-----------------------------|----------------|------------|----------------|
| Surname: | [MERGED FIELD] | First Name: | [MERGED FIELD] | Name: | [MERGED FIELD] |
| D.O.B.: | [MERGED FIELD] | Gender: | [MERGED FIELD] | Code: | [MERGED FIELD] |
| Age: | [MERGED FIELD] | NHS No.: | [MERGED FIELD] | Address: | [MERGED FIELD] |
| Address: | [MERGED FIELD] | | | Post code: | [MERGED FIELD] |
| Post code: | [MERGED FIELD] | Mobile: | [MERGED FIELD] | Tel. No.: | [MERGED FIELD] |
| Home Tel.: | [MERGED FIELD] | Other Tel Name: | | E-mail: | [MERGED FIELD] |
| Other Tel: | | First Language: | | | |
| Interpreter required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

| PATIENT ENGAGEMENT AND AVAILABILITY | | | |
|--|--|---------------------------------------|--|
| I confirm the following: | | | |
| I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with an urgent suspected cancer referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks | | | |
| GP Name: | | Date of decision to refer (dd/mm/yy): | |

| REFERRAL CRITERIA |
|---|
| Leukaemia* |
| Patients with a blood count/ film reported as acute leukaemia should be referred very urgently the same day to on call haematology team |
| Chronic Lymphocytic Leukaemia or Myelodysplasia is best referred to a routine haematology clinic, seek Haematology Advice & Guidance or contact a Haematologist via your local arrangements |

| GUIDANCE ON INVESTIGATIONS |
|---|
| Consider a very urgent full blood count (within 48 hours) to assess for leukaemia in adults with any of the following: <ul style="list-style-type: none"> Pallor, persistent fatigue, unexplained fever, unexplained persistent or recurrent infection, generalised lymphadenopathy, unexplained bruising, unexplained bleeding, unexplained petechiae, hepatosplenomegaly |

| Myeloma |
|---|
| <input type="checkbox"/> Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) if the results of protein electrophoresis or a Bence-Jones protein urine test suggest myeloma |

| GUIDANCE ON INVESTIGATIONS |
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| Offer a full blood count, blood tests for calcium and plasma viscosity or erythrocyte sedimentation rate to assess for myeloma in people aged 60 and over with persistent bone pain, particularly back pain, or unexplained fracture |
| Offer very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours) to assess for myeloma in people aged 60 and over with hypercalcaemia or leukopenia and a presentation that is consistent with possible myeloma |
| Consider very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours) to assess for myeloma if the plasma viscosity or erythrocyte sedimentation rate and presentation are consistent with possible myeloma |

| Lymphoma (Hodgkin's and Non-Hodgkin's) |
|---|
| <input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for lymphoma in adults presenting with unexplained lymphadenopathy or splenomegaly. When considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus, weight loss or alcohol-induced lymph node pain |

REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET

NOTE: Whilst guidance assists the practice of healthcare professionals, they do not replace their knowledge, skills or clinical judgement. Tick the following boxes if you are unsure if a patient meets the NICE criteria

I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria

If yes, please state why you have suspicions:

CLINICAL INFORMATION

NOTE: Please ensure urgent blood tests are undertaken (where appropriate), with the results provided to the acute provider, to avoid delays

Relevant clinical details including past history of cancer, family history and examination findings:

Anticoagulation

Yes

Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)

Yes

Is a hoist required to examine the patient?

Yes

PATIENT'S WHO PERFORMANCE STATUS

0 Able to carry on all normal activity without restriction

1 Restricted in physically strenuous activity but able to walk and do light work

2 Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours

3 Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden

4 Completely disabled; cannot carry out any self-care; totally confined to bed or chair

ADDITIONAL GP GUIDANCE

NOTE: If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS

Allergies: [MERGED FIELD]

Active Problems: [MERGED FIELD]

Investigations: [MERGED FIELD]

Significant past history: [MERGED FIELD]

Current medication: [MERGED FIELD]

Repeat medication: [MERGED FIELD]

* Locally agreed by Haematology TSSG, 14th November 2019