**Worcestershire Acute Hospitals NHS Trust**

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| **URGENT REFERRAL: SUSPECTED MALIGNANCY – HAEMATOLOGY**  In case of urgent clinical enquiries, please contact the **On-call Haematology Cancer Consultant** via Switchboard on Tel.01905 763333 (Worcestershire Royal Hospital) or Tel. 01527 503030 (Alexandra Hospital).  **\*INDICATES MANDATORY FIELDS** |

**EXCLUSIONS** – These clinical problems are not suitable for referral to Haematology as a 2-week wait:

* Iron deficiency (new – refer as appropriate for GI/gynae investigations; if sinister GI pathology excluded, refer routinely to Haematology for management if needed)
* Neck lumps (all neck lumps including neck nodes should be referred on the appropriate Head and Neck pathway, including 2ww)
* Blood film suggesting CLL or other low grade lymphoproliferative disorder in an otherwise well patient (refer routinely to Haematology OPD)

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| **PATIENT DETAILS** | | | |
| **Surname:** | | **Forename:** | **DOB:** |
| **Address:** | | **NHS Number:** | **Referring GP Details**  **Address:**  **Contact Tel No:**  **GP signature:** |
| **Tel No. (1):** | | **Interpreter required:**  Yes  No  If yes, language: |
| **Tel No. (2):** | |
| **Smoking status:**  Yes  No  Ex-Smoker | |
| **BMI** | **Weight** |

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| \*I have informed the patient this is a suspected cancer referral | | | | | | | | |  | |
| \*I have emphasised to the patient the importance of being available over next 14 days for an urgent appointment | | | | | | | | |  | |
| \*I have given the patient the 2-week wait patient information leaflet | | | | | | | | |  | |
| **REASON FOR REFERRAL** | | | | | | | | | **PLEASE TICK** | |
| FBC with film report suggesting acute leukaemia or chronic myeloid leukaemia *(please attach FBC report).* | | | | | | | | |  | |
| Possible myeloma as suggested by paraprotein (serum or urine BJP) with one of: destructive bone lesion, anaemia, worsening renal function or hypercalcaemia. | | | | | | | | |  | |
| Lymphadenopathy >2cm or increasing in size and persistent for > 6 weeks. (PLEASE NOTE- neck lymphadenopathy needs to be referred to Head and Neck 2 week wait service) | | | | | | | | |  | |
| Unexplained (eg. no known liver disease) splenomegaly >15cm. | | | | | | | | |  | |
| Blood count, film or haematologists comments suggested 2 week wait referral  *(please attach FBC report).* | | | | | | | | |  | |
| Other reason for referral: 2 or more symptoms which have been persistent for > 6weeks: | | | | | | | | | | |
| Unexplained  fever |  | Itching |  | Night Sweats (see below) |  | Recurrent infections |  | Weight loss (see below) | |  |

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| **Additional clinical information/ history/ comments (including medications, allergies, major medical history or any recent investigations)** | |
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| WHO Performance status (see scale below, please tick one) 0  1  2  3  4 | |
| **WHO Grade** | **Explanation of activity** |
| 0 | Fully active, able to carry on all pre-disease performance without restriction |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office 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 | Capable of only limited self-care, confined to bed or chair more than 50% of waking hours |
| 4 | Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair |

**TWO WEEK REFERRAL SERVICES – HAEMATOLOGY**

**GP Accompanying Notes**

Pre-investigations required of GP: FBC, U&Es, liver function calcium LDH and a blood film. If not done, arrange at time of referral.

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| NOTE 1: | Blood test results indicative of **acute leukaemia requiring immediate attention** will be reviewed by the haematologist within the hospital laboratory. The GP will then be contacted and arrangements made for admission. |
| NOTE 2: | Patients with spinal cord compression: Follow MSCC pathway  Hypercalcaemia (>3.00) or acute renal failure: recommend admission. |
| NOTE 3: | Chronic lymphocytic leukaemia: refer routinely unless previously discussed with haematologist. If patient is well and HB and platelets are normal and WBC < 50x109/L then GP can monitor patient with 6 monthly FBCs. |
| NOTE 4 | **Weight loss** is defined as more than 10% of baseline weight within 3 months  **Night sweats** are defined “regular drenching night sweats” |