**James Cook University Hospital - External urgent & palliative radiotherapy referral form**

Please complete for patients that require urgent/palliative radiotherapy including metastatic spinal cord compression (MSCC).

Once completed please **EMAIL** this form to the email address below, ***and*** **RING 01642 850850** and ask for palliative radiotherapy co-ordinator or on-call oncology consultant.

**Note: Referrals will not be automatically accepted. They will be reviewed, and the referrer will be contact by one of the JCUH teams to arrange transport and guide co-ordination.**

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| **Patient information:**  |
| **Patient ID/ Demographics**  | Forename: | First line of address: |
| Surname:  | NHS Number:  |
| DOB: | Sex: M/F |
| **Patients’ current location** (Note: home, hospital name and ward). | Location:  | Contact details: |
| **Past Medical History:** *(Please list)* |  |
| **Oncology Information:** |  |
| **Previously known to Oncology?** **Y/N** | Known cancer diagnosis:  | On current treatment for cancer or not on active treatment? |
| Oncologist name:  | Known metastatic disease? |
| Prognosis: | Sites of met disease:  |
| **MSCC Presentation:** *(Tick as appropriate)* |
| **Pain**  | **Neurological Symptoms**  |
| Cervical spine pain |  | Any limb weakness? **Y/N** *If yes, MRC Grade motor power 1 2 3 4 5 of affected limbs* |
| Thoracic spine pain |  | **Rt Arm**  |  | **Lt Arm**  |  |
| Lumbar spinal pain |  | **Rt Leg** |  | **LT Lef** |  |
| Spinal pain aggravated by straining |  | Difficulty in walking |  |
| Localised spinal tenderness |  | Sensory loss, if yes give details: |  |
| Nocturnal spinal pain preventing sleep |  | Neurological signs of spinal cord or cauda equina compression: |  |
| Radiation pain |  | Duration of symptoms: |  |
| Duration of symptoms |  | Any further information:  |
| Please state the severity of pain *(on pain score scale 0-10*) = /10. |
| **Mobility status:**  | **Bladder/bowel function:**  |
| Normal / fully independent |  | Normal |  |
| Reduced/ Mobile only with walking aids |  | Faecal incontinence |  |
| Transferring only |  | Urinary incontinence |  |
| Immobile more than24 hours |  | Dual Incontinence |  |
| Immobile less than 24 hours |  | Urinary Retention  |  |
| Date last walked (if applicable) |  | Constipation |  |
| Duration of symptoms: |  | Sphincter function normal |  |
| Any further information:  | Duration of symptoms |  |
| Any further information: |
| **For other urgent/emergency radiotherapy referrals: (please tick and provide detail of propsed treatment site)**  |
| **Suspected**  **Superior Vena-Cava Obstruction (SVCO)**  |  |
| **Suspected cancer related bleeding** |  |
| **Suspected compressive symptoms**  |  |
| **Urgent uncontrolled pain**  |  |
| **Investigations:** |
| MRI spine: | Y/N | MRI Reported: | Y/N |
| MRI results *(State key findings):*  |
| If MRI not completed *(State type of imaging and reason for imaging choice):*  |
| Imaging transferred to JCUH PACS?  | Y/N |
| Spinal/Neurosurgeon Discussion | Outcome:  |
| Reason if no discussion: |  |
| **Initial management of MSCC:**  |
| Has steroid management been started? | Y/N *(Recommend Dexamethasone 16mg OD and ensure PPI)* |
| Spine stable? | Y/N |
| **Medical Information:**  |
| Does the patient have a DNACPR? | Y/N | Performance Status:  | *(ECOG 0-4)*  |
| Is the patient able to lie down flat?  | Y/N  | Most recent NEWS Score:  |  |
| O2 Therapy?  | Y/N | Tracheostomy? | Y/N |
| Any Further information: *(including skin integrity/reported known pressure sores, any dietary requirements?)*  |
| **Referrer Information:** |
| Name: |  |
| Referring team:  |  |
| Hospital name/ward:  |  |
| Contact:  | *(direct contact number)*  |
| Date/Time:  | *(Referral completion)*  |

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| **Important contacts for radiotherapy/oncology at JCUH:** |
| **Please email this form to:** | stees.radiotherapyurgentreferrals@nhs.net  |
| **Urgent/Palliative radiotherapy Advanced Practitioner:** | Sophie Burns **Mobile- 07442824652**Available: Monday-Friday 9am-5pm.(Outside these hours or if unavailable, please contact the on-call consultant/registrar). |
| **On-call Oncologist Consultant/Registrar** | Go through JCUH switchboard, **01642 850850** ask for the Oncology Consultant or Registrar On-call. (For after hours Monday-Friday and including weekends and bank holidays). |
| **Acute Oncology Service (AOS) JCUH:** | **07741616475 and 01642 850850 ext- 57982 / 57983**stees.acuteoncologyservice@nhs.netAvailable: Monday-Friday 9am-5pm. |

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| **Important notice:**  |
| **\*\*Please ensure all relevant information is transferred with patient including drug chart, DNACPR forms, recent NEWS score and any important patient information. \*\*****Please arrange to transfer any relevant imaging to JCUH PACS.**  |