**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](mailto: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.net  Available: 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.** |