

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

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.

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

Patient information					
Surname		First name			
Address					
NHS No.		DOB		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Patient's current location		Patient's contact details			
Past medical history					

Oncology information			
Previously known to oncology	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Known cancer diagnosis		On current treatment for cancer or not on active treatment	
Oncologist name		Known metastatic disease?	
Prognosis		Sites of metastatic disease	

MSCC Presentation					
Pain			Neurological symptoms		
Cervical spine pain	<input type="checkbox"/>		Any limb weakness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thoracic spine pain	<input type="checkbox"/>		If yes, MRC grade motor power 1 2 3 4 5 of affected limbs	Rt arm	
Lumbar spine pain	<input type="checkbox"/>			Rt leg	
Spinal pain aggravated by straining	<input type="checkbox"/>		Difficulty in walking	<input type="checkbox"/>	
Localised spinal tenderness	<input type="checkbox"/>		Sensory loss, if yes give details		<input type="checkbox"/>
Nocturnal spinal pain preventing sleep	<input type="checkbox"/>		Neurological signs of spinal cord compression or cauda equina compression:	<input type="checkbox"/>	
Radiation pain	<input type="checkbox"/>				
Duration of symptoms			Duration of symptoms		
Please state severity of pain (scale 1-10)			Any further information		
Mobility status			Bladder / bowel function		
Normal / fully independent	<input type="checkbox"/>		Normal	<input type="checkbox"/>	
Reduced / mobile only with walking aids	<input type="checkbox"/>		Faecal incontinence	<input type="checkbox"/>	
Transferring only	<input type="checkbox"/>		Urinary incontinence	<input type="checkbox"/>	
Immobile more than 24 hours	<input type="checkbox"/>		Dual incontinence	<input type="checkbox"/>	
Immobile less than 24 hours	<input type="checkbox"/>		Urinary retention	<input type="checkbox"/>	
Date last walked (if applicable)	<input type="checkbox"/>		Constipation	<input type="checkbox"/>	
Duration of symptoms	<input type="checkbox"/>		Sphincter function normal	<input type="checkbox"/>	
Any further information			Duration of symptoms		
			Any further information		

For other urgent / emergency radiotherapy referrals: (please tick and provide detail of proposed treatment site)			
Suspected Superior Ven-Cava Obstruction (SVCO)	<input type="checkbox"/>		
Suspected cancer related bleeding	<input type="checkbox"/>		
Suspected compressive symptoms	<input type="checkbox"/>		
Urgent uncontrolled pain	<input type="checkbox"/>		
Investigations			
MRI spine:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MRI reported: Yes <input type="checkbox"/> No <input type="checkbox"/>
MRI results (state key findings):			
If MRI not completed (state type of imaging and reason for imaging choice):			
Imaging transferred to JCUH PACS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Spinal / neurosurgeon discussion	Outcome:		
	Reason if no discussion:		
Initial management of MSCC:			
Has steroid management been started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Recommended Dexamethasone 16mg OD and ensure PPI)
Spine stable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown
Medical Information			
Does the patient have a DNACPR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Performance status (ECOG 0-4):
Is the patient able to lie down flat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Most recent NEWS score:
O2 Therapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tracheostomy? Yes <input type="checkbox"/> No <input type="checkbox"/>
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):			

Important contacts for radiotherapy / oncology at JCUH	
Please email this form to:	stees.radiotherapyurgentreferrals@nhs.net
Urgent / Palliative radiotherapy Advanced Practitioner:	Sophie Burns Mobile - 07442 824652 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 - 57983 stees.acuteoncologyservice@nhs.net Available: Monday-Friday 9am-5pm.