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| **2 Week Urgent Referral for Suspected Sarcoma** |
| v11 March 2020 |

**Please follow this link** [**Ctrl-Click occg.info/COVID-19-2WW-pathways**](https://occg.info/COVID-19-2WW-pathways) **before proceeding,   
to see current advice for this pathway**

Ctrl-Click [**occg.info/OUH-SarcomaService**](http://occg.info/OUH-SarcomaService) to see more information for clinicians and patients

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| **Patient’s details** | | | | | | | **Patient’s background and culture** | |
| Surname | |  | | | | | Ethnicity |  |
| Forename | |  | | | | | 1st language |  |
| DOB | |  | | Age |  | | Interpreter required? Y  N | |
| Sex | |  | | | | | **GP details** | |
| Title | |  | | | | | Referring GP |  |
| Address & postcode | |  | | | | | GP address |  |
| NHS No | |  | | | | | GP Tel no |  |
| Hospital No | |  | | | | | Practice Email |  |
| Email | |  | | | | | Referral date |  |
| **Phone Numbers** | | | Preferred  Number(s) | | | Can leave messages? | Date received |  |
| Home |  | |  | | |  |  |  |
| Work |  | |  | | |  |  |  |
| Mobile |  | |  | | |  |  |  |

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| **2ww referral communication checklist**  **it is essential that you answer all questions in this section** | | |
| I have explained to the patient that they may have cancer and I am referring them on the 2 Week Wait Suspected Cancer Pathway | Yes | No – why not? |
| Is the patient available for an appointment within the next 14 days? | Yes | *NB. Please only submit this referral when the answer is* ***Yes*** |
| Has the patient been given the Fast Track Pathway information leaflet?  Information leaflets can be printed from here **Ctrl-Click** [**occg.info/2WW-PIL**](http://occg.info/2WW-PIL) | Yes | No – why not? |
| **IMPORTANT:**  Please ensure this patient is available from referral for further hospital appointments and investigations.  Failure to check this may result in wasted appointments.  If the patient cannot attend immediately (e.g. booked travel) please negotiate a delay in referral.  Please indicate any exceptional circumstances here | | |
| I have explained to the patient that, to ensure they are seen within  14 days, appointments may be offered at either Oxford or Banbury | Yes | No – why not? |
| **Once cancer has been excluded the patient will be referred back to you, their GP**, other than in exceptional circumstances where immediate onward referral is deemed clinically necessary by the secondary care clinician | | |

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| **Advice on Diagnostic Testing**  Ctrl-Click[occg.info/NICE-2WW-Sarcoma](http://occg.info/NICE-2ww-Sarcoma) | | |
| Children & Young People | Unexplained **bone swelling or pain** | **Consider** a very urgent direct access X ray (to be performed within 48 hours) |
| Unexplained **lump** that is increasing in size | **Consider** a very urgent direct access ultrasound scan (to be performed within 48 hours) |
| Adults | Unexplained **bone swelling or pain** | **Consider** a very urgent direct access X ray **Offer** an FBC, Calcium Group and ESR to anyone 60 and over with persistent bone pain |
| Unexplained **lump** that is increasing in size | **Consider** an urgent direct access ultrasound scan (to be performed within 2 weeks) requested via ICE or Community Ultrasound Referral Form |

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| **Referral Criteria**  Ctrl-Click[occg.info/NICE-2ww-Sarcoma](http://occg.info/NICE-2ww-Sarcoma)  NB – NICE advise all referrals are made **after consideration** by a clinician (i.e. not automatically)  **Image *first*, then consider clinic referral**  Please complete all relevant boxes as the referral may be returned if incomplete | | | | | | |
| **ERS Service Selection**  **Please send as an attachment via the eReferral Service within 24hrs** | | | | | | |
| **Specialty:**  **Clinic Type:**  **Service Name:** | | | **2WW**  **Select from below**  **Select from below** | | | |
| ***If ERS is unavailable*** please email to [PCC2wwOxford@nhs.net](mailto:PCC2wwOxford@nhs.net) and request a Read Receipt when sending | | | | | | |
| Children & Young People |  | Ultrasound suggestive of Soft Tissue Sarcoma or if ultrasound findings are uncertain and clinical concern persists | | **Clinic type: 2WW Children & Young People Service: Suspected Paediatric Cancer-2ww-Sarcoma-Oxford University Hospitals-RTH** | | |
|  |  | X-ray suggestive of Primary Bone Tumour | |  | | |
| Adults |  | Ultrasound suggestive of Soft Tissue Sarcoma or if ultrasound findings are uncertain and clinical concern persists | | **Clinic type: 2WW Sarcoma Service: OUH Suspected Sarcoma Cancer-2WW-Sarcoma Soft Tissue (NOC)-Oxford University Hospitals-RTH** | | |
|  |  | X-ray suggestive of Primary Bone Tumour | | **Clinic type: 2WW Sarcoma Service: OUH Suspected Sarcoma Cancer-2WW-Sarcoma Bone (NOC)-Oxford University Hospitals-RTH** | | |
| If there is no imaging but you feel *strongly* that the patient should be seen under the 2ww pathway, please explain in your referral letter below, and the referral will be triaged prior to acceptance | | | | | | |
| Location |  | | | | Right Proximal |  |
|  |  | | | | Right Distal |  |
|  |  | | | | Left Proximal |  |
|  |  | | | | Left Distal |  |
| Clinical Examination  N.B See below for investigation recommendations | Swelling | | | |  | |
|  | Pain | | | |  | |
|  | Increasing in size | | | |  | |
|  | Size | | | |  | |
|  | Deep to fascia | | | |  | |
|  | Fixed | | | |  | |
|  | Immobile | | | |  | |

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| **Please add a referral letter / additional information for clinical use**  (please highlight any significant comorbidities)  Failure to provide clinical information may result in delayed treatment | |
|  | **Please tick here if you are sending any additional documents**  The referral narrative should be typed onto this form, not in a separate letter |
|  | **Please tick here if the narrative of your referral is in merged consultations below** |
|  | **Please tick here if the patient *does not meet* the 2 week wait criteria but you feel they still warrant urgent investigation** under this pathway, and outline the details below This referral will be triaged by the specialist prior to acceptance |
| Please type your clinical referral in the next row | |
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| **Management of patients who are receiving anticoagulation**  Information required to allow the most patients to move ‘**straight to test**’ prior to OPA  Failure to supply this information may **delay** their progress and result in unnecessary appointments | | | |
| This patient **IS NOT** anticoagulated |  | | |
| This patient **IS** anticoagulated with |  | | |
| Reason for anticoagulation |  | | |
| Had an INR of |  | | On: |
| History of bleeding disorder | No | Yes - Details: | |

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| Investigations | | | | | | | | | | |
| Investigations done | X-Ray |  | MRI |  | CT |  | USS |  | Biopsy |  |
| Hospital |  | | | Details |  | | | | | |
| Radiology within last year |  | | | | | | | | | |
| Any investigation results not populated above: | | | | | | | | | | |

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| **Additional patient information** | | |
| **Manually entered** | | |
|  | Family history any cancer: | |
|  | Never smoked  Past smoker  Current smoker |  |
|  | Alcohol consumption       units per week | |

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| **Performance Status Key**  to be **completed by GP** to assist provider with booking an appropriate clinic appointment  Failure to provide this information may lead to a wasted appointment | | |
| **Fully active**, able to carry on all pre-disease performance without restriction | **0** |  |
| **Restricted in physically strenuous activity** but ambulatory and able to  carry out light/sedentary work, e.g. house or office work | **1** |  |
| Ambulatory and capable of self-care, but **unable to carry out work activities**  Up and active > 50% of waking hours | **2** |  |
| **Capable of only limited self-care**. Confined to bed or chair >50% of waking hours | **3** |  |
| **Completely disabled**. Cannot carry out any self-care. Totally confined to bed or chair | **4** |  |

Consultations

Medication

Problems

Allergies