

# East Kent Urgent Direct Access Ultrasound Referral Form Kent and Medway Cancer Alliance

PATIENT DETAILS			<b>GP DETAILS</b>		
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]	Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]	Code:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]		
Address:	[MERGED FIELD]			Address:	[MERGED FIELD]
Post code:				Destandes	-
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]	Post code:	
Other Tel:	Other Tel Name:			Tel. No.:	[MERGED FIELD]
Interpreter required?	Yes 🗖 No 🗖	First Language:		E-mail:	[MERGED FIELD]

### PATIENT ENGAGEMENT AND AVAILABILITY

#### I confirm the following:

I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with a 2WW referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks

Date of decision to refer

(dd/mm/yy):

# NOTE: Please can GPs ensure patients make an appointment within a week of their scan for the results

REFERRAL CRITERIA			
Upper GI – Use with ref	erence to Upper GI Tract Suspected Cancer e-Referral Form		
🗆 US Abdomen (Gall	Consider an urgent direct access ultrasound to assess for gall bladder or liver cancer if:		
Bladder or Liver)	$\square$ Upper abdominal mass consistent with an enlarged gall bladder or an enlarged liver		
US Abdomen (Pancreas)	Consider (CT is preferable imaging technique) an urgent direct access ultrasound to assess for pancreatic cancer in people aged 60 and over with weight loss <b>and</b> any of the following: Diarrhoea Back pain Abdominal pain Nausea Vomiting Constipation New-onset diabetes		
Gynaecology – Use with	reference to Gynaecological Suspected Cancer e-Referral Form		
US Abdomen and Pelvis (Ovarian)	<ul> <li>If serum CA125 is 35 IU/ml or greater, arrange an ultrasound scan of the abdomen and pelvis or</li> <li>Indications for appropriate tests (CA125 and/or USS abdo-pelvis):</li> <li>Carry out tests if a woman (especially if 50 or over) reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times a month:         <ul> <li>Persistent abdominal distension (women often refer to this as 'bloating')</li> <li>Feeling full (early satiety) and/or loss of appetite</li> <li>Pelvic or abdominal pain</li> <li>Increased urinary urgency and/or frequency</li> </ul> </li> <li>Consider carrying out tests if a woman reports:         <ul> <li>Unexplained weight loss, fatigue or changes in bowel habit</li> <li>Carry out tests in any woman of 50 or over who has:</li> <li>Experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), because IBS rarely presents for the first time in women of this age</li> </ul> </li> </ul>		

	Consider a direct access ultrasound scan to assess for endometrial cancer in women aged 55 and over with:			
	Unexplained symptoms of vaginal discharge who:			
	$\square$ Are presenting with these symptoms for the first time ${f or}$			
US Pelvis	Have thrombocytosis <b>or</b>			
(Endometrium)	Report haematuria <b>or</b>			
	Visible haematuria <b>and</b> :			
	Low haemoglobin levels <b>or</b>			
	Thrombocytosis <b>or</b>			
	High blood glucose levels			
2ww referral made	I have referred this patient for a suspected gynaecological cancer e-Referral			
Urology – Use with refe	rence to Urological Suspected Cancer e-Referral Form			
	Consider a direct access ultrasound scan for testicular cancer in men with:			
US Testicular	Unexplained or persistent testicular symptoms			
Soft tissue sarcoma – Us	se with reference to Suspected Sarcoma Referral Form (see <a href="https://www.lsesn.nhs.uk/referrers.html">https://www.lsesn.nhs.uk/referrers.html</a> )			
US Soft Tissue				
Sarcoma				
REFERRAL WHERE NICE	NG 12 GUIDANCE IS NOT MET			
NOTE: Whilst guidance	assists the practice of healthcare professionals, they do not replace their knowledge, skills or clinical			
judgement. Tick the following boxes if you are unsure if a patient meets the NICE criteria				

Judgement. The the following boxes if you are disare if a patient meets the meet enterna				
I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria				
If yes, please state why				
you have suspicions:				
Which ultrasound you				

### CLINICAL INFORMATION

are requesting:

Relevant clinical details including past history of cancer, family history and examination findings:

Anticoagulation	Yes	
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)	Yes	

Non-Obstetric Ultrasound Service (NOUS) PROVIDERS					
Ashford Rural Medical Services	South East Ultrasound Ltd	Whitstable Medical Practice			
(5 working days)	(5 working days)	(5 working days)			
arms.ultrasound@nhs.net	southeastultrasound.admin@nhs.net	ccccg.whitstable-medicalpractice@nhs.net			
Tel: 01233 714490	Tel: 01843 808182	Tel: 01227 284314 / 01227 284315			
arms.ultrasound@nhs.net Tel: 01233 714490	southeastultrasound.admin@nhs.net Tel: 01843 808182	ccccg.whitstable-medicalpractice@nhs.net Tel: 01227 284314 / 01227 284315			

# ADDITIONAL GP GUIDANCE

**NOTE:** If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary