

Child and Adolescent Health Suspected Cancer e-Referral Form



Kent and Medway Cancer Alliance

PATIENT DETAILS			
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]
Address:	[MERGED FIELD]		
Post code:	[MERGED FIELD]		
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]
Other Tel:		Other Tel Name:	
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language:

GP DETAILS	
Name:	[MERGED FIELD]
Code:	[MERGED FIELD]
Address:	[MERGED FIELD]
Post code:	[MERGED FIELD]
Tel. No.:	[MERGED FIELD]
E-mail:	[MERGED FIELD]

PATIENT ENGAGEMENT AND AVAILABILITY

I confirm the following:

I have discussed the possibility that the diagnosis may be cancer with the parent / carer and patient.

GP Name:		Date of decision to refer (dd/mm/yy):	
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PHONE PAEDIATRICIAN ON CALL IMMEDIATELY TO DISCUSS REFERRAL

REFERRAL CRITERIA

Brain and CNS

Consider a very urgent referral (for an appointment within 48 hours) for suspected brain or central nervous system cancer in children and young people with newly abnormal cerebellar or other central neurological function

Hodgkin's lymphoma

Consider a very urgent referral (for an appointment within 48 hours) for specialist assessment for Hodgkin's lymphoma in children and young people presenting with unexplained lymphadenopathy. When considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus or weight loss

Non-Hodgkin's lymphoma

Consider a very urgent referral (for an appointment within 48 hours) for specialist assessment for non-Hodgkin's lymphoma in children and young people presenting with unexplained lymphadenopathy or splenomegaly. When considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus or weight loss

Leukaemia

Refer children and young people for immediate specialist assessment for leukaemia if they have unexplained petechiae or hepatosplenomegaly or FBC suggestive of leukaemia

GUIDANCE ON INVESTIGATIONS

Consider a very urgent full blood count (within 48 hours, either in-house or call the children's unit) to assess for leukaemia in children and young people with any of the following:

- Pallor, persistent fatigue, unexplained fever, unexplained persistent infection, generalised lymphadenopathy, persistent or unexplained bone pain, unexplained bruising, unexplained bleeding

Neuroblastoma

Consider very urgent referral (for an appointment within 48 hours) for specialist assessment for neuroblastoma in children with a palpable abdominal mass or unexplained enlarged abdominal organ

Retinoblastoma

Consider urgent referral (for an appointment within 2 weeks) for ophthalmological assessment for retinoblastoma in children with an absent red reflex

Bone Sarcoma – Use with reference to Suspected Sarcoma Referral Form (see <https://www.lsesn.nhs.uk/referrers.html>)

<input type="checkbox"/>	Consider a very urgent referral (for an appointment within 48 hours) for specialist assessment for children and young people if an X-ray suggests the possibility of bone sarcoma
<input type="checkbox"/>	Consider a very urgent direct access X-ray (to be performed within 48 hours) to assess for bone sarcoma in children and young people with unexplained bone swelling or pain
Soft Tissue Sarcoma – Use with reference to Suspected Sarcoma Referral Form (see https://www.lsesn.nhs.uk/referrers.html)	
<input type="checkbox"/>	Consider a very urgent direct access ultrasound scan (to be performed within 48 hours) to assess for soft tissue sarcoma in children and young people with an unexplained lump that is increasing in size
<input type="checkbox"/>	Consider a very urgent referral (for an appointment within 48 hours) for children and young people if they have ultrasound scan findings that are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists
Wilms' tumour	
<input type="checkbox"/>	Consider very urgent referral (for an appointment within 48 hours) for specialist assessment for Wilms' tumour in children with any of the following: <ul style="list-style-type: none"> ▪ A palpable abdominal mass ▪ An unexplained enlarged abdominal organ ▪ Unexplained visible haematuria
Non-site specific symptoms	
NOTE: Take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer in a child or young person	
<input type="checkbox"/>	Consider referral for children if their parent or carer has persistent concern or anxiety about the child's symptoms, even if the symptoms are most likely to have a benign cause

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	
<input type="checkbox"/>	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:	

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CLINICAL INFORMATION		
NOTE: Please ensure urgent blood tests are undertaken (where appropriate), with the results provided to the acute provider, to avoid delays		
Relevant clinical details including past history of cancer, family history and examination findings:		
Anticoagulation	Yes	<input type="checkbox"/>
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)	Yes	<input type="checkbox"/>
Is a hoist required to examine the patient?	Yes	<input type="checkbox"/>

PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS	
Allergies:	[MERGED FIELD]
Active Problems:	[MERGED FIELD]
Investigations:	[MERGED FIELD]
Significant past history:	[MERGED FIELD]
Current medication:	[MERGED FIELD]
Repeat medication:	[MERGED FIELD]