Lymphadenopathy Suspected Cancer e-Referral Form

NHS
Kent and Medway Cancer Alliance

Ensure eGFR and Full Blood Count is undertaken within the last 4 Weeks
Send to local Provider Trust through 2WW Haematology Clinical Services on ERS

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:			
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]
Other Tel:		Other Tel Name:	
Interpreter required?	Yes ☐ No ☐	First Language:	

GP DETAILS	
Name:	[MERGED FIELD]
Code:	[MERGED FIELD]
Address:	[MERGED FIELD]
Post code:	
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; 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			
GP Name:		Date of decision to refer (dd/mm/yy):	

REFERRAL PROTOCOL

1) Is the Lymphadenopathy Above the Clavicle?

↓ **No** — ↓ Yes ⟶ *Refer using the head, neck & thyroid suspected cancer two week wait form*

↓

2) Is the Patient currently receiving Anti-Cancer Treatment?

↓ **No** — ↓ Yes ⟶ *Consider referral/communicating* to the managing team/oncologist *if clinically appropriate*

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3) Is the Patient already under Investigation for Suspected Cancer as a 2-Week Wait Referral?

↓ **No** — ↓ Yes ⟶ *Consider referral/communicating* to the managing team/oncologist *if clinically appropriate*

↓

CONSIDER REFERRAL TO LYMPHADENOPATHY PATHWAY
ENSURING THAT REFERRAL CRITERIA AND RELEVANT MEDICAL HISTORY COMPLETED

REFERRAL CRITERIA

Lymphadenopathy PATHWAY

☐ Consider this suspected cancer pathway referral (for an appointment within 2 weeks) for people aged 18+ with lymphadenopathy **below** the clavicle

Please refer lymphadenopathy above the clavicle using the head, neck & thyroid suspected cancer two week wait form

Relevant Medical History				
Does the patient have a history of malignancy?	Yes ☐		No ☐	
If 'Yes' please detail (dates/sites)				
Is the patient already known to an oncologist?	Yes ☐		No ☐	
If 'Yes' please details (name/organisation)				
Any other risk factors, e.g. immunosuppressant medication?				

CLINICAL INFORMATION

NOTE: Please ensure urgent blood tests are undertaken for FBC, electrolytes and creatinine.

Relevant clinical details including past history of cancer, family history and examination or imaging findings.

eGFR (if not in last month please check)				
Anticoagulation	Yes ☐			
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)	Yes ☐			
Is the patient fit for straight to test investigations?	Yes ☐	Details if not:		
Frailty Classification of Patient (based on EFI)	Fit ☐	Mildly Frail ☐	Moderately Frail ☐	Severely Frail ☐

PATIENT'S WHO PERFORMANCE STATUS – Must be completed		
☐	0	Able to carry on all normal activity without restriction
☐	1	Restricted in physically strenuous activity but able to walk and do light work
☐	2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
☐	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
☐	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair

ADDITIONAL GP GUIDANCE

- This referral will be treated as a 2 week rule – please inform the patient of this and the suspicion of a potential cancer diagnosis
- For patients with an isolated, enlarged lymph node in whom there is a strong clinical suspicion of a specific tumour type, please refer using the appropriate 2 week rule pro-forma to the relevant team

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 appropriate or necessary

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]**