

Suspected Cancer in Adults LUNG (Fast track)

Date of referral **Short date letter merged**

| | | | | | |
|-------|-----------|------|---------------|--------|------------|
| Name: | Full Name | DOB: | Date of Birth | NHS No | NHS Number |
|-------|-----------|------|---------------|--------|------------|

Attach this form to the e-referral within 24 hours

If the ERS not available, then send [this form AND 'Referral header sheet'](#) by secure email

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend hospital for tests/appointment within 14 days
- The patient has been given the Fast track patient information leaflet

Hyperlinks to: [NICE GUIDANCE](#) [Patient info leaflet including easy read](#)

Immediate Referral - DO NOT USE THIS FORM

Speak directly to a Consultant Respiratory Physician or Consider acute admission for patient with:

- Signs of SVC obstruction (swelling of face/neck/fixed elevation of JVP)
- Stridor

Suspect Cancer fast track referral, patients with:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Unexplained haemoptysis aged 40 years and older |
| <input type="checkbox"/> | A chest X-ray where there is a high suspicion for lung cancer or mesothelioma |
| <input type="checkbox"/> | A normal chest X-ray where there is a high suspicion of lung cancer |
| <input type="checkbox"/> | A history of asbestos exposure and recent onset of chest pain, shortness of breath or unexplained systemic symptoms where a chest X-ray indicates pleural effusion, pleural mass or any suspicious lung pathology |

Before Referral

Offer urgent Chest X-ray (to be performed within 2 weeks) to assess for lung cancer or mesothelioma in patients over 40:

If they have 2 or more of the following unexplained symptoms **OR**

If they have ever smoked or been exposed to asbestos and have one or more of the following unexplained symptoms:

- Cough
- Fatigue
- Shortness of breath
- Chest pain
- Weight loss
- Appetite loss

Consider an urgent chest X-ray in people aged 40 and over with any of the following:

- Persistent or recurrent chest infection
- Finger clubbing
- Thrombocytosis.
- Chest signs compatible with pleural disease
- Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy

Reason form Referral – Compulsory

Recent CXR: YES NO If yes, DATE:

Single Code Entry: Standard chest X-ray normal...

Recent CT scan YES NO If yes, DATE:

WEIGHT: Single Code Entry: Body weight Single Code Entry: Body weight Single Code Entry: Body weight

Essential Information

As some patients will be directed to other investigations before the clinic appointment

| Consent | | |
|--------------------------|--|---|
| <input type="checkbox"/> | No problems with consent anticipated | |
| <input type="checkbox"/> | There may be problems with consent. – e.g., significant dementia or learning disability | Include details in referral narrative of adjustments required or best interest decision |
| Disability | | |
| <input type="checkbox"/> | No difficulty coping with investigation anticipated. No cognitive impairment/physical or behavioural issues that would make it difficult to manage the investigation | |
| <input type="checkbox"/> | There may be difficulties coping with investigation due to physical or mental disability | Include details in referral narrative including known adjustments. |

| Please indicate COVID 19 risk: | | |
|--------------------------------|-------------------|--|
| <input type="checkbox"/> | Standard | No co-morbidities |
| <input type="checkbox"/> | Vulnerable | Co-morbidities/frailty |
| <input type="checkbox"/> | Shielded | In the shielded group because of high risk from COVID 19 infection |

| Description | Y | N | Description | Y | N |
|--|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
| Anticoagulants including NOACs | <input type="checkbox"/> | <input type="checkbox"/> | Metformin | <input type="checkbox"/> | <input type="checkbox"/> |
| Antiplatelet e.g. Clopidogrel, prasugrel | <input type="checkbox"/> | <input type="checkbox"/> | Insulin/Sulfonylureas | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|-----------------|--|
| Cardiac | <input type="checkbox"/> Poorly controlled Angina/MI within 3 months |
| | <input type="checkbox"/> Prosthetic valve replacement, previous SBE or vascular graft within one year |
| Diabetes | <input type="checkbox"/> |

History of IHD, Diabetes and CKD

NB: information below only displays latest recordings. Full list is displayed in the Medical History

: IHD - Ischaemic heart disease...

Blood Test Result in the last ONE month

| LFTs | <input type="checkbox"/> Requested Date: <input type="text"/> | | | |
|----------------------|---|--|--|--|
| | Result within 1 month REQUIRED | | Latest Result | |
| Bilirubin | Single Code Entry: Serum bilirubin level | Single Code Entry: Serum bilirubin level | Single Code Entry: Serum bilirubin level | Single Code Entry: Serum bilirubin level |
| Total Bilirubin | Single Code Entry: Serum total bilirubin level | Single Code Entry: Serum total bilirubin level | Single Code Entry: Serum total bilirubin level | Single Code Entry: Serum total bilirubin level |
| Alkaline Phosphatase | Single Code Entry: Serum alkaline phosphatase level | Single Code Entry: Serum alkaline phosphatase level | Single Code Entry: Serum alkaline phosphatase level | Single Code Entry: Serum alkaline phosphatase level |
| ALT | Single Code Entry: Serum alanine aminotransferase | Single Code Entry: Serum alanine aminotransferase | Single Code Entry: Serum alanine aminotransferase | Single Code Entry: Serum alanine aminotransferase |

| | | | | |
|---------|---|--|---|---|
| | level | level | level | level |
| Albumin | Single Code Entry: Serum albumin level... | Single Code Entry: Serum albumin level... | Single Code Entry: Serum albumin level... | Single Code Entry: Serum albumin level... |

| | | | | |
|-------------|--|--|--|--|
| FBCs | <input type="checkbox"/> Requested Date: <input type="text"/> | | | |
| | Result within 1 month REQUIRED | | Latest Result | |
| Haemoglobin | Single Code Entry: Haemoglobin estimation | Single Code Entry: Haemoglobin estimation | Single Code Entry: Haemoglobin estimation | Single Code Entry: Haemoglobin estimation |
| WCC | Single Code Entry: Total white cell count | Single Code Entry: Total white cell count | Single Code Entry: Total white cell count | Single Code Entry: Total white cell count |
| MCV | Single Code Entry: MCV - Mean corpuscular volume | Single Code Entry: MCV - Mean corpuscular volume | Single Code Entry: MCV - Mean corpuscular volume | Single Code Entry: MCV - Mean corpuscular volume |
| Platelets | Single Code Entry: Platelet count | Single Code Entry: Platelet count | Single Code Entry: Platelet count | Single Code Entry: Platelet count |

| | | | | |
|-----------------|--|--|--|--|
| U&Es | <input type="checkbox"/> Requested Date: <input type="text"/> | | | |
| | Result within 1 month REQUIRED | | Latest Result | |
| Sodium | Single Code Entry: Serum sodium level | Single Code Entry: Serum sodium level | Single Code Entry: Serum sodium level | Single Code Entry: Serum sodium level |
| Potassium | Single Code Entry: Serum potassium level | Single Code Entry: Serum potassium level | Single Code Entry: Serum potassium level | Single Code Entry: Serum potassium level |
| Urea Level | Single Code Entry: Serum urea level | Single Code Entry: Serum urea level | Single Code Entry: Serum urea level | Single Code Entry: Serum urea level |
| Creatinine | Single Code Entry: Serum creatinine level | Single Code Entry: Serum creatinine level | Single Code Entry: Serum creatinine level | Single Code Entry: Serum creatinine level |
| Adj Calcium | Single Code Entry: Corrected serum calcium level | Single Code Entry: Corrected serum calcium level | Single Code Entry: Corrected serum calcium level | Single Code Entry: Corrected serum calcium level |

eGFR result within 1 month REQUIRED **Requested Date:**

| | | | |
|--|------------------------|------------------------------------|---|
| Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi | Single Code Entry: GFR | Single Code Entry: GFR (glomerular | Single Code Entry: GFR (glomerular filtration rate) |
|--|------------------------|------------------------------------|---|

eGFR latest result

| | | | |
|--|-------------------------|------------------------------------|--|
| Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi | Single Code Entry: eGFR | Single Code Entry: eGFR (estimated | Single Code Entry: eGFR (estimated glomerular filtration |
|--|-------------------------|------------------------------------|--|

ANY allergies: (including contrast)

Allergies

Please complete the rest of this form

Referrer details

| | | | |
|---|-------------------------------------|--|--------------------------|
| Name of referrer: | Referring User <input type="text"/> | Date of referral: | Short date letter merged |
| Referring Organisation | | GP details | |
| Organisation Name , Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number | | Usual GP Full Name Usual GP Organisation Name Usual GP Full Address (single line) Tel: Usual GP Phone Number Fax: Usual GP Fax Number | |
| Name of GP to address correspondence to, if different to accountable GP | | <input type="text"/> | |

Patient details

| | | | |
|--|---|---|----------------------------------|
| Name: | Full Name | Address: | Home Full Address (stacked) |
| Gender: | Gender(full) | | |
| DOB & Age: | Date of Birth Age: Age | | |
| NHS number: | NHS Number | | |
| Patient Contacts: | Home: | Patient Home Telephone | Mobile: Patient Mobile Telephone |
| | Work: | Patient Work Telephone | Email: Patient E-mail Address |
| | Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Contact Details: <input type="text"/> | | |
| Contact Consent: | <input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email | NB: Not all services use Texts or Emails as a method of communication. | |
| Ethnicity: | Ethnic Origin | | |
| Interpreter: | <input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input type="text"/> | | |
| Accessibility Needs: | <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer | | |
| Risks: | <input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other: <input type="text"/> | | |
| Other: Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer | | | |

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) **(NB: NOT TO BE USED FOR REFERRING A PATIENT)** NCA LUNG Fast track Suspect Cancer October 2023 Referral Form EMIS Web SNOMED CDRC

To be completed by the Data Team (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1st seen: / /

Specify reason if not seen on 1st appointment:

Diagnosis: Malignant Benign