NHS Somerset NHS Foundation Trust

Yeovil District Hospital NHS NHS Foundation Trust

NHS South West Clinical Network

SUSPECTED LOWER GASTRO-INTESTINAL CANCER REFERRAL FORM
Referrals to be sent via e-RS

Referrer Details	**Patient Details**		
Name:	Forename:	Surname:	DOB:
Address:	Address:		Gender:
			Hospital No:
			NHS No:
Tel No:	**PLEASE CHECK TEL Nos ARE CORRECT** Tel No. (1):		
	Tel No. (2):		
Email:	Carer requirements (has dementia or learning difficulties)?		Does the patient have the capacity to consent? Yes ☐ No ☐
Decision to Refer Date:	Translator Required: Yes ☐ No ☐ Language:		Mobility:

Level of Concern

☐ I think it is likely that this patient has cancer and would like the patient to be investigated further even if the FIT is negative.

Clinical details
Please detail your conclusions and what needs to be excluded or attach a referral letter.

Colorectal Cancer

When considering referring any patient over the age of 18 years for investigation of possible colorectal cancer (EXCEPT those with rectal bleeding, palpable mass, obstructive symptoms or iron deficiency anaemia) please give the patient a FIT kit to complete and review the result before referring.

Please also ensure that all bloods (FBC, U&E, eGFR, Ferritin) **have been taken within the last 8 weeks and please review results before referring as this helps with triaging patients and ensures patient suitability for particular investigations.**

- **If the FIT test is positive (≥ 10 µg/g)** please refer via this form along with up to date blood test results.
- **If the FIT test is negative (<10 µg/g)** the patient should be followed up in Primary Care with relevant safety-netting advice recorded in the notes.

For patients with unexplained symptoms, (where alternative pathology seems unlikely), please get "Advice and Guidance" from Secondary Care clinicians.

Any age with: (*no FIT test required*)

☐ Rectal mass ☐ Abdominal mass

Aged 40 and over with:

☐ Unexplained weight loss **AND** ☐ Abdominal pain **AND** ☐ Positive FIT test.

Aged under 50 with: (*no FIT test required*)

☐ Unexplained rectal bleeding: **(Please tick whichever apply)**

☐ fresh/ bright red on paper ☐ altered/mixed with stool ☐ melaena

AND any of the following:

☐ Unexplained abdominal pain

☐ Unexplained weight loss

☐ Iron deficiency anaemia

☐ Change in bowel habit **: (Please tick whichever apply)**

☐ loose ☐ constipated ☐ non-specific changes

Aged 50 and over with: (*no FIT test required*)

☐Unexplained rectal bleeding : **(Please tick whichever apply)**

☐ fresh/ bright red on paper ☐ altered/mixed with stool ☐ melaena

Aged 60 and over with:

☐ Iron Deficiency Anaemia (*no FIT test required*)

OR

☐ Positive FIT test **AND** ☐ Change in bowel habit**: (Please tick whichever apply)**

☐ loose ☐ constipated ☐ non-specific changes

Anal cancer (*no FIT test required*)

☐ Unexplained anal mass **OR**

☐ Unexplained anal ulceration

Information helpful for deciding appropriate appointment type:

Is the patient fit for oral bowel preparation?

☐ Yes ☐ No

Is the patient willing to undergo colonoscopy or CT Colonography (as appropriate)

☐ Yes ☐ No

Bloods required for each patient:

Ferritin:		**Results within last 8 weeks please**
Hb:		
Creatinine:		
eGFR:		
FIT numerical result (if appropriate)	**µg/g**	

	Anaemia	Iron Deficiency
Male:	**Hb <110g/l ,**	**Ferritin 24 - 336 µg/l**
Female:	**Hb <100g/l**	**Ferritin 11 – 30 µg/l**

PR Exam performed: ☐ Yes ☐ No

PLEASE TICK AS APPROPRIATE

Clinical Frailty Scale*

☐  1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

☐  2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

☐  3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

☐  4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

☐  5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

☐  6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

☐  7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

☐  8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

☐  9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

Smoking status

Yes ☐ No ☐ Ex-smoker ☐

BMI if available

Date:……. BMI ……..

Please confirm that the patient has been made aware that this is a suspected cancer referral: ☐Yes ☐No

Please confirm that the patient has received the two week wait referral leaflet: ☐Yes ☐No

Please provide an explanation if the above information has not been given:

<u>PLEASE STATE</u> Date(s) that patient is unable to attend within the next two weeks:

If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.

Please attach the additional clinical issues list from your practice system
Details to include:
<u>Current medication</u>, significant issues, allergies, relevant family history, alcohol status and morbidities

Trust Specific Details:

For hospital to complete UBRN: Received date: