|  |  |
| --- | --- |
| **Graphical user interface, text, application, email  Description automatically generated** | **CHILDREN’S**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient details** | | | |
| **Patient Name** | ${firstname} ${surname} | | |
| **Address** | ${patientAddress}  ${postcode} | | |
| **DOB** | ${dob} | **NHS No.** | ${nhsNumber} |
| **Home Tel. No.** | ${home} | **Gender** | ${gender} |
| **Mobile Tel. No.** | ${mobile} | **Ethnicity** | ${ethnicity} |
| **Preferred Tel. No.** | ${preferredNumber} | **Email Address** | ${email} |
| **Main Spoken Language** | ${language} | **Interpreter needed?** | Yes  No |
| **Transport needed?** | ${transportNeeded} | **Patient agrees to telephone message being left?** | Yes  No |
| **Communication requirements** | Hard of hearing:  Visually impaired:  Learning/mental difficulties:  Dementia:  Has the patient capacity? Yes  No  Communication difficulties other: (please specify)  ${communicationDifficultiesOther} | | |
| **Safeguarding concerns?** | ${safeguardingConcerns} | | |
| **Date of Decision to Refer** | ${createdDate} | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Registered GP details** | | | |
| **Practice Name** | ${practiceName} | | |
| **Registered GP** | ${usualName} | **Usual GP / Referring GP** | ${referringClinical} |
| **Registered GP**  **Address** | ${practiceAddress} | | |
| **Tel No.** | ${main} | **Fax No.** | ${fax} |
| **Email** | ${gpEmail} | **Practice Code** | ${practiceCode} |

|  |  |
| --- | --- |
| **Patient engagement** | |
| **The patient has been informed that the reason for referral is to rule out or rule in Cancer.** |  |
| **Supporting information (USC leaflet) provided** |  |
| **The patient has been informed of the likely next pathway steps and the time in which they should be contacted?** |  |
| **Does the patient want a relative present at the appointment** | Yes  No |
| **Patient or Carer Concerns/ Support Needs at the point of referral:** | |
| ${carerConcernsOrSupportNeeds} | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Suspected diagnosis** | | | | | |
| **Leukaemia** |  | **Neuroblastoma** |  | **Bone tumour** |  |
| **Lymphoma** |  | **Wilms’ tumour** |  | **Retinoblastoma** |  |
| **Brain tumour** |  | **Soft tissue sarcoma** |  | **Thyroid tumour** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral criteria** | | | |
| **Leukaemia**  (0-16 years) | Hepatosplenomegaly |  | **Contact on call consultant** |
| ***One or more of the following symptoms and signs requires investigation with full blood count and blood film:*** |  | ***If full blood count or blood film******indicates leukaemia***,  **Contact on call consultant** |
| Pallor |  |
| Persistent or recurrent infections |  |
| Unexplained irritability |  | If full blood count or blood film do not indicate leukaemia but still high level of suspicion from history  **USC referral** |
| Unexplained fever |  |
| Fatigue |  |
| Generalised lymphadenopathy |  |
| Persistent or unexplained bone pain |  |
| Unexplained bleeding, bruising or purpura |  |
| **Lymphoma**  (0-16 years) | Mediastinal or hilar mass on chest X-ray |  | **Contact on call consultant** |
| ***Lymphoma is suspected if one or more of the following are present, particularly in the absence of local infection:*** |  | **USC referral** |
| Lymph nodes non-tender, firm or hard |  |
| Lymph nodes greater than 2cm in size |  |
| Lymph nodes progressively enlarging |  |
| Other features of general ill-health, fever or weight |  |
| The axillary nodes are involved (in the absence oflocal infection or dermatitis) |  |
| The supraclavicular nodes are involved |  |
| **Brain tumour**  (0-16 years) | Reduced level of consciousness |  | **Contact on call consultant** |
| Any symptoms suggestive of spinal cord compression |  |
| ***AGED <2 - The development of any of the following symptoms may suggest a CNS tumour:*** |  | **Contact on call consultant** |
| * New onset seizures |  |
| * Bulging fontanelle |  |
| * Extensor attacks |  |
| * Persistent vomiting |  |
| * Abnormal increase in head size |  | **USC referral** |
| * Arrest or regression of motor development |  |
| * Altered behaviour |  |
| * Abnormal eye movements |  |
| * Lack of visual following |  |
| * Poor feeding/failure to thrive |  |
| * Squint *(Referral urgency contingent on other features)* |  |
| ***AGED >2 - The presence of any of the following should prompt urgent or immediate referral:*** |  | **Contact on call consultant** |
| * Headache and vomiting causing early morningwaking |  |
| * **New** and persistent headache |  | *If unable to undertake an adequate neurological examination,*  **USC referral** |
| * New onset seizures with any associate neurological signs. |  | **USC referral** |
| * Cranial nerve abnormalities |  |
| * Visual disturbances |  |
| * Gait abnormalities |  |
| * Motor or sensory signs |  |
| * Unexplained deteriorating school performance ordevelopmental milestones |  |
| * Unexplained behavioural and/or mood changes |  |
| **Neuroblastoma**  (all ages)  Refer to NICE CG27 Page 92 | Infant younger than 1 year with abdominal or thoracic mass |  | **Contact on call consultant** |
| Child with abdominal mass and either leg weakness and /or unexplained urinary retention as this may be due to cord compression. |  |
| ***The presence of the following symptoms and signs requires investigation with full blood count:*** |  | *If results indicate anaemia, consider neuroblastoma*  **USC referral** |
| * Persistent or unexplained bone pain |  |
| * Pallor |  |
| * Fatigue |  |
| * Unexplained irritability |  |
| * Unexplained fever |  |
| * Persistent or recurrent upper respiratory tractinfections |  |
| * Generalised lymphadenopathy |  |
| * Unexplained bruising |  |
| ***In children or young people with symptoms that could be explained by neuroblastoma, an abdominal examination and/or urgent abdominal ultrasound should be undertaken and FBC and chest X-ray considered*** |  | **Contact on call consultant** |
| Any mass identified |  |
| Proptosis |  |
| Unexplained back pain |  |
| Leg weakness (see above) |  |
| Unexplained urinary retention (see above) |  |
| **Wilm’s Tumour**  (all ages)  Refer to NICE CG27 Page 92 | Progressive abdominal distension |  | **Contact on call consultant** |
| Abdominal mass |  |
| Abdominalexamination notpossible |  | **USC referral** |
| Haematuria |  |
| **Soft Tissue Sarcoma**  (all ages) | ***An unexplained mass at almost any site that has one or more of the following features:*** |  | **USC referral** |
| * Deep to the fascia |  |
| * Non-tender |  |
| * Associated with regional lymph node enlargement |  |
| * Size >2 cm in diameter |  |
| * Progressively enlarging |  |
| ***A soft tissue mass in an unusual location:*** |  | Consider Sarcoma |
| * Proptosis |  |
| * Persistent unexplained unilateral nasal obstructionwith or without discharge and/or bleeding |  |
| * Aural polyps/discharge |  |
| * Urinary retention |  |
| * Scrotal swelling |  |
| * Bloodstained vaginal discharge |  |
| **Bone Sarcoma**  (all ages) | Persistent localised bone pain and/or swelling |  | X-ray required |
| Rest pain, back pain or unexplained limp |  | Discuss with paediatric orthopedic surgeon or paediatrician, and/or X-ray |
| X-ray suggestive of osteosarcoma |  | **USC referral** |
| **Retinoblastoma**  (mostly under 2 years) | White papillary reflex (leukocoria) |  | **USC referral** to paediatric ophalmologist |
| New squint or change in visual acuity |  |
| Suspicion of cancer |  |
| **Discrete Lump with Thyroid** | Pre-pubertal and adolescents with new thyroid mass |  | **USC referral** to Paediatric Endocrinologist |
| **Skin Cancer** | Rapidly changing skin lesion |  | **USC referral** to dermatology |
| Changing pigmented skin lesion |  |

|  |  |
| --- | --- |
| **Please add clinical details and examination findings**  **(this can be copied from your consultation note)** | |
| ${symptomsAndExaminationFindings} | |
| **Patient anxiety level** | ${patientAnxietyLevel} |

|  |
| --- |
| **Relevant investigations** |
| ${relevantInvestigations} |

|  |  |
| --- | --- |
| **Performance status - WHO classification** | |
| **0 - Able to carry out all normal activity without restriction** |  |
| **1 - Restricted in physically strenuous activity, but able to walk and do light work** |  |
| **2 - Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours** |  |
| **3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours** |  |
| **4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair** |  |

**Consultations**

${additionalClinicalInfo}

**Past Medical History**

${medicalHistory}

**Family history**

${relevantFamilyHistoryOfCancer}

**Current Medications**

${medication}

**Allergies**

${allergies}

|  |  |
| --- | --- |
| **To be completed by the Hospital Data Team** | |
| **Date of decision to refer** |  |
| **Date of appointment** |  |
| **Date of earliest offered appointment (if different to above)** |  |
| **Specify reason if not seen at earliest offered appointment** |  |
| **Periods of unavailability** |  |
| **Booking number (UBRN)** |  |
| **Final diagnosis: Malignant**  **Benign** | |

**Summary of the NICE 2015 suspected cancer guidelines**

|  |  |
| --- | --- |
| Childhood cancers | |
| Leukaemia | |
| Refer for immediate specialist assessment | * Unexplained petechiae or hepatosplenomegaly (may indicate severe marrow suppression therefore a medical emergency). |
| Offer FBC within 48h | * 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 |
| Lymphoma: Non Hodgkin | |
| Consider very urgent referral (for appointment within 48 hours) | * Unexplained lymphadenopathy or splenomegaly.   Take into account any associated symptoms, particularly fever, night seats, SOB (from mediastinal mass), pruritus or weight loss. |
| Brain Tumour | |
| Consider very urgent referral | * Children and young people with newly abnormal cerebellar or other central neurological function. |
| Neuroblastoma | |
|  | *Most occur in children <5y.* |
| Consider specialist assessment within 48h | * Children with a palpable abdominal mass or unexplained enlarged abdominal organ. |
| Wilm’s Tumour | |
|  | *Usually children 1-3y. Embryonal tumour of the kidney.* |
| Consider specialist assessment within 48h | * Children with a palpable abdominal mass or unexplained enlarged abdominal organ or unexplained visible haematuria. |
| Soft Tissue Sarcoma | |
| Consider a very urgent direct access ultrasound scan within 48 hours | * Children and young people with an unexplained lump that is increasing in size. |
| Consider a very urgent referral within 48h | * 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. |
| Bone Sarcoma | |
| Consider a very urgent referral within 48h | * Children and young people if an X-ray suggests the possibility of bone sarcoma. |
| Consider a very urgent direct access X-ray within 48h | * Children and young people with unexplained bone swelling or pain. |
| Retinoblastoma | |
| Consider urgent referral (within 2w) for ophthalmological assessment | * Children with an absent red reflex. |
| Discrete Lump with Thyroid | |
|  |  |
| Skin cancer | |
|  |  |
| Non- site specific symptoms in children | |
| Consider referral for children | * If there parent/carer has persistent concern or anxiety about the child’s symptoms even if most likely to have a benign cause. Take into account insight and knowledge of parents/carers when considering referral.   *N.B. The positive predictive value of parental concern has not been studied.* |