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

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| **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} |

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| **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} |

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| **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} |

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

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| **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 | [ ]  |

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

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

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| **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}

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| **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**

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| 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.*  |