

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Knee replacement

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS / Secondary Care complete the checklist and file for future compliance audit.

The SY ICB will only fund knee replacement for osteoarthritis when the following criteria have been met	Delete as appropriate	
Referral has been made to the Knee Pathway AND	Yes	No
Osteoarthritis of the knee causes persistent, severe pain as defined in table 1 AND	Yes	No
Pain from osteoarthritis of the knee leads to severe loss of functional ability and reduction in quality of life as defined in table 2 AND	Yes	No
Symptoms have not adequately responded to 6 months of conservative measures* OR conservative measures are contraindicated. Documentation of dates and types of measures is required.	Yes	No

If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further details. If patient meets the above criteria then prior approval is not required.

* Conservative measures =, oral NSAIDs, physiotherapy or referral to the Knee Referral Pathway and paracetamol based analgesics, intra-articular corticosteroid injections and patient education (e.g. activity / lifestyle modification). See policy for further details.

Table 1: Classification of pain level

Pain level	
Slight	Sporadic pain.(May be daily but comes and goes 25% or less of the day) Pain when climbing/descending stairs. Allows daily activities to be carried out (those requiring great physical activity may be limited). (Able to bathe, dress, cook, and maintain house) Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects
Moderate	Occasional pain.(May be daily and occurs 50-75% of the day) Pain when walking on level surfaces (half an hour, or standing). Some limitation of daily activities.(Occasionally has difficulty with self-care and home maintenance) Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.
	Pain of almost continuous nature.(Occurs 75-100% of the day)

Intense / Severe	Pain when walking short distances on level surfaces (>20ft) or standing for less than half an hour or pain when resting Daily activities significantly limited. (unable to maintain home, cook, bathe or dress without difficulty or assistance) Continuous use of NSAIDs or narcotics for treatment to take effect or no response Requires the use of support systems (walking stick, crutches).
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Table 2: Functional Limitations

Minor	Functional capacity adequate to conduct normal activities and self-care Walking capacity of more than one hour No aids needed
Moderate	Functional capacity adequate to perform only a few of the normal activities and self-care Walking capacity of between half and one hour Aids such as a cane are needed occasionally
Severe	Largely or wholly incapacitated Walking capacity of less than half hour Cannot move around without aids such as a cane, a walker or a wheelchair. Help of a carer is required.

If the above criteria are not met, does the patient meet the following exceptions:–

Patients whose pain is so severe and/or mobility is compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this. (Refer through IFR)	Yes	No
Patients whom the destruction of their joint is of such severity that delaying surgical correction would increase the technical difficulties of the procedure. (Refer through IFR)	Yes	No

Patients with co-morbidities should be optimised prior to referral for possible surgery

Diabetes HbA1c $\leq$ 70 nmol/ml	Hypertension BP $\leq$ 160/100 Aim for 140/85 non Diabetic Aim for 140/80 Diabetic	Anaemia Hb > 13 in men Hb > 12 in women	Sleep Apnoea Referred for Sleep Studies with STOP BANG Score $\geq$ 5
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