



Pro-forma for Urgent transfer to Wythenshawe Hospital for Thoracic Oncology Emergency

Patient Name		NHS Number	
Primary Diagnosis (if known)			
Oncology emergency	<input type="radio"/> Massive haemoptysis <input type="radio"/> SVCO <input type="radio"/> High risk malignant airway obstruction <input type="radio"/> SVCO + malignant airway obstruction <input type="radio"/> Low risk malignant airway obstruction <input type="radio"/> Other.....		
Admission destination	<input type="radio"/> F3 - Thoracic Surgery <input type="radio"/> POU - Thoracic Physicians		
Co morbidities			
Performance status			
Clinical Frailty Score			
Medications			
Resuscitation status & escalation status			
Treatment plan (if known)			
Details of discussion with patient and family			
Clinician Name		Clinician Contact:	Bleep: Email: