

Small Cell Lung Cancer: Immediate Referral Proforma for Systemic Treatment

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|--|-----|---|-----|--|----|
| Patient Name | | Patient DOB | | NHS Number | |
| Referral to Wythenshawe: geographical catchment area excluding patients needing concurrent chemo-radiotherapy Christie: all patients excluding Wythenshawe Hospital catchment area | | The Christie Hospital | | Wythenshawe Hospital | |
| | | <ul style="list-style-type: none"> Email this form to the-christie.lungnursesteam@nhs.net Usual letter of referral to the-christie.new-referrals@nhs.net | | | |
| Referring Hospital and Consultant | | | | | |
| DATE PATIENT INFORMED / WILL BE INFORMED DIAGNOSIS | | | | | |
| Patient location | | Patient home | | Ward (Give location and phone number) | |
| Referring Hospital Patient Key Worker Name | | | | | |
| Referral for systemic treatment assessment via | | Outpatient Clinic Med Onc appointment within 7 days | | Inpatient admission Patient requires urgent management e.g hypoNa, SVCO, rapid deterioration (days); to be discussed with SpR on-call via Switchboard | |
| Sector MDT discussed date/ planned discussion | | | | | |
| Source of Histo/Cytological diagnosis (lab reference no and location if known) | | | | | |
| Immunohistochemistry (IHC) confirms small cell carcinoma | | Yes | | Pending | |
| Stage* *advise limited/extensive stage as a minimum | | SVCO present clinically or radiologically | | Yes | No |
| ECOG PS | | 0 | 1 | 2 | 3 |
| Bloods: Na, LDH, Adjusted Ca, Alk Phos | | | | | |
| Bloods: include abnormal Hb, Platelets, white cell count | | | | | |
| Bloods: eGFR(mls/m) | | | | | |
| PMH/Comorbidity | | | | | |
| Confirm patient informed of diagnosis and referral | Yes | Patient has capacity | Yes | No | |
| Social red flags | | | | | |
| Patient and family wishes (if known) | | | | | |
| Clinician Name: | | Clinician Contact: Bleep: Email: | | | |
| Date | | | | | |

