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**Clinic Referral**

**Acute Jaundice @ Manchester**

**Fast Track Referral for patients with Jaundice please contact** MFT.HPBCNS@nhs.net Bleep 3685 via switchboard Mon Fri 7:30am – 17:30pm.

Out of hours contact HPB Consultant on call via switchboard 0161 276 1234

**This is not a 2ww form. Use this form for all referrals to the Acute Jaundice Clinic**

Pt will be contacted via telephone for triage.

|  |  |
| --- | --- |
| GP | Pts Name |
| Address | NHS No |
|  | DOB |
| Tel | Tel |
| Date of Ref | Name of Refer |

Does the patient have acute Clinical Jaundice Y/N.? If no or deranged LFT with no clinical jaundice please refer via

Gastroenterology

**Pt History**

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes Y/N | CVA Y/N | MI Y/N | AF Y/N |
| Smoker Y/N | Alcohol (Units) | Clinical Frailty Score |  |

|  |
| --- |
|  |

Bloods if done (not essential)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bil |  | ALP |  | AST |  | INR |  | EGFR |  |

The majority of patients are suitable for assessment in the clinic but consider direct acute admission if:

* Frail
	+ Systemically unwell
	+ Febrile.