

**HPB ENDOSCOPY REFERRAL PROFORMA**

MANCHESTER ROYAL INFIRMARY

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| **PATIENT DETAILS** |
| **Patient Name** | Click or tap here to enter text. | **NHS number** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. | **Contact number** | Click or tap here to enter text. |
| **Patient address** | Click or tap here to enter text. | **Postcode** | Click or tap here to enter text. |
| **REFERRER DETAILS**  |
| **Referring hospital** | Click or tap here to enter text. | **Ward / OP** | Click or tap here to enter text. |
| **Ward contact number**  | Click or tap here to enter text. | **Consultant** | Click or tap here to enter text. |
| **Requester’s name** | Click or tap here to enter text. | **Requesters contact number** | Click or tap here to enter text. |
| **Requester’s email** | Click or tap here to enter text. | **Referral date** | Click or tap to enter a date. |
| **Referral Urgency** | **URGENT** [ ]  **HSC** [ ]  **ROUTINE** [ ]  |
|  **Endoscopy requirement**  | **INPATIENT TREAT AND TRANSFER** [ ]  **OUTPATIENT** [ ]  |

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| **REASON FOR ENDOSCOPY REFERRAL** | **ERCP** [ ]  **EUS** [ ]  |
| **Clinical Indication** | **Imaging** |
| * Jaundice
 |[ ]  **CT** [ ]  **USS** [ ]  **MRCP** [ ]  |
| * Deranged LFTs
 |[ ]   |
| * CBD stone
 |[ ]  **Details**Click or tap here to enter text. |
| * Bile leak
 |[ ]   |
| * Spyglass
 |[ ]   |
| * Suspicion of malignancy?
 |[ ]   |
| * Is referral a result of MDT discussion?
 |[ ]   |
| **Additional details** |  |
| Click or tap here to enter text. |  |
| **BLOOD RESULTS** Click or tap to enter a date. |  |
| **CRP** | Click or tap here to enter text. | **Has ERCP previously been attempted? YES** [ ]  **NO** [ ] **Successful** [ ]  **Failed** [ ] **Reason for failure (if applicable)** Click or tap here to enter text. |
| **BILIRUBIN** | Click or tap here to enter text. |  |
| **ALP** | Click or tap here to enter text. |  |
| **ALT** | Click or tap here to enter text. |  |
| **WCC** | Click or tap here to enter text. |  |
| **PLATELETS** | Click or tap here to enter text. |  |
| **Hb** | Click or tap here to enter text. |  |
| **INR** | Click or tap here to enter text. |  |
| **APTT** | Click or tap here to enter text. |  |
| **PT** | Click or tap here to enter text. |  |

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| **MEDICAL HISTORY** | **ADDITIONAL DETAILS** |
| **IHD / recent MI** | YES [ ]  NO[ ]  | **Infection control issues** | NO [ ]  MRSA [ ]  CPE [ ]  C-DIFF [ ]  |
| **Diabetes****(insulin / tablet)** | YES [ ]  NO [ ] Click or tap here to enter text. | **Covid status** | Negative [ ]  Positive [ ] Click or tap to enter a date. |
| **COPD** | YES [ ]  NO [ ]  | **Capacity to consent?** YES [ ]  NO [ ] **If No then mental capacity assessment and Consent form 4 required** |
| **Asthma** | YES [ ]  NO [ ]  |
| **Stroke / CVA** | YES [ ]  NO [ ]  | **Linkworker required?** | YES [ ]  NO [ ]  |
| **Pacemaker / ICD** | YES [ ]  NO [ ]  | **Interpreter required?** | YES [ ]  NO [ ]  Click or tap here to enter text. |
| **Haematology disorder** | YES [ ]  NO [ ]  | **ReSPECT / DNAR in situ?** | YES [ ]  NO [ ]  |
| **Allergies** | YES [ ]  NO [ ]  | **ASA SCORE**  | Choose an item. | **PERFORMANCE STATUS**  | Choose an item. |
| **Further information if applicable** Click or tap here to enter text. |

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| **ANTICOAGULANTS** | YES [ ]  NO [ ]  | **ANTIPLATELETS** | YES [ ]  NO [ ]  |
| **Specify medication** | Click or tap here to enter text. | **Specify medication** | Click or tap here to enter text. |
| **Indication** | Click or tap here to enter text. | **Indication** | Click or tap here to enter text. |
| **Stop date** | Click or tap to enter a date. | **Stop date** | Click or tap to enter a date. |
| **Additional Medication** |
| Click or tap here to enter text. |

Please send completed referrals forms to MFT.HPB.ENDOSCOPY@NHS.NET and **attach any endoscopy or radiology reports.**

**If an inpatient treat and transfer is requested, please be advised it is the responsibility of the referring hospital to ensure the patient is clinically stable for transfer, and patient transport with a registered nurse escort has been arranged once a date has been provided.**

For any urgent enquiries please contact **Jenny McKeown (ERCP Clinical Nurse Specialist)** on **07929739196 or 01612765865** (Monday- Thursday 8am – 6pm) or Endoscopy on Vocera **(01617019600)** stating ‘Endoscopy Co-ordinator’ when prompted.