

**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](mailto: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.