

# 2WW 2018 Lung

East Lancashire Hospitals   
NHS Trust

  
East Lancashire  
Clinical Commissioning Group

  
Blackburn with Darwen  
Clinical Commissioning Group

Send referral via eReferrals system to “2WW Lung Assessment Service.” Clinical triage will take place before the patient is contacted by the hospital to book an appointment.

Please complete ALL of this proforma so that triage for the Optimal Lung Pathway can take place.

In the unlikely event that eReferrals system is unavailable, keep trying for 24 hours to complete the referral. Beyond 24 hours initiate the practice and hospital business continuity plans.

Nice Referral Guidance: Hold CTRL [NICE suspected cancer guidance](#)

Patient Details					
The patient is available to attend a 2WW appointment in the next 2 weeks (Yes/No)			Free Text Prompt		
The patient will be unavailable on the dates indicated			Free Text Prompt		
<b>Name</b>	Title Given Name Surname	<b>DOB</b>	Date of Birth	<b>Gender:</b>	Gender
<b>NHS No:</b>	NHS Number	<b>Hosp Num</b>	Hospital Number		
<b>Address</b>	Home Address House Name/Flat Number Home Address Number and Street, Home Address Village, Home Address Town. Home Address Postcode.				
<b>Tel.</b>	Patient Home Telephone	Patient Mobile Telephone		<b>UK Resident</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Interpreter Required? If Yes, use ARM function on eRS.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If so which Language</b>	<b>Date of Ref</b>	Free Text Prompt	
GP Details					
Free Text Prompt , Organisation Name, Organisation House Name/Flat Number, Organisation Number and Street, Organisation Village, Organisation Town, Organisation County. Tel Organisation Telephone Number					
Please check that the patient's address and contact number are up to date. If the mobile number has changed please add here: Free Text Prompt					
Has the patient been informed that this is an urgent 2 week wait referral (2WW) and been given a patient information card explaining the 2WW process?			Free Text Prompt		
Has the patient been informed they should attend the first appointment offered to them, that this will be within 2 weeks and may be at BGH, RBH or Rossendale PCC?			Free Text Prompt		

Please ensure you have closed the last consultation before completing this form. This will enable the clinical information you have written to populate the space below. Please include current smoking status in your consultation.

## Consultations

Comments / Other clinical information, including investigative results:  
Smoking History: Free Text Prompt  
Radiology

Is the patient currently taking antiplatelets or anticoagulants (warfarin or new oral anticoagulants) No  Yes

If 'Yes' please ensure the name and dose is captured on this form in the medication section or write this in the box below:

Is there any family history of lung cancer	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the patient had any previous malignancy diagnosed? (Please describe site, year of diagnosis and treatment given):	

**Refer for urgent CXR**

**People aged 40 and over if they have 2 or more of the following unexplained symptoms**

**Or if they have ever smoked and have one or more of the following unexplained symptoms**

**Or if they have been exposed to asbestos and have one or more of the following unexplained symptoms**

- Cough
- Fatigue
- Shortness of breath
- Chest pain
- Weight loss
- Appetite loss

Consider an urgent chest X-ray for lung cancer in people aged 40 and over with any of the following

- Persistent or recurrent chest infection
- Finger clubbing
- Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- Chest signs consistent with lung cancer or pleural disease
- Thrombocytosis

*Local guidance suggests consider direct emergency admission for patients presenting with Stridor or Superior Vena Caval Obstruction*

<b><u>Reasons for 2 week wait referral – please ensure chest X-ray has been done prior to referral</u></b>	
Chest X-ray findings that suggest lung cancer	<input type="checkbox"/>
Chest X-ray findings that suggest mesothelioma	<input type="checkbox"/>
Chest X-ray findings that suggest pleural effusion	<input type="checkbox"/>
Aged 40 and over with unexplained haemoptysis	<input type="checkbox"/>
<b><i>Local recommendation is that if a chest x-ray suggests lymphoma please refer to haematology using the haematology 2WW form</i></b>	
<i>Please note that a normal chest x-ray cannot completely exclude lung cancer. If you are sufficiently worried that your patient may have lung cancer please refer and add detailed clinical information either from your consultation or in the comments box above.</i>	

Please indicate if the CT scan has already been arranged by the Radiologist subsequent to the abnormal chest x-ray	<input type="checkbox"/>
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Please select the patient's WHO performance status as appropriate:	
0 = Able to carry out all normal activity without restriction	<input type="checkbox"/>
1 = Restricted in strenuous activity but ambulatory and able to carry out light work	<input type="checkbox"/>
2 = Ambulatory and capable of all self care but unable to carry out any work activities;	<input type="checkbox"/>

up and about more than 50% of awake hours

3 = Symptomatic and in a chair or in bed for greater than 50% of day but not bed ridden

4 = Completely disabled; cannot carry out any self care; totally confined to bed or chair

Problems

Medication

Allergies