

## Paediatric referral

to The Royal Marsden hospital, Sutton, Surrey

The Royal Marsden accepts referrals for patients aged 1-24 years.

**PLEASE DISCUSS ALL REFERRALS WITH THE ON-CALL PAEDIATRIC MEDICAL/ ANP TEAM VIA THE 24 HOUR ADVICE LINE: 020 8915 6248**

**Please complete all sections otherwise the form will be returned, and the referral not accepted.**

Please email to [rmh-tr.CYPsharedcare@nhs.net](mailto:rmh-tr.CYPsharedcare@nhs.net) following initial telephone discussion and completion of form. Referrals need to be received and reviewed prior to Wednesday 12 noon for MDT discussion that week.

**Neuro-oncology referrals:** A referral should also be immediately sent to the appropriate neurosurgical centre (Kings College Hospital or St Georges Hospital)

Kings College Hospital (KCH): <https://nww.ihtl.nhs.uk/neurosurgery>

St George's Hospital (SGH): <https://www.referapatient.org/refer-a-patient>

Patient demographics	
Name	Date of birth
NHS number	Confirmed NHS eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address and postcode	
Contact telephone number	
GP name, address, post code and contact details	
Gender	Ethnicity
First language	Is an interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Current location of patient: Home <input type="checkbox"/> Hospital <input type="checkbox"/>	
If inpatient, please provide name and contact telephone number of ward patient is on	



**Main care givers:** *Please provide details (below) for at least two main care givers if available*

Names and relationship to patient

Telephone numbers

Who has parental responsibility?

Any safeguarding concerns? Yes  No

Have appropriate safeguarding referrals been made? Yes  No

Date and agency referred to/ already known to

### Referral details

Date

Accepting professional at RMH whom case discussed with

### Referrers details

Name

Job title

Referring hospital address

Contact telephone number

NHS.net email address

Consultant responsible for patient at referring centre

Contact details

**Presenting history**

**Current medications**

**Previous medical history**

**Examination**

**Haematology and solid tumours:** If patient unstable, please discuss with RMH and South Thames Retrieval Service (STRS). Retrieval to PICU at SGH or Pinckney Ward.

**STRS Tel: 020 7188 5000**

If acute abdomen (surgical), discuss with paediatric surgical registrar at SGH Tel: 020 8672 1255 Bleep: 6763

**Neuro-oncology:** Please send one referral to RMH and one to your designated neurosurgical referral centre, including details of GCS, concerns of raised ICP and any acute neurological change

Kings College Hospital (KCH): <https://nww.ihtl.nhs.uk/neurosurgery>

St George's Hospital (SGH): <https://www.referapatient.org/refer-a-patient>

Height

Weight

Allergy status

**Investigations for oncology patient**

Bloods: FBC, U+Es, LFTs, Ca, Urate, Coagulation, LDH, AFP, bHCG, Ca 125+, Glucose

Urine: Urinary analysis and catecholamines for abdominal masses and suspected neuroblastomas

**Investigations for haematology patient**

FBC and film (including who has reported the film), clotting screen – INR, APTR, Fibrinogen, U&Es, LFTs, bone profile including phosphate, urate (uric acid), LDH.

**Before transfusions** send serology to local lab for CMV, EBV, Hep A, Hep B, VZV (to be process locally).

**Please send two EDTA blood samples** (1-2 mls each bottle) for peripheral blood film and immunophenotyping (flow cytometry). Courier the samples accompanied by the appropriate form (obtained from RMH) to the Centre for Molecular Pathology (CMP) Building specimen reception.

**Imaging**

**To be discussed with RMH on initial telephone referral. Please send all imaging via IEP**

MRI or CT of suspected primary site

USS as indicated by RMH

CXR as indicated by RMH

**All haematology referrals** should include a chest x-ray to assess for mediastinal widening. The x-ray should be image linked to RMH to be reviewed before a patient is transferred.

**Details of information shared with patient/ family:** Consultant paediatrician to discuss possible diagnosis with family and inform them of referral to RMH. Please provide brief description of conversation had.

**Associated documentation to accompany referral form**

Imaging reports  Blood results

**RMH use only**

Receiving clinician

Receiving consultant

Patient registration requested

EPR annotation following discussion with referring team

Added to Shared care list

Imaging received and review requested

Added to appropriate MDT discussion

Outstanding actions