

**St Oswald's Hospice Lymphoedema Referral Form**

<b>Referral Date:</b> <b>NHS No:</b>	<b>Person Taking referral:</b>
<b>Name:</b> Mr   Mrs   Miss  <b>Address:</b>  <b>Postcode:</b>  <b>Tel No.</b> <b>D.O.B.</b>	<b>Referrer:</b> <b>Contact Details:</b>  <b>GP</b> (if different from above)  <b>Address:</b>  <b>Tel No:</b>
<b>Living Details</b> (ring) Alone   spouse   son  Daughter   friend   other relative   dep children	<b>Professional Support</b> Name                      Place   Type: Con   McM   DN
<b>Site of Swelling</b>	
<b>Cancer related swelling:</b> Yes/No Diagnosis:  Is the disease active <input type="checkbox"/> or inactive <input type="checkbox"/> Current Treatment:	<b>Non Cancer related swelling:</b> Yes?No  <b>Diagnosis/ significant triggers</b>
Details of onset – if sudden onset, see overleaf   History of cellulitis – If any   Has any other treatment been offered in the past e.g. skincare, compression, exercise, simple lymphatic drainage, surgery, medication etc. If so with what effect? Was patient able to concord?	
<b>Relevant medical problems:</b> please comment Venous disease/thrombosis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung Failure <input type="checkbox"/> Renal disease <input type="checkbox"/> Endocrine Disorders <input type="checkbox"/> Vascular disease <input type="checkbox"/> Neurological disorders <input type="checkbox"/> Chronic skin disorders <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Pain <input type="checkbox"/> Immobility <input type="checkbox"/> Obesity <input type="checkbox"/>	<b>Medication:</b>         <b>Allergies</b>
<b>Any other relevant medical/social history? Are there any factors that could have implications on the oedema management? Please see overleaf.</b>	

## **Referral Criteria For Lymphoedema Service**

### **Indications for referring the patient to the service**

- Oedema secondary to cancer or cancer related treatment.
- Oedema secondary to recurrent infection.
- Oedema secondary to trauma.
- Primary oedema due to congenital/hereditary problems.

### **Consider:**

- If onset of swelling is sudden, exclude presence of thrombosis or recurrent/advancing disease and initiate appropriate action.
- Patients diagnosed with thrombosis will be assessed but management strategies are post-poned for 8 weeks as per current guidelines.
- Patients who currently have cellulitis. Please contact us if you require a copy of guidelines for treatment of cellulitis.
- Presence of arterial disease. If known or suspected, please refer to vascular specialist for further advice and/or consent regarding future lymphoedema management.

### **Contraindications:**

- Recent surgery and resulting oedema. This can last up to 8 weeks. Monitor as may resolve spontaneously.
- ABPI < 0.8.
- Unstable cardiac/renal failure.

### **Pathway for patients referral**

- Palliative patients will be seen within 2-4 weeks and will be given priority.
- Patients who are on active treatment for cancer will be given a modified maintenance package until active treatment is complete.
- As the lymphoedema service has limited resources, non-palliative patients who have severe complicated oedema may need long term decongestive treatment. This includes multilayer lymphoedema bandaging, skin care simple lymphatic drainage and exercise on a daily basis. The mainstay of treatment will have to be carried out by the community nursing team. The nurses therefore will need to be trained in the skills required. A written agreement will need to be obtained from the nurses. Please consider if the patient will be able to concord fully with long term treatment.

**Please fax by return to 0191 2469072**

**For any enquiries please contact 0191 2850063**