University Hospitals of Leicester NHS
NHS Trust

Unit No:
Surname:
First Name:
Address:
DOB:
GP:
Practice Number:
Patient Contact Number:

HPB ERCP REFERRAL PROFORMA

PLEASE NOTE: FORM NEEDS TO BE FULLY COMPLETED OR MAY RESULT IN DELAYED TREATMENT - THE FORM NEEDS EMAILED TO THE ADDRESS BELOW

Age	Male / Female
Interpreter Needed	Yes / No

ENDOSCOPY email: ERCP@uhl-tr.nhs.uk / Phone 0116 258 4183

Why can this ERCP not be completed in your hospital?

Previous Abdominal Surgery:

Previous ERCP
Reasons for Failure

Referring Consultant:

Referring Hospital:

Discussed with:

Ward

Ward contact number:

Diagnosis:
(Tick Box)

Pancreatic Mass		Chronic Pancreatitis		Other (Please specify)	
Gallbladder Mass		CBD Stones			
Liver / Cholangiocarcinoma		Blocked Stent			

Investigations:
(Please put date in box)

CT Abdo, Pelvis *(Mandatory for suspected Cancers)*		MRI Liver		MRCP *(Mandatory to confirm CBD stones)*	
CT Chest		USS *(mandatory to confirm IHD dilatation for blocked stents)*			

Scans Transferred Electronically?
(Mandatory prior to
Yes / No

Reports Attached
(Required)
Yes / No

We appreciate your co-operation in completing this form

Transfer)

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Anticoagulants:

State indication and date Stopped please

- Clopidogrel *(stop for 14 days)*
- Therapeutic LMWH *(Stop 24 hours before)*
- Warfarin *(Stop for 4 days, INR to be < 1.5)*
- Rivaroxaban
- Aspirin *(Stop for 3 days if possible)*
- Dipyridamole *(Stop for 14 days)*
- Ticagrelor
- *Other anticoagulant / antiplatelet (please list)*

Past medical history

List all

Medications

Allergies

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Patients need recent bloods within 48 hours of procedure

Bloods	Date / time =	
U&E	Na	
	K	
	Urea	
	Creatinine	
	eGFR	
LFTs	Albumin	
	Alk Phos	
	ALT	
	Bilirubin	
Clotting	INR	
CRP	CRP	
FBC	WCC	
	Hb	
	Plts	
Tumour Markers		

Medication	Tick
Vitamin K 10mg IV	
Ursodeoxycholic acid 250 mg tds	
Piriton PRN	

Temp & Pulse	Tick
HR > 90/ min	
RR > 20/ min	
Temp <36˚C or >38˚C	
Worst EWS in Last 24 hours	

Performance Status:
(ring one)

0	1	2	3	4
Fully active	Symptomatic but completely ambulatory	Symptomatic, <50% in bed during the day	Symptomatic, >50% in bed	Bed-bound Completely disabled

Has End of Life Care Been Discussed? Yes / No
(if relevant)

Has Patient Been Informed of Diagnosis? Yes / No

Outcome from End Of Life Discussion

Doctors Name:
Grade:

This pro forma cannot be processed without a legible contact name/number

Bleep No: & Contact Number

(Office Use Only)

Immediate	Next Available	Rejected	Out-Patient
☐	☐	☐	☐

In-Patient request approved by	Date referred	Date booked

Further Imaging Required: