University Hospitals of Leicester MHS

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

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

Unit No: Surname:

First Name: Address:

DOB: GP:

Practice Number:

Patient Contact Number:

Age	Male / Female
Interpreter Needed	Yes / No

Why can this ERCP completed in your h			
Previous Abdomina Surgery:		Previous ERCP Reasons for Failure	
Referring Consultar	<u>ıt</u> :	Referring Hospital:	
Discussed with:		<u>Ward</u>	
Ward contact num	ber:		
	Pancreatic Mass	Chronic Pancreatitis	Other (Please specify)
Diognosia	Gallbladder Mass	CBD Stones	
<u>Diagnosis</u> : (Tick Box)	Liver / Cholangiocarcinoma	Blocked Stent	
Investigations	(Mandatory for suspected Cancers) CT Chest	MRI Liver JSS (mandatory to onfirm IHD dilatation for locked stents)	MRCP (Mandatory to confirm CBD stones)
Scans Transferred Electronically?	Yes / No	Reports Attached (Required)	Yes / No

(Mandatory prior to

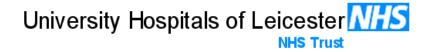
Transfer)

University Hospitals of Leicester NHS NHS Trust

Unit No:
Surname:
First Name:
Address:
DOB:
GP:

Practice Number:

Anticoagulants:	Clopidogrel (stop for 14 days)	Aspirin (Stop for 3 days if possible)
State indication and date Stopped please	Therapeutic LMWH (Stop 24 hours before)	Dipyridamole (Stop for 14 days)
	Warfarin (Stop for 4 days, INR to be < 1.5)	Ticagrelor
	Rivaroxaban	Other anticoagulant / antiplatelet (please list)
Past medical history List all		
Medications		
Allergies		



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

Patients need recent bloods within 48 hours of procedure

Bloods	Date / time =	
	Na	
	K	
U&E	Urea	
	Creatinine	
	eGFR	
	Albumin	
LFTs	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? (if relevant) Outcome from End Of Life Discussion

Yes / No

Has Patient Been Informed of Diagnosis?

Yes / No

Doctors Name: Grade:

This pro forma cannot be processed without a legible contact

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: