ADDITIONAL LYMPHOEDEMA TRIAGE INFORMATION

For referrals to Lymphoedema Management (outpatient service)

ST ANN'S HOSPICE IS NOW Moya Cole HOSPICE

How to use this form: Complete and submit it with the Moya Cole Hospice Referral Form. It provides additional information to support assessment against the referral criteria, clinical prioritisation and safe triage. Do not use it instead of the main referral form. If information is missing, the referral may be returned for clarification and triage may be delayed.

1. Patient and referrer details

Patient full name	Date of birth	NHS number
.....	.....	.....

2. Referral criteria

Inclusion criteria	Exclusion criteria
• Primary lymphoedema (preferably confirmed by lymphoscintigraphy; provide relevant results). • Lymphoedema secondary to cancer or its treatment. • Non-cancer-related secondary lymphoedema • Chronic oedema, present for more than three months secondary to another health condition. • Lipoedema.	• A suspected or recently diagnosed DVT that has not yet been medically assessed and stabilised. • Cardiac or renal failure that is currently clinically unstable. • An open wound without ongoing support from a named local wound-care service and a current care plan.

The hospice is not commissioned to provide active wound care. The hospice can support local wound-care services in managing concurrent lymphoedema, with ongoing wound care remaining in their responsibility.

3. Supporting Lymphoedema information

Tick Yes, No or Unknown where available. If yes, provide more information in the space beneath each question. If not applicable, state this in the details space.

Where is the swelling? Include the affected area and which side of the body.	
Duration of swelling including approximate onset date	
Working diagnosis or likely cause and recent change	
Please describe any current cancer treatment, palliative needs or effect of swelling on mobility and daily activities.	
Has the swelling been present for more than 3 months? If yes, give details of its course or progression.	☐ Yes ☐ No
Has the patient had a recent episode of infection or cellulitis? If yes, give dates, treatment and outcome.	☐ Yes ☐ No
Has the patient had recent surgery? If yes, give the procedure and date.	☐ Yes ☐ No
Does the patient have an unhealed ulcer? If yes, give the site and service responsible for wound care.	☐ Yes ☐ No
Does the patient have unstable cardiac failure? If yes, please provide more information.	☐ Yes ☐ No ☐ Unknown
Does the patient have unstable renal failure? If yes, please provide more information.	☐ Yes ☐ No ☐ Unknown

Please attach an updated medical summary and a current medication summary as part of the hospice triage assessment.

Patient name:	NHS number: .....

4. Ability to attend the outpatient clinic

The lymphoedema service does not provide home visits.

Is the individual well enough to attend the outpatient clinic? If no, give the clinical reason.	☐ Yes ☐ No

5. Active wounds lymphorrhoea or skin breakdown

Is an active wound, lymphorrhoea or skin breakdown present? If yes, please give more information, including the site.	☐ Yes ☐ No

Current wound-care provider	☐ District Nursing ☐ Treatment Room ☐ Tissue Viability ☐ Other ☐ Not yet in place
Service and contact details	.....
Agreed wound-care plan	Is an agreed wound-care plan in place with the named local service? ☐ Yes ☐ No

6. Lower limb vascular information

Complete for lower-limb oedema where relevant. The lymphoedema service does not undertake ABPI assessments.

Provide available ABPI, TBPI or other vascular assessment results, dates and any relevant vascular plan.

DIs there known or suspected venous or arterial disease? If yes, please provide more information.	☐ Yes ☐ No ☐ Unknown
Is there a history of DVT or vascular intervention? If yes, please provide more information.	☐ Yes ☐ No ☐ Unknown
Are there vascular concerns such as claudication, rest pain, reduced pulses, a cold or pale foot, or a non-healing wound? If yes, please provide more information.	☐ Yes ☐ No ☐ Unknown

Results and date	ABPI: ..... TBPI: ..... Date: ..... Other assessment or plan: ....
Assessment status	☐ Completed ☐ Requested or pending ☐ Not clinically indicated
DVT	☐ Excluded where indicated ☐ Assessment pending ☐ Not clinically suspected

7. Recent BMI and weight management information

Measurements	Height: ..... Weight: ..... BMI: ..... Date: .....
If BMI is over 40	☐ Completed ☐ Requested or pending ☐ Not clinically indicated
Weight-management services	Is the individual willing to access these services? ☐ Yes ☐ No If yes, have they been referred? ☐ Yes ☐ No Give referral details or reason not referred: .....

While awaiting assessment, independent information and self-management support is available from the Lymphoedema Support Network: 020 7351 4480 | www.lymphoedema.org

For information about how Moya Cole Hospice processes personal information, see our privacy notice here: www.moyacole.org.uk/privacy-policy