

October 2021
Dr Akash Doshi

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Referral Cheat Sheet

REFERRALS

- SBAR communicates time critical info
- Include only what is relevant - they will ask for further details
- Referrals are not transfers of care, they're for specialist opinions
- Be prepared:
 - Notes & Investigations
 - List of questions
 - Ask their name & grade

SBAR

- **Intro:** who & where
- **Situation:** question(s), urgency & actions you want (advice/review/take over care) & brief HPC
- **Background:** relevant PMHx, MHx, SHx, Exams, Ix & treatment thus far
- **Assessment:** your impression
- **Response:** your recommended action & ask what you can do

EXAMPLE

- **I:** Hi I'm Akash, ST4 on AMU
- **S:** Calling to refer ?STEMI for PCI
- **B:** 44yM with cardiac sounding chest pain at 4am persisting with GTN, acute pulmonary oedema, anterior ST elevation and a Troponin of 2100. CABG last year, T2DM & HTN
- **A:** I believe he's having a STEMI
- **R:** Please review for PCI

IF REJECTED

- A mismatch between what you think the patient needs & specialist opinion. Take it as a learning opportunity. Ask:
 - Name & contact details
 - Why have they rejected (?lack of information)
 - What changes would warrant rediscussion?
 - Their advice of what to do next

ALL MEDICAL

- Urgency: severity using scoring systems/haemodynamic instability
- Detailed Hx: onset, alleviating/exacerbating factors, previous episodes or complications (and if they're known to a consultant)
- Detailed PMHx/MHx focus on speciality
- Detailed ADLs in SHx

ALL SURGICAL

- Urgency: septic, haemodynamic instability, ongoing bleeding
- PMHx & PSx: previous surgeries & dates. Any operative complications
- DHx: anticoag and other relevant
- Ix: FBC/CRP/U&Es, lactate, bHCG, current & previous imaging
- SHx: level of independence
- Last E&D

ANAESTHETICS

- Procedure planned, NCEPOD urgency, when & who is doing it (contact details) & consented?
- Obs, Last E/D, anticoag & medications
- Detailed PMHx (cardiac, DM, reflux)
- PHx: ITU adm/anaesthetic issues or FHx
- SHx: smoking & functional baseline, BMI
- Ix: bloods including group & save, ECG & echo, infection control issues

BREAST

- Hx: lump (details), lymph nodes, asymmetry, skin changes, nipple changes/discharge. Breastfeeding, menarche/menopause, parity (& age)
- PMHx: breast dx/ops, mammograms
- DHx: contraceptives, hormonal therapies
- FHx: breast/ovarian cancer & age
- Examination findings

CARDIOLOGY

- Cause or timing of symptoms ? exertional or rest
- Cardiac risk factors & any FHx (particularly of sudden death)
- Previous investigations or treatment
- Ix: ECG, Troponin, Echo, 24-hour tape, renal function (for contrast in angiography/imaging)

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CHEM PATH

- Helpful for understanding which investigations to send & whether they are pathological for given age/ethnicity
- Patient demographics including ethnicity
- Clinical history
- Drug history & compliance

DERMATOLOGY

- Hx: Rash duration, location and morphology. Exacerbating factors
- PMHx: systemic illnesses
- MHx: previously tried treatments (topical & oral)

- Describing skin rashes
- Common skin lesions

DIABETES

- Type of diabetes & complications
- Frequency of CBG measurements at home
- Current and past medications (incl steroids)
- Any current illness or diet
- Ability to manage hypoglycaemia
- HbA1c

DRUGS & ALC

- Medically stable for review?
- Detailed SHx including quantity/frequency & reasons for drug or alcohol abuse
- Whether patient wants to access support
- Whether the patient has accessed support before
- Key worker or safeguarding issues

ENT

- Ear: pain, discharge, tinnitus, hearing loss
- Exam: otoscopy, Rinne/Weber, pinna cellulitis, mastoid swelling in presence of otitis media, facial nerve involvement?
- Dizziness: ?room spinning, nystagmus
- Epistaxis: trauma, anticoagulation
- Tonsillitis: oral intake, O/E exudate, soft palate swelling, uvula base deviation
- Throat: punctum, LNs, stridor/stertor
- SHx: diabetes, smoker

GASTRO

- UGIB - alcohol, NSAIDs/steroids, PR exam, obs, liver disease/varices. Glasgow-Blatchford Score
- Diarrhoea - acute/chronic? bleeding? pain, travel, stool MC&S, WC/CRP, Hb
- Deranged LFTs - EtOH, viral hepatitis, MHx, US Liver. // ?Decompensation - ascites (tap?), encephalopathy, jaundice, ↑ INR (Child-Pugh Score)

GEN SURGERY

- Hx: pain (SOCRATES), urinary/bowel symptoms, vomiting, flatus
- Exam: ?soft abdomen ?tenderness (site) ?distension, guarding/peritonism, specific signs e.g. Murphy/Rovsing, PR details
- ?urine dip, FBC/UE/CRP, LFTs, amylase, bHCG, erect CXR, AXR

GERIATRICS

- Hx: falls, delirium/cognitive assessment, frailty
- SHx: mobility, ADLs, carers, social support, type of home, collateral for baseline cognition
- Treatment escalation & resus status
- Rockwood Frailty Score

GUM/HIV

- Hx: rashes/discharge/pain, onset of symptoms & duration
- Sexual Hx: number of partners, sex of partners, high risk activities? Consensual?
- Pregnancy? Contraception?
- Last sexual health screen
- HIV - new diagnosis? Concordance with medication? CD4 count

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GYNAECOLOGY

- Hx: PV bleeding (quantity - number of soaked pads & clot size), LMP, PV discharge, smears, sexual history, contraceptive/hormones, obstetric hx
- Exam: abdominal, vaginal & speculum
- Ix: Hb, bHCG (quantify), G&S, Pelvic US
- FHx: malignancy & age at diagnosis

HAEMATOLOGY

- Anticoag: indication, dose (time & weight), last clot
- Anaemia: medications, haematinics, film, consider haemoglobinopathy
- New Malignancy: cell line qs (anaemia, infections, bleeding), b symptoms, lymph nodes, viral screen (CMV/EBV/HIV/Hep B&C)
- Known malignancy: see "Oncology"

HOSP@HOME

- Full details of what is required (oxygen, medication administration etc.)
- Discharge summary, PMHx, meds
- SHx: support & ADLs
- Logistics: NOK details, consent to home visits, key safe for access to property
- Date & time of discharge

ITU

- Ideally registrar to refer
- Headline: organ support needs (e.g. intubation, vasoactives, dialysis)
- Issues/Problem list - reversibility?
- ABCDE (obs & interventions thus far) & blood gas
- Treatment escalation & resus status
- PMHx & function (exercise tolerance. Can they do 2 flights of stairs?)
- Consultant & other specialties involved

MAXFAX

- Hx: dental pain, antibiotics, mechanism of trauma
- Exam: breathing, swallowing and mouth opening & occlusion, eyes exam (?orbital wall #)
- Ix: Abscess: OPG. Mandible Trauma: OPG/PA mandible. Trauma to Orbits/Zygomax: facial views. General trauma: CT facial bones

MICROBIOLOGY

- Hx: focal symptoms, current/previous abx & allergies (clarify reaction). Immunosuppressed?
- SHx: travel hx, job & vaccines
- Exam: septic? review murmurs/neurology/back pain/ulcers/skin
- Ix: inflam markers (trend), eGFR, positive samples/cultures & imaging
- Check if answer is in guidelines

NEUROLOGY

- Onset (sudden < 1min vs gradual)
- ? stroke or main differentials
- decompensation of known disease? (MS/MND/old Stroke/epilepsy etc) e.g. in context of infection
- Baseline function
- Exam: full neuro exam
- MHx: on antiepileptics? dose?

NEUROSURGERY

- Urgency: GCS, pupil size/reactivity & evolving neurology.
- Exam: full neuro exam & changes.
- ?Cauda Equina - perianal sensation/tone/ bladder volumes
- MHx: antiplatelets & anticoag
- Ix: Send before referral! CT brain for injuries/headaches / CT spine for #
- Ask them what monitoring required, nil by mouth status & urgency of transfer

OBSTETRICS

- Urgent: if BP >150/100 (neuro exam, PET bloods, urine PCR). If bleeding G&S/large cannulas. If premature delivers, neonate team.
- Hx: gravida (pregnancies), para (deliveries >24/40), abdo pain, PV bleeding/discharge, fetal movements,
- PMHx: number of CS, issues in pregnancy
- Only speculum/vaginal exam if trained
- Ix: Hb, urine dip, MC&S

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ONCOLOGY

- Diagnosis, staging & MDT plan
- Previous chemo/radiotherapy/surgery (dates & details)
- Curative or palliative intent
- Ix: routine bloods (neutrophils, coagulation, haemolysis), septic screen

OPHTHALMOLOGY

- Hx: pain, discharge, photophobia, redness, diplopia, visual disturbance, itch, flashes, floaters, periorbital swelling
- Previous/current eye disease/surgery/laser/trauma/contact lens
- PMHx: autoimmune diseases, diabetes
- Exam: acuity, detailed inspection of both eyes' anterior segments, pupils, visual fields, eye movements, fluorescein (A&E)

ORTHOPAEDIC

- Hx: injuries, mechanism (\downarrow / \uparrow impact) & date, PMHx, anticoag, normal mobility
- Exam: open fracture? joint exam (swelling/ROM) & neurovascular
- For cauda equina, ensure PR
- Ix: X-rays/CT
- Mx so far? analgesia/splint/reduction
- Arthroplasty: what, how & when? New changes: Pain/ \downarrow ROM/instability /infection?

PAEDIATRICS

- Age (preterm - corrected if below 2y)
- Feeding & Output (wet nappies/day)
- PEWS & Capillary refill
- Child looks unwell? Parents concerns
- Birth Hx (delivery, NICU stay & if breathing support required), FHx
- Growth or developmental concerns
- Immunisations
- Safeguarding concerns?

PAIN TEAM

- Hx: SOCRATES, chronicity or previous flares/type of pain
- Underlying disease & any mental health background or overdose history
- Previous therapies, current medication, PRN use in 24 hours

PALLIATIVE

- Disease & estimated prognosis (are they actively dying?)
- Symptoms (pain, agitation, SOB etc.) & PRN use in 24h
- Preferred place of death
- Family/friend support
- Known to community team
- Spiritual or religious?

PLASTICS

- Nec fasc: obs, bloods, lactate, G&S, LRINEC score
- Burns: time of injury, mechanism, cooling (at least 20 mins), areas affected, ?circumferential. If facial injuries, seen by anaesthetics?
- Hand trauma: dominance, mechanism, clinical findings inc neurovasc, x-rays

PSYCHIATRY

- Presentation now (vs baseline)
- Predisposing / precipitating factors (inc drug use)
- Protective factors (incl. engagement with services, support)
- Risk - to self, from others, to others
- Capacity - re: treatment & admission, cognition (if relevant)
- Under section? Forensic hx, known to any services? Any medications?

RADIOLOGY

- Patient ID first
- Reason for request. How will it change management?
- Known/suspected exam/imaging findings thus far
- PMHx (especially malignancy, previous surgeries)
- CI to imaging (eGFR, claustrophobia, metal, inability to lie flat or still)

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RENAL

- Hx: on dialysis? If so, how, which days and when last? Dry weight?
- Exam: urine output, fluid status
- Renal hx: diabetes, HTN, renal disease. For RRT? Known CKD?
- MHx: ?nephrotoxics
- Ix: urine dip, urine PCR // Bloods: creatinine (baseline & change), urea, pH, bicarb, K// renal US

RESPIRATORY

- Hx: exacerbating factors, effects on ADLs, smoking pack years, hx of atopy, occupation, previous NIV use
- Exam: WOB, saturations, ABG (if hypoxic)
- Ix: inflammatory markers, eosinophilia, CXR, peak flow/lung function, previous T2RF

RHEUMATOLOGY

- Hx: condition or pattern of joint involvement (single/multiple, small/large, symmetry), stiffness, eye/skin/gut involvement
- Exam: ROM, swelling/redness
- Ix: inflammatory markers (CRP & ESR), U&E, urine dip (blood/protein)

STROKE

- Urgency: call before CT for decision of whether for thrombolysis
- Hx: exact time of onset (or if on waking), deficits (if evolving) & associated neurology
- Exam: full neurology exam
- Ix: glucose, ECG, CT brain (to exclude bleed)
- MHx: antiplatelets, anticoag

UROLOGY

- Retention - painful? Residual volume, LUTS, ♂ - DRE (♀: PV/Neuro), U&Es
- Tricky catheter - indication? Where stuck?
- Colic: fever, duration, CT/KUB, U&Es
- ↑ PSA/Mass - symptoms, co-morbidities, frailty score, DRE, ?UTI
- Haematuria - stable? colour & duration.
- Torsion - age, duration of pain, ? unilateral. UTI & STI screens

VASCULAR

- Urgency: signs of critical ischaemia, rest pain, aneurysm size & location
- PSx: previous vascular intervention (angio/bypass)
- PMH: diabetes, vascular risk factors, connective tissue disease
- MHx: anticoag, antiplatelets
- Exam: bilateral limb pulses, capillary refill, temperature, colour, tissue loss
- Imaging

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