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| **KCH Patient Number** |

**King’s College Hospital Neuro - MSCC MDT Proforma :****Date and Time of Referral:****PLEASE COMPLETE THE FORM and email to** **kch-tr.neuro-mscc@nhs.net****For more information contact MSCC Nurse on 020 3299 5468 09:17:00 Monday to Friday excluding bank holidays** **Out of hours 02032994207** Link to referral portal <https://nww.ihtl.nhs.uk/neurosurgery/>Link to MSCC referral guide- <https://www.kch.nhs.uk/service/a-z/metastatic-spinal-cord-compression> **ALL FIELDS ARE MANDATORY** |
| **Patient’s Details**  | **Referring Hospital Details** |
| **Name:** | Choose Hospital |
| **DOB:** Click here to enter a date. | Ward Contact number |
| **NHS No:** | Referrers Name: |
| **Address:****Telephone number:** | **Designation** | Choose option |
| **GP Name:****Address:****Telephone number:** NHS email address : | Referrer Contact**Telephone number :**NHS email address : |
| **Oncology Consultant :****Telephone number:**NHS email address: |
| **Next of Kin Contact details** | **Where is the patient currently?** Choose option**OTHER:**  |
| Date of admission Click here to enter a date.  |
| **Key Worker/ CNS:** |
|  Brief and relevant clinical details  |
| Exact date of first onset of symptoms: Click here to enter a date.Brief history of Presentation: |
| **Previous history of cancer** Choose optionType of cancer:If this is a new suspected cancer, have you contacted the acute oncology service? Choose optionType of cancer (confirmed histology):Does the oncology consultant want patient to have surgery? Choose optionWhat is the estimated Prognosis: Choose option | **Oncological treatment History**Previous radiotherapy to the spine?**Choose option**If yes please specify date:Click here to enter a date.Areas and dose |
| Past Medical History: |
| Imaging – please link to Kings PACS system  |
| MRI Whole Spine **Choose option** Date and report Click here to enter a date. |
| CT CAP insert date and report Click here to enter a date. |
| CT cervical spine **Choose option** ( to be completed for all patients with metastasis in cervical spine)  |
| Other scan results (PET CT, Bone scan , other)Tumour markers ( including Myeloma, PSA, ): |
| Motor and Sensory status  |
| **Motor Score** **Full power in upper extremities** Choose option Full Power in Lower extremities Choose optionIf any muscle weakness pleases fill the table

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| **Upper limb Right** | **Choose option** | **Upper limb left**  | **Choose option** | **Lower limb Right**  | **Choose option** | **Lower limb Left** | **Choose option** |
| Shoulder abduction  | **Choose option** | Shoulder abduction  | **Choose option** | Hip flexion | **Choose option** | Hip flexion | **Choose option** |
| Elbow flexion  | **Choose option** | Elbow flexion  | **Choose option** | Hip extension  | **Choose option** | Hip extension  | **Choose option** |
| **Elbow extension** | **Choose option** | **Elbow extension** | **Choose option** | Knee Flexion  | **Choose option** | Knee Flexion  | **Choose option** |
| Wrist flexion  | **Choose option** | Wrist flexion  | **Choose option** | Knee extension  | **Choose option** | Knee extension  | **Choose option** |
| Wrist extension | **Choose option** | Wrist extension | **Choose option** | Ankle dorsiflexion  | **Choose option** | Ankle dorsiflexion  | **Choose option** |
| Finger abduction | **Choose option** | Finger abduction | **Choose option** | Planter Flexion  | **Choose option** | Planter Flexion  | **Choose option** |

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| Urinary symptoms: Choose optionDate catheter inserted Click here to enter a date.Bowel dysfunction **Choose option**Date of onset Click here to enter a date. Gait disturbance **Choose option**Pins & Needles/Numbness/Sensory loss **Choose option** | Does patient have severe pain in the Spine: **Choose** **option**Specific Location: Choose optionDoes back pain improve when patient lays flat? **Choose** **option**Does back pain worsen when patient is verticalized (i.e sits or stands): **Choose** **option**Does back pain worsen on movement? **Choose** **option**VAS pain scale: **Choose option**  |
| Current WHO Performance Status **Choose** **option** | **ASIA Impairment Scale Choose option** |
| WHO Performance Status prior to presentation**Choose** **option** | **Mobility** Current status **Choose option** -Date last mobilised independently Click here to enter a date. |
| Frailty scale **Choose** **option** |
| Steroid Administration ( Give16mg bolus of dexamethasone followed by 8mg BD with PPI cover |
| Anticoagulant/Antiplatelet use **Choose option** Drug and dose:Date of last dose anticoagulant/Antiplatet drug Click here to enter a date. |
| Thromboprophylaxis: **Choose option** |
| Did they have MSCC Alert card / information **Choose option** |
| MRSA Status **Choose option** Covid Status **Choose option** |
| Patient’s status |
| Has patient been informed of cancer /suspected cancer diagnosis **Choose option** |
| Do they want to consider surgery **Choose option** |
| Question for MSCC MDM: |
| IT is the responsibility of the referrer to ensure that all imaging studies are made available on the PACS via IEP  |
| Outcome : Centre use only |
| *Acute neurosurgical decision Date & Time*  |
| Management decision  | **Choose option**  |
| Stability:  **Choose option****SINS score: Choose option****Epidural spinal cord compression  (ESCC) grading scale Choose option** | **Vertebral body Collapse**    **Choose option****Location** **Brace advise** **Choose option** |
| *Neurosurgery Clinic Review* |
| *Other Comment*  |
| Date and time of definitive treatment decision |
| Date and time of start of definitive treatment |
| Completed by: **Click here to enter a date.** (*name in capitals) (signature)* |