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| **Advanced Chronic Liver Disease MDM Referral form** **Please note all fields are MANDATORY and incomplete referrals will be returned.****Email completed forms to** kch-tr.acldreferrals@nhs.net |
| **REFERRING ORGANISATION DETAILS** |
| **Author of referral** |  Click here to enter text.  | **Date** |  Click here to enter text. |
| **Referrer/CNS Contact Tel/bleep** | Click here to enter text. | **Treating/Referring Consultant**  |  Click here to enter text.  |
| **Email** |  Click here to enter text.  | **Hospital/Site**  |  Click here to enter text.  |
| **Gastro SpR Email/bleep**  |  Click here to enter text.  | **Speciality** |  Click here to enter text.  |
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| **PATIENT DETAILS** |
| **Patient Name** |  **Click here to enter text.**  | **Currently** | **Inpatient** [ ]  **Outpatient** [ ]  |
| **Date of Birth** |  Click here to enter text.  | **Patient gender** | **M** [ ]  **F** [ ]  |
| **NHS Number** |  Click here to enter text.  | **Patient Mobile/Tel.** |  Click here to enter text.  |
| **KCH number (if known)** |  Click here to enter text.  | **NOK Name/Tel.** | Click here to enter text. |
| **Patient Address****Postcode** |  Click here to enter text.  | **GP Name/Tel.** |  Click here to enter text.  |
| **Is patient aware of referral to King’s?** | **Y** [ ]  **N** [ ]  | **GP Address****Postcode** |  Click here to enter text.  |
| **Interpreter Required?***If* ***yes****, language spoken:* | **Y** [ ]  **N** [ ]  | **Transport Required?** | **Y** [ ]  **N** [ ]  |
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| **INDICATION FOR ACLD MDM REFERRAL** |
| **Will you be presenting your patient via Teams? Y** [ ]  **N** [ ] Clinicians are encouraged to present their patients to the ACLD MDM on **Thursdays at 12pm**: Video Conference ID: 124 266 829 9 [Join conversation (microsoft.com)](https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F_%23%2Fl%2Fmeetup-join%2F19%3Ameeting_YjQ1ODI3YjItOGI2NC00ODEyLWE1ZDktMmVjOWY0OThkYmI5%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%252237c354b2-85b0-47f5-b222-07b48d774ee3%2522%252c%2522Oid%2522%253a%25220003c2f7-8ac0-436f-863f-883a121c2938%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=acc6a9c2-60eb-4c20-b450-bffa6c0316d1&directDl=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true)  |
| **Which complications of Advanced Chronic Liver Disease does your patient have?** |
| [ ] Refractory encephalopathy[ ]  Refractory ascites[ ]  Refractory/recurrent portal HTN-related bleeding[ ]  Hepatic hydrothorax[ ]  Non-tumoural portal vein thrombosis | [ ]  Other appropriate clinical concern: Click here to enter text.[ ]  TIPSS-related issue (already in situ)Date inserted: Click here to enter text. |
| **Clinical history\*** | **Please provide as much detail as possible and attach relevant documents.** |
| **Aetiology of Liver disease***If unknown, include relevant cofactors (e.g. obesity, T2DM, ETOH use, hepatotoxic medication use)*  | Click here to enter text.How much alcohol does/did the patient drink? Click here to enter text.If abstinent, how long for? Are they engaged with alcohol services?Click here to enter text.Do they use/have a history of recreational drug use?Click here to enter text. | **Current medications:**Click here to enter text.[ ]  **Allergies:**  Click here to enter text. |
| **Other past/relevant history** | Click here to enter text.Performance Status (0-4): Click Here |
| **Current issues**Please include* *Date of onset/sequence of decompensatory events*
* *Relevant investigations*
* *Treatments and outcomes to date*
 | Click here to enter text. |
| **Question for ACLD MDM discussion***e.g. “2nd opinion on diagnostic dilemma”, “?eligible for clinical trials”, “Diuretic-intolerant/refractory ascites, ?TIPSS/transplant assessment ?PleurX” “planned surgery, ?pre-operative TIPSS”* | Click here to enter text.* What you have discussed with the patient regarding the question to King’s?
* Click here to enter text.
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| **INVESTIGATIONS** |
| **BLOODS****Date**: Click here to enter text. | Bilirubin: ALT: AST: ALP: GGT: Albumin:  | Creatinine:eGFR: Sodium: Platelets: Hb: INR:  | Tumour Markers (where relevant)AFP: Ca 19-9: **MELD Score:**  Click here to enter text.**UKELD Score:** Click here to enter text.**Child-Pugh Score:** Click Here |
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| **IMAGING** **(will need to be IEP’d across)** | **Date of Scan(s)** | **Report**  |
| **Liver ultrasound** |[ ]   Click here to enter text. |  Click here to enter text. |
| **CT CAP** **(with liver vascular imaging biphasic/triphasic)** |[ ]   Click here to enter text. |  Click here to enter text. |
| **MRI Gad or Primovist** |[ ]   Click here to enter text. |  Click here to enter text. |
| **Other relevant imaging** |[ ]   Click here to enter text. |  Click here to enter text. |
| **PATHOLOGY & OTHER INVESTIGATIONS** |
| **Histology:**  |[ ]   Click here to enter text. | Click here to enter text. |
| **Endoscopy:**  |[ ]   Click here to enter text. | Click here to enter text. |
| **FibroScan:**  |[ ]   Click here to enter text. | Click here to enter text. |
| **EEG:**  |[ ]   Click here to enter text. | Click here to enter text. |

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| **Explanatory Notes**\*Advanced Chronic Liver Disease encompasses all patients with advanced fibrosis diagnosed histologically or non-invasively (e.g. radiologically or by elastography). cACLD = compensated ACLD, dACLD = decompensated ACLD. |