



Referral guidelines for patients with severe acute pancreatitis

1. Referrals should be made from the base hospital to the Royal London Hospital (between 08.30 and 17.00 Monday to Friday). Out of hours a senior trainee or Consultant should make referrals directly to the consultant HPB surgeon on-call.
2. Complete the attached proforma and using the nhs email to RLH nhs email: **(bhnt.bartshpb@nhs.net)**
3. Arrange transfer of all relevant imaging via PACS transfer.
4. Receipt of the completed proforma with appropriate imaging constitutes a full referral.
5. Telephone advice may be obtained from the RLH (between 08.30 and 17.00 Monday to Friday) or the on-call consultant HPB surgeon via RLH switchboard **0203 594 5696.**
6. All referrals will be assessed and patients prioritized for transfer/advice; feedback will in most cases be on the day of receipt of full referral.
7. Patients accepted by the RLH HPB Unit should be assessed by the Critical Care Team at the base hospital to ensure safe inter-hospital transfer.



Referral proforma for patients with severe acute pancreatitis

Patient Details

Name	
NHS number	
Date of Birth	
Referring Hospital	
Ward	
Referring Consultant	
Date of first symptom	
Date of hospital admission	
Date of referral to Royal London (RLH)	
Has the patient been assessed by Critical Care Team?	
Is the patient stable for transfer?	
Level of care required	
Details of current organ support 1:	
Details of current organ support 2:	
Details of current organ support 3:	

Clinical Details

Aetiology	
• Gallstones	
• Alcohol	
• Other - Specify	
Cholangitis	
ERCP	
Antibiotics	

Imaging details

	Done/ not done	Sent/ not sent
USS Biliary Tree		
Contrast Enhanced CT Pancreas		
MRCP		
ERCP		



Blood Tests

	Admission blood (date:)	Referral blood (Date:)
Amylase (IU)		
CRP (mg/L)		
Hb (g/dl)		
WCC (x10 ⁹ /L)		
Platelets (x10 ⁹ /L)		
ALP (U/L)		
ALT (U/L)		
GGT (U/L)		
Albumin (g/L)		
Bilirubin (umol/L)		
Glucose (mmol/L)		

Estimated % of Pancreatic Necrosis	
Presence of Infection:	
Organism / Origin / Treatment	

Brief clinical Description	
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Contact Details

Name of referrer	
Contact Telephone No / Bleep	