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| South west London partnership to strengthen care delivery - Sutton Voice  **Referral to SWL ENT Emergency (SOS) Clinic** | | | |
| **Croydon University Hospital** | | **Kingston Hospital** | |
| * **Please send all referrals via eRS**: * For referral enquiries call: 0208 683 6734 * ENT on-site: Call 020 8401 3978 and queries will be referred to the clinician in clinic, Monday - Friday 9am-5pm | | * **Please send all referrals via eRS** * For referral enquiries call: 07458092334 Monday - Friday 9am-5pm * ENT on-site: 07458092334, which is active Monday – Friday 0800-1700 | |
| **Epsom / St Helier Hospital** | | **St George’s Hospital** | |
| * **Please send all referrals via eRS** * For referral enquiries call: 01372 735095 * ENT on-site: bleep 661, or Epsom switchboard will transfer calls – 0208 296 2000 Monday-Friday 9am -5pm | | * **Please send all referrals via eRS** * For referral enquiries call: 020 8266 6888 * ENT on-site: bleep 6075, which is active Monday - Friday 08.00-17.00 and the registrar is contactable for urgent queries via switchboard at all other times. | |
| **Section One** | | | |
| **Important – Please Read**  The data entered into Section One of this form is read automatically.  **Please do not make any changes to the layout or wording in Section One as this may result in the form being rejected.** | | | |
| **Date** |  | | |
| **Patient Details** | | | |
| **Name:** |  | | |
| **NHS Number:** |  | | |
| **Date of Birth:** |  | | |
| **Gender:** |  | | |
| **Ethnicity:** |  | | |
| **Address:** |  | | |
| **Tel:** |  | | |
| **Email:** |  | | |
| **Referrer Details** | | | |
| **Name:** |  | | |
| **Role: (GP, FCP, ACP, Consultant)** |  | | |
| **Practice Code or referrer address:** |  | | |
| **Contact details (phone/e-mail):** |  | | |
| **Communication and Assistance END *Please mark the box with X where applicable*** | | | **Yes** |
| **Does the patient require an interpreter?** | | |  |
| ***If yes, which language?*** | | | |
| **Is the patient suitable for a telephone or video consultation?** | | |  |
| ***If no, please provide details*** | | | |
| **Does the patient require Patient Transport?** | | |  |
| **Does patient have access to a smart phone to receive SMS/ Video Consultations?** | | |  |
| **Has Kinesis/ Advice & Guidance conferral been made?** | | |  |
| Yes – if yes please attach information | | |  |
| No | | |  |
| **Reason for referral *Please mark ONE box with X where applicable*** | | |  |
| **1. Otitis externa*:*** *(non-responsive to an attempted two-week trial of drops e.g. Sofradex)* | | |  |
| **2. Foreign body in the ear:** *(batteries must attend ED)* | | |  |
| **3. Isolated facial palsy**:*(acute otitis media/acute neurological condition, must be sent to ED)* | | |  |
| **4. Recurrent acute epistaxis** | | |  |
| **5. Acute nasal injury:** *please refer ideally within 2 weeks of injury, and at least within 3 weeks of injury. If seen at 3-4 weeks following the injury, please discuss with on call registrar at SGH before referring. If later than 4 weeks of injury, please refer as a routine Rhinology referral to local Trust.  If septal haematoma suspected patients should be referred to on call team at St George’s immediately.* | | |  |
| **6. Sudden sensorineural hearing loss***: (please prescribe prednisolone 1 mg/kg/day (max. 60 mg) for 1 week with PPI cover, e.g. omeprazole 20mg od, after discussion with on-call ENT doctor who will also expedite patient review).* | | |  |
| **History and examination** | | |  |
|  | | |  |
| |  |  | | --- | --- | | **Treatment given so far** |  |   **Please describe any treatment given so far including over the counter treatment) and attach any relevant information:**  **Please document any allergies:**  ***Notes:***   * **The ENT SOS clinic reviews patients with one of the above conditions only. Referrals for other conditions will be rejected.** * **No direct booking of outpatient slots is possible. Most patients will initially receive a telephone consultation, with face-to-face consultations arranged at clinical discretion.** * **Face-to-face consultations will be limited to patients requiring procedures, due to COVID-19 risks.** * **Please consider using Kinesis/A&G or discussing with the on-call team if you need further guidance with a referral.** | | |  |