|  |
| --- |
| **Prosthetic Hip Joint Infection Service - Referral Form** |
| **Patient Details** |
| Name:       | Surname:       |
| Date of Birth:       | NHS Number:       |
| **Referral Details** |
| Date of referral: Click here to enter a date. | Joint involved: Choose an item. |
| Referring Hospital (+/-Ward):       | Referring Consultant:       |
| Contact telephone numbers (office & mobile):       |  |
| **Clinical Information** |
| Brief summary of clinical problem:       |
| Reason for referral: Choose an item. Chronicity of infection: Choose an item. |
| Surgical treatment of this joint: Choose an item. Choose an item. Choose an item. Click here to enter a date.Choose an item. Choose an item. Choose an item. Click here to enter a date.Choose an item. Choose an item. Choose an item. Click here to enter a date.Choose an item. Choose an item. Choose an item. Click here to enter a date.Choose an item. Choose an item. Choose an item. Click here to enter a date.Dead space management: Choose an item. Choose an item. Carrier: Choose an item. Choose an item. |
| Sampling. Please ask you laboratory to forward all laboratory results to the NBT lab by the time of referral: Most recent aspiration: Click here to enter a date. Synovial fluid analysis performed: 1. Choose an item. Result:
2. Choose an item. Result:

Sent for culture: Choose an item. Organisms present ≥1 culture: Choose an item.No. of +ve samples: Choose an item.Tissue samples taken for culture: Click here to enter a date. No. of samples taken Choose an item.Were organism(s) present in one or more samples: Choose an item. No. of positive samples: Choose an item.For each organism state the genus and species for all organisms cultured and the sample number which grew this organism:1. Genus:       Species:       Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
2. Genus:       Species:       Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
3. Genus:       Species:       Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
4. Genus:       Species:       Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
5. Genus:       Species:       Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

Sensitivity and resistance: 1. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
2. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
3. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

Histology: Click here to enter a date. Choose an item.  |
| Is the patient currently on antibiotics? Choose an item. Allergies: Choose an item. Insert allergy details here including any antibiotic intolerances :      Antibiotic history indicating current or most recent course first: 1. Choose an item. Choose an item. Click here to enter a date. Click here to enter a date.
2. Choose an item. Choose an item. Click here to enter a date. Click here to enter a date.
3. Choose an item. Choose an item. Click here to enter a date. Click here to enter a date.
4. Choose an item. Choose an item. Click here to enter a date. Click here to enter a date.
5. Choose an item. Choose an item. Click here to enter a date. Click here to enter a date.
 |
| Current implants & sizes:

|  |  |  |
| --- | --- | --- |
| **Component** | **Brand** | **Size** |
| **Femur** |  |  |
| **Head** |  |  |
| **Acetabular shell/ cup** |  |  |
| **Liner** |  |  |
| **Spacer** |  |  |

 |  |
| Past Medical History/ Medical co-morbidities: Choose an item. Choose an item. Choose an item. Other please state:       Smoker: Choose an item. |  |
| Functional status: Choose an item. Choose an item. |  |
| Bloods (current and at presentation): Hb       eGFR       CRP       Relevant imaging (Please forward all imaging to NBT PACS):1. Choose an item. Click here to enter a date. 2. Choose an item. Click here to enter a date.

3. Choose an item. Click here to enter a date. 4. Choose an item. Click here to enter a date. |  |
| Patient expectations: |  |
| **For Infection Services Co-ordinator to complete** |
| MDT discussion:Choose an item.MDT date: Click here to enter a date. |
| MDT outcome:       | Initials of those present at MDT:       |

Please complete this from prior to referral and email it to the Hip Infection Clinic: HipInfectionClinic@nbt.nhs.uk

**PLEASE ENSURE RADIOLOGY IMAGES ARE TRANSFERRED TO NORTH BRISTOL PACS and LABORATORY RESULTS SENT TO NBT MICROBIOLOGY BY THE TIME OF REFERAL.**

**MICROBIOLOGY:** **microbiology@nbt.nhs.uk**

**RADIOLOGY: PACS Tel 0117 414 3508. Out-of-hours a ‘pushed’ image package will automatically be accepted by NBT.**

If urgent advice is required, please contact Southmead switchboard and ask for the Orthopaedic Registrar on-call. Switchboard Tel: 01179 505050.

Mr Bick, Mr Mehendale, Mr Sullivan, Mr Webb & Prof Whitehouse