

Patient Details	Patient History	Enquiry Details
Name:	Diagnosis:	Date..... Time.....
Hospital no.....	Male <input type="checkbox"/> Female <input type="checkbox"/>	Who is calling?
DOB.....	Consultant.....	.....
Tel no.....	Has the caller contacted the advice line previously Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact no.....
		Drop in Yes <input type="checkbox"/> No <input type="checkbox"/>

**Reason for call**  
(in patients own words)

Is the patient on active treatment? SACT  Immunotherapy  Radiotherapy  Other  Supportive  No

State regimen..... Are they part of a clinical trial Yes  No

When did the patient last receive treatment? 1-7 days  8-14 days  15-28 days  Over 4 weeks

**What is the patient's temperature?**  °C (Please note that hypothermia is a significant indicator of sepsis)

Has the patient taken any anti-pyretic medication in the previous 4-6 hours Yes  No

Does the patient have a central line? Yes  No  Infusional pump in situ Yes  No

**CAUTION!** Please note patients who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Advise	24 hour follow up	Assess	Significant medical history	Current medication
<b>Remember: two ambers equal red!</b>				
Fever - on SACT			Attending for assessment, receiving team contacted Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chest Pain				
Dyspnoea/shortness of breath				
Performance Status				
Diarrhoea				
Constipation				
Urinary disorder				
Fever				
Infection				
Nausea				
Vomiting				
Oral/stomatitis				
Anorexia				
Pain				
Neurosensory/motor				
Confusion/cognitive disturbance				
Fatigue				
Rash				
Bleeding				
Bruising				
Ocular/eye problems				
Palmar Plantar syndrome				
Extravasation				
Other, please state:				

**Triage practitioner**  
Signature..... Print..... Designation..... Date / /

**Follow Up Action Taken:**

**Consultants team contacted** Yes  No  Date / /

Signature..... Print..... Designation..... Date / / Time:

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