# **Oxford Bone Infection Unit Referral**

**(Please do not use this form for 2 week target cancer referrals)**

Hospital referrals should be sent on this form directly to: [boneinfection.noc@ouh.nhs.uk](mailto:boneinfection.noc@ouh.nhs.uk)

GP referrals should be forwarded via the e-referral service to OUH.

**\*Please ensure that all relevant imaging has been transferred to us electronically via IEP.**

**Without these images we will not be able to progress your patient’s referral.**

We cannot routinely accept out-of-area referrals for pressure sores, spinal infection or diabetic foot infection.

If any \* starred items are not completed the referral may not be processed.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | | | | | | | | | |
| NHS number: | | | | | | . | | | |
| \*Title: | \*Surname: | | | | | | \*Forenames(s): | | |
| \*D.O.B: | | | | \*Gender: | | | | | |
| \*Address: | | | | | | | | | |
| \*Postcode: | | | | | | | | | |
| Telephone (Home): | | | | | | | Telephone (Work): | | |
| Telephone (Mobile): | | | | | | | *\*Please give at least one contact number for the patient* | | |
| \*Patient has been resident in the UK for the last 12 months? | | | | | | | | *Yes* | *No* |
| \*Interpreter required? | | *Yes* | *No* | | *If yes, which language?* | | | | |
| Special/Mobility needs? *Is the patient on hospital transport?* | | | | | | | | | |
| **If your patient requires hospital or ambulance transport, this must be arranged by the referrer or the patient’s registered GP.** | | | | | | | | | |
| **ETHNIC BACKGROUND**  *\*Please tick one*  O White British O Pakistani  O White – Irish O Bangladeshi  O Any other white background O Any other Asian Background  O Mixed – White and Black Caribbean O Black Caribbean  O Mixed – White and Black African O Black African  O Mixed – White and Asian O Any other black background  O Any other mixed background O Chinese  O Indian O Any other ethnic group | | | | | | | | | |
| **REFERRER DETAILS** | | | | | | | | | |
| **\***Date of referral: | | | | | | | | | |
| \*Name: | | | | | | | | | |
| \*Responsible Consultant: | | | | | | | | | |
| \*Institution name: | | | | | | | | | |
| \*Address:  \*Email address: | | | | | | | | | |
| \*Postcode: | | | | | | | | | |
| \*Hospital Telephone: \*Extension: | | | | | | | | | |
| \*Bleep/pager number: (Any member of the referring team) | | | | | | | | | |
| Referrer or consultant’s mobile number: (Not essential but may speed the referral process) | | | | | | | | | |
| **REPATRIATION AGREEMENT** | | | | | | | | | |
| \*Is the patient currently an inpatient at the referring hospital? Yes No  \*Are you requesting consideration of inter-hospital transfer? Yes No | | | | | | | | | |
| If YES to both questions, the referring consultant must sign below to indicate:   1. that they will accept the patient’s repatriation back to the referring hospital following assessment or treatment within 72 hours of our request. 2. that they have informed local operations / bed managers of this agreement   Consultant signature: ………………………… Date: ……………. | | | | | | | | | |
| **CLINICAL DETAILS** | | | | | | | | | |
| \*Comprehensive clinical details **AND** specific request / question(s) you’d like us to address (can be provided as separate referral letter) | | | | | | | | | |
| **\*Please enclose full microbiology results from intraoperative or other relevant sample (eg positive B/C). Are there any infection control issues (eg: colonisation with MRSA, ESBL, VRE, CPE or other multi drug resistant organisms)?**  **\*Please ensure that all relevant imaging has been transferred to us electronically via IEP. Without these images we will not be able to progress your patient’s referral.** | | | | | | | | | |

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| **J BACH Classification**  **(This is a service development project relating to referrals: we’d be grateful if you could complete it)** |
| Using the table below, please classify the patient according to the following domains by highlighting ONE item in each of these 4 columns:     |  |  |  |  | | --- | --- | --- | --- | | Joint prosthesis **OR**  Bone infx | Antimicrobials | Soft tissue cover | Host | | J1 B1 | Ax / A1 | C1 | H1 | | J2 B2 | A2 | C2 | H2 | | J3 B3 | A3 | C3 | H3 | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Joint Specific**  **(PJI)** | **Bone Specific**  **(Osteomyelitis/FRI)** | **Antimicrobial options** | **Closure of Soft Tissues** | **Host Status** | | Uncomplicated | **J1**  PJI with all of the following:   * Primary implant *in situ* * Minimal bone loss * No evidence of loosening * No history of periprosthetic fracture | **B1**  Osteomyelitis with:   * Cavitary bone involvement (including cortical, medullary and non-segmental cortico-medullary) | **Ax**  Unknown/culture-negative  **A1**  All isolates:  Sensitive to >80% of susceptibility tests *and* resistant to <3 susceptibility tests | **C1**  Direct closure of soft tissues possible without plastic surgical intervention | **H1**  Well-controlled disease  *or*  Fit and well patient | | Complex | **J2**  PJI with either:   * Associated periprosthetic fracture * Moderate bone loss * Prosthetic loosening * Non-primary type implant *in situ* | **B2**  Osteomyelitis with:   * Segmental bone involvement (including infected non-union) * Joint involvement | **A2**  Any isolate:  Sensitive to <80% of all tests  *or*  Resistant to >4 tests  *or*  Resistant to anti-biofilm antibiotics in the presence of an implant | **C2**  Direct closure not possible. Plastic surgery expertise required. | **H2**  Poorly controlled disease  *or*  severe co-morbidity with  end organ damage  *or*  Recurrent bone infection/PJI  after previous treatment | | Limited options | **J3**  PJI with either:   * Custom or tumour type implant *in situ* * Custom or total bone replacement needed for reconstruction * Major bone loss | **B3**  Osteomyelitis with:   * Whole bone involvement | **A3**  Any isolate:  Sensitive to 0 *or* 1 susceptibility test | **C3**  More than one tissue transfer required for closure | **H3**  Unfit for definitive surgery  despite specialist intervention  or  Patient declines surgery | |