**MDT proforma**

As a principle all patients should be discussed at the MDT once a year but can be bought back at any time. Specific indications for MDT discussion include:

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| Patients for new therapies | Consideration for hydroxycarbamide or dose increase |
| Pre -transplant referral | New stroke, acute chest syndrome, priapism, pneumococcal sepsis, osteomyelitis |
| All patients on transfusion programme or considering commencement | Planned surgery |
| Transfusion reactions, hyperhaemolysis and complex to transfuse | Newly transition patients. |
| Patients with iron overload/ chelation issues | Pregnant women |
| Patients with advanced renal failure/ on dialysis | New patients to the service |
| Discharged or planned for discharge patients (DNA’s) | Referrals to Psychology |

Present at MDT: Centre: Name

Apologies:

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| --- | --- | --- |
| Date:  | Centre:  | Referrer:  |
| Patient Surname, First name | NHS Number | Age | Diagnosis | Narrative | MDT discussion | Outcome A (no change); B (minor change); C (major decision): D (refer to HCC/NHP) |
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**MDT discussion**

**Admissions**

Please list all admission insuccinct notes, but where there is a reportable event (see list below) please add more detail that it can be added to NHR record.

**NHR Reportable events: Acute chest syndrome, Cardiac dysfunction, Complications during and after pregnancy, Death, ESRF requiring dialysis, Hyperhaemolysis, Other bacteraemic sepsis, Pneumococcal sepsis, Post-operative complications, Stroke, ICU admission.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Surname, First name | NHS Number | Age | Diagnosis | Date of admission | Length of stay | Reason for admission | Admission narrative | MDT discussion | Outcome A (no change); B (minor change); C (major decision): D (refer to HCC/NHP) |
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MDT pathway:

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| 1. Coordinator emails meeting invite, 3-4 days before meeting
 | 1. Referrers access MDT proforma from NSSG/Red cell /MDT
 | 1. Teams email proforma to coordinator Monday before meeting
 | 1. Dial into meeting, discussion outcome agreed and documented on proforma. Admissions discussed.
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| 1. Copy of completed referral proforma returned to centre, plus individual patient copy for notes
 | 1. MDT discussion date logged into patient spread sheets
 | 1. Patients presented added to OUH spreadsheet
 | 1. Copy of MDT discussion added to OUH electronic patient record
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